Cozee Care Homes Limited

Barnston Court Care Home

Inspection report

21 Barnston Lane
Moreton
Wirral
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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?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 17 December 2015 and was unannounced. The home is a purpose-built, three-storey property set in its own grounds in a residential area close to the town centre. There were bedrooms on the ground and first floors. Communal areas were all on the ground floor, with staff and service areas in the basement. The service is registered to provide accommodation and nursing or personal care for up to 30 people and 28 people were living there when we visited. The people accommodated were older people who required 24 hour support from staff.

The home had a manager who had applied to be registered with the Care Quality Commission. 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.

During the inspection we found a breach of Regulation 19 of the Health and Social Care Act 2008. You can see what action we asked the provider to take at the end of this report.

Summary of findings

People we spoke with said they felt safe living at Barnston Court. We could not verify how recently all staff had received training about safeguarding, however a new training programme had been introduced and staff were working through this. There were enough qualified and experienced staff to meet people's needs and keep them safe, with any shortfalls being covered by agency staff. The required checks had not always been carried out when new staff were recruited.

The members of staff we spoke with had good knowledge of the support needs of the people who lived at the home. The staff we met had a cheerful and caring manner and they treated people with respect. Visitors who we spoke with expressed their satisfaction with the care provided. The service provided an accredited end of life care programme.

We found that the home was adequately maintained and records we looked at showed that the required health and safety checks were carried out. We found that medicines were generally managed safely and records confirmed that people always received the medication prescribed by their doctor, however we noted some issues with the recording of medicines.

Most of the people we spoke with considered that they had choices in all aspects of daily living. They were happy with the standard of their meals. The need for improvement to the provision of social activities had been identified and was being addressed.

People were registered with local GP practices and had visits from health practitioners as needed. The care plans we looked at gave information about people's care needs and how their needs were met, however the care notes were not always up to date or accurate.

There was a friendly, open and inclusive culture in the home and people we met during our visits spoke highly of the home manager. Quality audits had been completed consistently and in detail but had not always identified improvements needed.

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 not always safe.

The home was clean and adequately maintained and records showed that the required environmental safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had not always been carried out when new staff were recruited.

Medicines were generally managed safely, however we found some issues with the recording of medication.

Requires improvement

Is the service effective?
The service was not always effective.

A new training programme had been introduced for the staff team but this would take time to complete to ensure that all staff were up to date.

Staff had not had training about mental capacity.

A system of staff supervision was in place but required improvement.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

Requires improvement

Is the service caring?
The service was caring.

Staff working at the home were attentive to people's needs and choices and treated them with respect.

Staff protected people's dignity and privacy when providing care for them.

The service was accredited with the Gold Standards Framework for end of life care.

Good

Is the service responsive?
The service was not always responsive.

People had choices in daily living and staff were aware of people's individual needs and choices.

The care plans we looked at were not person centred and did not always give accurate and up to date information about people's care.

A copy of the home's complaints procedure was displayed and complaints records were maintained.

Requires improvement

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

A new manager was appointed in September 2015. The manager was making good progress in addressing areas that required improvement.

There was a positive, open and inclusive culture and people expressed confidence in the manager.

Regular audits were carried out and recorded to monitor the quality of the service but were not always effective.

Barnston Court Care 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.

The inspection took place on 17 December 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist professional advisor (SPA), 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 SPA was a healthcare professional with experience in the nursing care of older people.

Before the inspection we looked at information CQC had received since our last visit. We contacted the quality monitoring officer at the local authority who told us they were not aware of any complaints or concerns about the home. Before the inspection, the 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.

During our visit we spoke with seven people who used the service, six relatives, and eight members of staff. We looked at care plans for three people who used the service, medication records, staff records, health and safety records, and management records.

Requires improvement

Is the service safe?

Our findings

All but one of the people who lived at the home, and their visitors who we talked with, said they believed people were safe at Barnston Court and the care was provided in a safe way. One person said "I seem to be safe here." and another "Safe yes. I'm glad I can have my cigarette in the conservatory." The person who was not so positive told us "Safe here no, they could do with a few more staff then they'd be able to respond more quickly when I need the loo." Visitors told us "Yes he's very much safe."; "Mum's very safe." and "She's only been here a couple of weeks but she's content and safe. No complaints so far."

