

Crossbind Limited

# Cosham Court Nursing Home

## Inspection report

2-4 Albert Road  
Cosham  
Portsmouth  
Hampshire  
PO6 3DD

Tel: 02392324301

Website: [www.coshamcourt.co.uk/](http://www.coshamcourt.co.uk/)

Date of inspection visit:

16 March 2022

29 March 2022

Date of publication:

28 April 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Cosham Court Nursing Home provides care and accommodation for up to 47 people. The home specialises in providing care to older people, who have nursing needs. At the time of our inspection there were 32 people living at the home.

### People's experience of using this service and what we found

We could not be fully assured the provider had effective management of infection control risks to keep people safe.

Some areas of the home were poorly maintained, so could not be effectively cleaned and staff failed to wear personal protective equipment, such as masks appropriately.

The provider's quality assurance systems had not always been used effectively to either identify areas for improvement and/or to bring about effective improvement.

Care records including care plans and risk assessments did not provide clear and consistent information in relation to people's needs and abilities and some information was conflicting. This placed people at risk of receiving inappropriate and ineffective care and treatment which could result in harm.

On day one of the inspection we could not be assured people's prescribed topical medicines were consistently applied as required. When this was discussed with the staff this was immediately addressed. All other medicines were managed safely.

Appropriate recruitment procedures were in place and there were enough staff to support people's needs. Staff had received training and support to enable them to carry out their role safely.

There were appropriate policies and systems in place to protect people from the risk of abuse. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives had mixed views about communication with the staff at the home and the opportunity to speak to their loved ones. However, people and relatives were also complimentary about many aspects of the service and described staff as kind and responsive.

CQC were notified of all significant events that occurred in the service and the previous performance rating was prominently displayed on the premises as per requirements.

The service worked in collaboration with all relevant agencies, including health and social care

professionals. This helped to ensure there was joined-up care provision.

The provider was responsive to our feedback and discussed how they planned to make changes to improve the service.

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

#### Rating at last inspection

The last rating for this service was good (published 10 April 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about; staffing levels, the management of people's nursing and personal care needs and good governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only to examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cosham Court Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the infection control, risk management and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cosham Court Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by three inspectors who visited the service and an Expert by Experience who contacted people's relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cosham Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cosham Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information, we had received about the service, including concerns raised by professionals and relatives and previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided and two relatives. We spoke with 10 members of staff including the provider, the deputy manager, registered nurses employed by the provider, care staff, the maintenance person and a housekeeper. We spoke with an additional four relatives via telephone and received feedback from three health and social care professionals.

We reviewed the safety of the environment, medicine processes, looked at records relating to staff recruitment, reviewed infection control processes and observed interactions between staff and people.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and six people's care records in detail.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We found some areas of the home were poorly maintained, so could not be effectively cleaned. This was discussed with the provider who confirmed action would be taken to address this.
- Staff had received training in infection, prevention and control (IPC). However, during the inspection we identified they were not consistently following guidance.
- On day one of the inspection we observed clinical waste bins did not all contain yellow bags, yet waste had still been placed in these bins, including face masks and gloves. This meant staff would need to lean into the bin or tip out its content to empty it. Additionally, discarded, potentially infectious items were observed in the garden area on both days of the inspection. These concerns were brought to the attention of the provider who agreed to follow this up.
- We observed staff were wearing appropriate PPE, however on a number of occasions we observed some staff not consistently following national guidance on the wearing of face masks and on several occasions were wearing the mask under their chin and below their nose. This meant the PPE was not fully effective and there was a risk infection could be more transmissible. This practice continued even when it was brought to their attention by inspectors.
- We were not assured the provider was following the latest government guidance in relation to isolation when admitting people to the service. We were told by a staff member who was the 'Infection prevention control lead' for the service, people would be required to self-isolate for 14 days on admission. The government guidance at the time of the inspection states; 'Individuals who receive a negative test result within 48 hours prior to discharge should be discharged to a care home where they will not be asked to self-isolate.' Within the guidance exceptions to this were detailed.

The failure to ensure infection and prevention control measures were effectively managed was a breach of Regulation 12 (Safe care and treatment) (Regulated Activities) Regulations 2014.

- We were assured that the provider was meeting social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout of the premises.
- The provider was following national visiting guidance and supporting people to receive visitors and maintain contact with friends and family.
- We were assured that the provider's infection prevention and control policy was up to date. We have also signposted the provider to resources to develop their approach.