We asked members of staff about safeguarding and they were aware that any concerns should be reported to the nurse or the manager. A member of staff told us "I would say people are completely safe in here. I would put my mum in here." Records showed that most staff had recently completed a new programme of training about safeguarding vulnerable people, however we were not able to verify that all of the people employed at the home had received safeguarding training.

Most people had personal spending money in safe-keeping at the home. We saw that detailed records were kept and all transactions were double signed. The records had been audited periodically to ensure that people were protected from financial abuse.

Most of the people we spoke with were satisfied with the level of staffing. They told us "There's plenty of staff for me."; "There's enough staff."; "Staffing here seems to be enough. Staff around when we visit, even at the weekends. Staff work very hard."; "There's enough staff, she's safe."; "Staffing is OK. There always seems to be plenty."; "Plenty of staff, they're never short."; "Call bell response is quick." and "They come quick when I use the call bell."

The staff rotas we looked at showed that there was a nurse on duty at all times. There were five care staff on duty in a morning, four in an afternoon and evening, and two at night. Records we looked at showed that these numbers were maintained with some usage of agency staff. The manager and the administrator were supernumerary to the staff rota and were both registered nurses. This meant that either of them could provide nurse cover if needed. Nine care staff had a national vocational qualification (NVQ) level 3 and six had level 2. In addition to the nurses and care staff, we observed that there were enough house-keeping and catering staff and a part-time maintenance person.

We looked at the recruitment records for four staff. For the first member of staff, who was employed in 2014, only one reference was on file. This was from their previous employer. The person's Disclosure and Barring Service (DBS) disclosure had been applied for by their previous employer and was dated October 2013. For the second member of staff, all of the required records were in place including two valid references and a DBS disclosure dated March 2015. The third member of staff had no valid references. The references that were on file were of a personal nature and there was no reference from a previous employer although they had recently worked at another care home.

The fourth member had staff had not provided an employment history. They had named two referees on their application form, however the references on file came from two different people. There was no employer reference although the person had recently worked in another care home. This person's Criminal Records Bureau check was dated 2011.

Guidance from the Disclosure and Barring Service is that employers can accept a previously issued certificate but should check to see if anything has changed since the certificate was issued. Employers can accept a previously issued certificate without a status check but at their own risk. A status check allows organisations to see if any relevant information has been identified about the individual since their certificate was last issued. This had not been done.

The provider information return from the home stated that two references were requested for all staff, one professional and one character. However, at least one of the references should always be from the candidate's most recent employer. Registration checks for the nurses employed at the home were recorded.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed. The provider had not

Requires improvement

Is the service safe?

always followed robust recruitment processes and made every effort to gather all available information to confirm that the person seeking employment was of good character.

Everyone we spoke with said the home was clean. They told us "Yes it's clean"; "Everywhere is clean, we're well looked after." There were two domestic staff on duty each day and a laundry assistant. Personal protective equipment was available, cleaning schedules were maintained, and waste disposal contracts were in place. We walked all around the premises and all areas were clean, tidy and well-maintained. The laundry and the sluices were clean, tidy, and well-organised. An infection control audit by the NHS was carried out on 1 December 2015. This recorded a score of 86%. The manager told us that most of the actions identified had been completed, but others, relating to the premises, would take longer. The home had a five star food hygiene rating.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person. Records showed that testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

A fire risk assessment had been commissioned and carried out in November 2015 following a fire officer audit. This clearly identified actions needed to ensure people were protected from fire. The manager told us that most of these had been completed. In the office there was information about people's individual needs in terms of mobility in case the premises needed to be evacuated in an emergency, however this was not readily accessible in the form of a 'grab file'. Two fire drills had been held during 2015.