## Assessing risk, safety monitoring and management

- Care records did not provide clear and consistent information in relation to people's needs and abilities. Including, but not limited to, information in relation to people's mobility and pressure area management. Within one person's care record it was noted, 'unable to weight bear,' '[person] can step transfer with two [staff] and a Zimmer frame' and '[person] uses a steady aid.' This conflicting information placed the person at risk of harm of injury from being supported to mobilise incorrectly.
- Some people living at the home were cared for in bed and were therefore at risk of harm from skin damage. Although people had charts in their care plans to record when they were assisted to change position, information was not always in place or information was conflicting to describe how frequently repositioning should be completed for each person. Some of the repositioning charts showed people's positions were not changed in accordance with their care plan. Therefore, we could not be assured risks to people were managed and mitigated effectively.
- Environmental risk assessments, general audit checks and health and safety audits were completed. However, we identified aspects of the environment were not safe. For example, one fire door was not flush with the floor, which was a fire safety risk, outside spaces were not secure, were untidy and contained items of risk and doors throughout the service were not locked, including to an electrical cupboard. This was discussed with the provider and deputy manager who advised work was underway or had been arranged immediately to address all of these issues. The provider was able to provide evidence this was arranged.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate individual risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed people's specific needs with both care and nursing staff, and all were aware of people's needs and how to mitigate risk to people to keep them safe. Additionally, a health care professional told us, they were very confident in the staff's practices to keep people safe.
- The above was discussed with the deputy manager and provider who agreed to review, update and streamline the care plans and risk assessments and ensure repositioning requirements were clearly documented on staff handover sheets, which staff were provided with prior to each working shift.
- Equipment, such as hoists, and lifts were serviced and checked regularly.
- Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease.

## Using medicines safely

- On day one of the inspection we could not be assured people's prescribed topical medicines, such as creams, lotions or ointments were consistently applied as required. Care records, topical administration records (TMAR) and labels on tubs, tubes and bottles did not provide information as to when or how creams should be applied. Comments on these frequently stated, 'apply as directed.' However, no guidance was available to staff about what 'as directed' meant.
- We viewed topical creams stored in three people's bedrooms. With the exception of one container, these were not labelled with the date of opening or expiry, this meant staff would not know when to discard these when they were no longer be safe to use.
- We raised the above concerns with the nurse on day one of the inspection who immediately removed undated creams. By day two of the inspection all these issues had been addressed and new systems implemented to help ensure creams were applied correctly and in a timely way.
- The home used an electronic medicines management system. A staff member demonstrated this system and said this helped to ensure people always received their medicines correctly. On review of this system we

could confirm people received all medicine, except for topical creams, as prescribed.

- There were systems in place to ensure medicines were stored securely and safely. People told us they received their medicine as required.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Systems were in place to update training and competency assessments as required.
- Medicines that have legal controls, 'Controlled drugs' were appropriately and safely managed and monitored.

#### Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled staff deployed to keep people safe.
- During the inspection we observed staff were available to people and be responsive to people's needs and requests for support.
- People told us staff were available to support them. People's comments included, "Yes, there is enough staff, they come to see me regularly" and, "I think there is enough staff, they come quickly when I use my bell."
- Staff told us there was usually enough of them to meet people's needs and provide people with the support they required. A staff member said, "90% of the time there is enough of us." Another staff member told us, "I feel there is enough staff, we have time for people and don't have to rush."
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager kept staffing levels under review and used a formal assessment tool to determine the numbers of staff required to meet people's needs. The registered manager regularly monitored the staffing levels by completing robust call bell audits to help identify staffing levels remained sufficient and people's needs were met in a timely way.
- Short term staff absences were covered by existing staff members and regular agency staff. This helped to ensure people had a consistent staff team.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they or their loved ones received a safe service. A person told us, "Oh yes, I feel very safe with the staff. They are very good." A relative said, "[Person] being at Cosham Court has given me peace of mind."
- The staff and management team knew what constituted safeguarding. Staff had received safeguarding training, which was updated annually.
- Staff understood their safeguarding responsibilities and knew how to report any concerns. A staff member said, "I would report any concern to the manager or nurse. If I needed to, I would go to the safeguarding team or CQC."
- There were processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.
- The service was working within the principles of the Mental Capacity Act 2005 (MCA). The service has completed MCA assessments where required and consent had been sort in relation to all aspects of care. For people who were unable to consent to care and treatment due to an impairment of the mind or brain decisions had been made in their best interests and legally authorised under the MCA. This meant the service was acting within the law.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any trends or gaps in service delivery.
- Records showed that advice and guidance had been sought and information shared with relevant professionals following safeguarding concerns, accidents or incidents.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality monitoring systems and processes were in place however; these had not always been effective. For example, care plan and risk assessments audits failed to identify conflicting and lack of person-centred information. Infection control and environmental audits had failed to identify all of the concerns found in these areas during the inspection.
- Additionally, the registered manager had completed detailed monthly medicine audits. On review of the audits completed in December 2021, January 2022 and February 2022 the registered manager had identified concerns in relation to the use of topical creams and actions had been implemented and taken to address this. However, during our inspection we found continued concerns in this area.