We looked at arrangements for the management of people's medicines. There was a small locked medicines room on the first floor which was clean and tidy. There was a cabinet for the safe storage of controlled drugs and appropriate records were kept. The nurse on duty told us that the manager and another nurse were responsible for ordering medicines. She said they did not start a cycle with medicines missing as they received them into the home about five days prior to a cycle starting so there was time to chase up any missing prescriptions. They had a good rapport with GPs and their local pharmacy. If any nurse noted a missing signature on the medication administration record (MAR) sheets, they would count to ensure the medication had been given and then inform their colleague they needed to sign for it. The manager did spot checks and audits.

We saw that monthly repeat medicines were signed in onto the MAR sheets to indicate that a nurse had checked they were correct. However, hand-written additions to the MAR sheets were not always signed and the quantity of medication received was not always recorded, or not recorded accurately, so that it was not possible to confirm that the correct amount was left. Administration records indicated that people always received their medicines as prescribed by their doctor.

We looked at records for one person who was prescribed medication to be given 'as required' (PRN) to reduce anxiety. There was no information available to guide nurses to help them make decisions if that medication needed to be given. The nurse on duty told us that there was no 'covert' (hidden) administration of medication.

Records for one person showed instructions from their doctor to give Diazepam rectally if the person had a seizure lasting longer than five minutes. An entry in the care plan appeared to show that a nurse had given Diazepam when the person was no longer having a seizure. Also, this medication was not included on the MAR chart at the time. The manager said that she would investigate this event and following the inspection sent us evidence that a full investigation had been carried out.

Requires improvement

Is the service effective?

Our findings

Records we looked at showed that some staff who had commenced employment in 2014 and 2015 had not completed an induction programme when they started working at the home, but the new manager had now caught up with this shortfall. A senior member of staff we spoke with confirmed this.

Since the new manager took post, staff working in the home had been enrolled on an on-line training programme which offered approximately twenty modules that were relevant to the services provided at Barnston Court. Records showed that a number of staff were making good progress and had completed subjects including moving and handling, fire safety, palliative care, food hygiene, infection control and safeguarding. There was a training chart on the wall in the office which recorded progress. None of the staff had yet completed the training about the Mental Capacity Act.

We asked members of staff about supervision and appraisal. One person told us "We have supervision all the time and I've had an appraisal this year.' A supervision file provided evidence of small group sessions that had been held covering subjects including hand washing, oral care, pressure mattress use, diet and fluid charts. We also saw records of bi-monthly 'assessments' in staff files, but the value of these were unclear as they consisted of a number of subject areas and signatures of the staff member and their supervisor. There were no comments or records of any discussions or observations that had taken place.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us that DoLS applications had been made for two people who lived at the home and these had been acknowledged by the local authority. Neither of these were considered to be urgent, and no DoLS were in place when we visited. The home was not divided into separate living units and there were no restrictions on people's movements around the building.

We asked people about their meals and the comments they made were all positive. People told us "Plenty of food, too much sometimes. Plenty to drink too." and "Food good enough, plenty for me. There's not much choice but it doesn't bother me I'll eat anything. If there is anything I don't like they'll get me something else.". One person told us "I have my meals in the lounge when I want, then settle down and watch the telly." and another person said "Food's brilliant – I can choose, if I didn't like something they'd get me something else. There's enough food and plenty of drinks."; "There's good food. My appetite's up and down and there's enough of it. It's shepherd's pie today and that's tasty. If I didn't like anything they'd give me something else."

The expert by experience observed lunch being served in the dining room. They reported that: 'Residents were seated in the dining room some time before lunch was served. Two care assistants began helping two residents to eat about twenty minutes prior to the other meals being served to those people eating independently. The staff were patient and encouraging whilst supporting the residents. However during this time they engaged with other residents and spoke between themselves not fully concentrating on the person they were feeding. The chef served the meals to residents at the table. He appeared to know individual likes and dislikes and varied the quantities he served depending on each individual resident's preferences.'

Following lunch we spoke with the chef. He told us he had cooked both the shepherd's pie and the curry 'from scratch' using fresh ingredients. He said he sourced as much fresh food locally as he could. He was knowledgeable about people's dietary needs including diabetic and gluten free diets.

Requires improvement

Is the service effective?

Care staff we spoke with knew about people's individual nutritional needs and preferences. For example, a member of staff told us about a person who was poorly: "His eating and drinking has improved again just recently, he's more of a pudding person. He lost weight as he stopped eating for a while but should improve hopefully now. He doesn't like the Ensures, but we put cream on cereals. Today he had two weetabix with milk powder added to milk and cream.

Good

Is the service caring?

Our findings

People who lived at the home generally responded positively when asked if staff were kind and caring. They told us "Staff are kind and brilliant. Yes they spend enough time with me. I choose to eat in my room and help is not rushed, they spend plenty of time with me"; "Staff are kind"; "Staff are O.K."; "They help me wash and they do it my way and yes respect my privacy."; "It's good here because I can go for a smoke inside." and "Some kind, some aren't. They're friendly one minute next minute they're not. They know what I like and don't like to a certain extent. They're very kind in some ways."

All of the visitors we spoke with described staff as kind and caring. Visitors reported they could visit at any time and were made welcome. They told us "Staff are kind and caring, can't fault any one of them, they're all very dedicated. All staff make a fuss of him, he gets lots of attention. They all know him and know his likes and dislikes."; "Staff are lovely with her very kind. The family are always made welcome and offered a drink each time we come."; "They know his likes and dislikes. His privacy is always respected, it's a cosy little home and he's really comfortable."; "Staff are great, very kind and caring. We're always made welcome. The girls are great." and "She's very happy here."

We observed staff interactions with the people who lived at the home and their visitors as kind and caring. People appeared comfortable in staff presence. People were able to decide for themselves where they spent their time and where they took their meals. We saw that bedrooms shared by two people had a privacy curtain.

Members of staff we spoke with had a good understanding of the needs of people in their care. One member of staff told us that she would be going out during her break to get a tin of chicken soup as a person who lived at the home really wanted this for her tea.

The manager told us they were accredited with the 'Gold Standards Framework' programme which aimed to promote and improve end of life care by giving all involved choices and enabling them to die with dignity in the place that they choose with whom they choose and that it be pain free and dignified to the end. They also provided bereavement care for staff, family and friends.

A letter from a family member dated November 2015 read 'I hope that you all know that you do your job, which is an outstanding, professional and compassionate job, because one of your greatest talents is that you help us inexperienced people through some of the most difficult moments of our lives, and you do it superbly.' Another letter, also dated November 2015 read 'It cannot be easy for you all to remain cheerful and positive but you are an example to everyone in the caring profession. I hope that thanks from a relative will show you are appreciated and will encourage you to maintain your excellent high standards of care.'

Requires improvement

Is the service responsive?

Our findings

People we spoke with said "They help me wash that's what I came here for. But not much nursing done here."; "I choose when I get up, I like my bed so sometimes stay there. I'm happy here."; "Go to bed when they tell you to, no real choice."; "He's well looked after – he's always clean."; "They try to encourage you to go to bed early but I sometimes like to watch something on telly". The person added that on these occasions staff would not force them to go to bed. "Communication is good, they always let me know if he's had a seizure. They always tell me and call me because I like to know what's going on." and "Communication's improved – now they contact me when necessary, for example if he's not well."

People's needs were assessed before they went to live at the home to ensure they could provide the care they needed and had the equipment they required. We observed that a number of people were being looked after in bed and equipment had been provided to meet their needs, including adjustable beds and pressure-relieving mattresses. Different types of hoists and slings were available to ensure that people could be moved and transferred safely.

People we spoke with said the doctor was called if necessary. We also saw evidence of referrals to professionals for advice including speech and language therapist, dietician, falls prevention team, community mental health team and palliative care team. The nurses employed at the home had designated responsibilities as link nurses for tissue viability, infection control, continence, dementia, and medication.

One person had been identified by the manager as being at high risk of falls. They had been referred to the falls prevention team within four days of entering the home, which demonstrated good response by the service. Assistive technology was in place where needed to reduce the risk of falls.

Staff we spoke with had good knowledge of people's care needs and were able to describe in detail the support they provided to individuals, however this was not always reflected in their care files.