We found no evidence that people had been harmed however, quality monitoring systems were either not in place or robust enough to ensure people received a safe service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the provider said they would make the necessary changes to address the issues and concerns raised.

- Staff understood their roles and responsibilities.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Processes were in place to ensure these policies and procedures were shared with and understood by staff.
- CQC were notified of all significant events that occurred in the service and the previous performance rating was prominently displayed on the premises as per requirements.
- There were processes in place to help ensure if people came to harm, relevant people would be informed in line with the duty of candour requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed views from people, relatives and professionals in relation to engagement, empowerment and person-centred care.

- Two people told us, they were bored at Cosham Court Nursing Home and a relative said, "The physical care is amazing, but mental stimulation is not so good." A social care professional also raised concerns over mental stimulation for people.
- During the inspection we observed the service employed an activities co-ordinator who was completing activities in the communal lounge. People were seen to be engaging and enjoying these activities.
- Mental stimulation was discussed with staff during the inspection. Staff acknowledged opportunities for people to partake in pastimes they enjoyed had reduced due to the COVID-19 pandemic, however, action was being taken to facilitate additional activities now COVID-19 rules had been relaxed. A relative said, "The activities have now started up again. They have had a couple of parties and they provided [person] with a birthday party."
- Relatives had mixed views about communication with the staff at the home and the opportunity to speak to their loved ones. A relative said, "If you have to ring the home for anything, they are very good, very accommodating and will help you." However, other relatives' comments included, "It has taken two years but [person] now has a key worker and it made such a difference. It has made contact really easy and the key worker calls me for a 10 minute chat and catch up once a month", "When you ring they say I would really love to talk to you but we are very busy so can you ring back" and "There are times when they could have communicated better a phone call would have helped." The provider agreed to review this.
- People and relatives were also complimentary about many aspects of the service and describe staff as kind and responsive. A relative told us, "[Person] is really happy, they like it [at Cosham Court] and have a good rapport with the chef, who gets them whatever they want." Another relative said, their loved one always looks clean and well cared for when they visit and is very happy at the home. A third relative told us, "The staff are always very accommodating and [person] feels they are being made a fuss of. They are thriving at the moment."
- People told us their views were listened to by staff and they were involved in making decisions about their care and treatment. People's comments included, "I can always choose when I get up or go to bed" and "The staff are super, I'm not keen on mixing with other people, staff know this and don't mind me being in my room."
- Staff felt their views were listened to and they were valued. Staff spoken with had worked at Cosham Court for a number of years and told us they enjoyed working for the service.
- One staff member told us, "I love working here, it's like a family." Another staff member told us, We have had some difficulties recently due to COVID, but things are getting back on track and I wouldn't want to work anywhere else, we [staff] are a really good team and work well together." A third staff member said, "The service is well organised, the manager is really supportive, and we get lots of support from each other."
- People, relatives and staff were involved and encouraged to feedback about the service through informal discussions, meetings and surveys. Examples included quality surveys of meals, comment cards and an online resource to leave feedback about the home.

#### Continuous learning and improving care

- Changes were made following feedback, for example new systems were implemented to ensure the safe application of topical creams.
- There were effective systems to record and monitor incidents and identify themes. The registered manager made changes following investigations of incidents to mitigate risk.
- The registered manager and provider attended regular management meetings to discuss practice and share ideas and improvements.
- Staff were kept up to date about changes within the service and the needs of the people, through staff meetings, daily handovers and a private social media platform.

#### Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The management team were clear about how and who they could access support from should they require this. This included from social care professionals and health professionals.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure infection and prevention control measures were effectively managed or people were protected from the risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider has failed to ensure that quality monitoring systems were either in place or robust enough to ensure people received a safe service.