We found that the care plans were not person centred and the format did not allow for sufficient information, particularly in the evaluation section. The wording used required some thought, for example 'educate [person's name] to notify staff if he is feeling unwell'. This was for a person who had a progressive brain tumour and was deteriorating. We also noted the use of abbreviations such as Pxd for prescribed and @ for at. The Nursing and Midwifery Council 'Code for Record Keeping' is clear that use of abbreviations is not good practice. Evaluations were not signed and mostly used the phrases 'to continue'; 'no change' and 'continue as plan'.

The manager told us about the changes she was making to the care records which would allow the nurses sufficient scope to write person centred plans with meaningful evaluations.'

We asked people about the social activities provided at the home. They told us "We play board games and sometimes quizzes but I don't really like them. We go out sometimes. We have parties for birthdays and Christmas." and "They have things going on. There's a trip to the pantomime soon, they hire a minibus."

Eighteen staff hours were allocated each week specifically for activities. We spoke with a newly appointed activity coordinator who worked two six hour days focussing on activities. They also worked additional hours as a care assistant. Another member of care staff worked six hours a week doing activities.

We were informed there were planned Christmas activities including a party and a visit to a pantomime, but at the time of our visit there was no programme of activities. People were encouraged to participate in quizzes, board games and other activities on an ad hoc basis. On the day of our visit a choir from a local school came to entertain people with Christmas songs and everyone appeared to enjoy this. Staff made the children welcome and refreshments were provided. We were informed that staff took people out locally to the shops and a local coffee morning and a hairdresser visited the home weekly. Future plans included a weekly programme of activities, residents' meetings, and relatives meetings.

We were shown a pro forma entitled 'Who am I?' which was being introduced. This recorded a profile for each person including their likes and dislikes and other relevant information.

The home's complaints procedure was displayed in the entrance area. It gave contact details for individuals and bodies that people could approach if they wished to make

Requires improvement

Is the service responsive?

a complaint or raise a concern. This included contact details for the provider. We saw records of two complaints that had been dealt with appropriately since the new manager took up post.

Requires improvement

Is the service well-led?

Our findings

Visitors we spoke with said “The manager is good. She was promoted from being a nurse here which is good as she knows everyone. She’s also approachable.”; “Staff are approachable and caring. If I’m upset they let me off load. They’re supporting me as well as my relative.” and "The manager is helping me in a difficult time.”

A member of staff said “We are one big family, everyone works well together.” We asked another member of staff what was good about the home. She said they worked well as a team but she thought communication was something they could work on. Records showed that staff meetings had been held in September and October 2015 and had been well attended. Staff had the opportunity to air any concerns or issues they wished to raise. The manager told us that regular Gold Standards Framework coding meetings were also held to discuss how they should maintain, improve and enhance the service.

The registered manager left the home at the end of August 2015 and a new manager was appointed. She had previous management experience and had applied for registration with CQC. The SPA commented ‘The home manager has been in post for a short time but clearly has an understanding of the journey she is on to improve the service. She demonstrates a good knowledge of the people in her care and of her staff development needs.’

There was a noticeable shortage of office space and the manager and the nurses shared a tiny office on the ground floor which was filled with files and folders. Some records were kept in the dining room in an unlocked filing cabinet due to a lack of any alternative storage.

A home manager audit was carried out monthly and covered 17 criteria. The most recent was dated 13 December 2015. It had been completed in full and recorded an overall score of 90%. All sections except medicines and occupancy had scored 100%. This suggested that the audits lacked depth and did not identify issues, for example with care plans, that we found during our visit.

In addition, a weekly summary of falls, pressure ulcers, weight loss and catheters was recorded and copied to head office. The manager told us that quality audits were also carried out by head office staff. The home owner did not live locally but visited the service periodically and was always contactable by telephone and/or e-mail.

A satisfaction questionnaire had been carried out in November 2015 and a summary report written. This recorded a high level of satisfaction with staff and care, but identified improvements needed to activities. Action had been taken to address this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider did not always follow robust recruitment processes and make every effort to gather all available information to confirm that the person seeking employment was of good character.**