

Cosford House Limited

Cosford House

Inspection report

18-22 Marshall Avenue
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East Riding of Yorkshir
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Tel: 01262673795

Date of inspection visit:
05 December 2018

Date of publication:
15 January 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Cosford House is registered to provide personal care to men with mental health needs. At the time of inspection eight people were receiving personal care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We have rated well led as requires improvement. However, the overall rating remains Good.

People told us they felt safe and were happy with the care they received. Staff had knowledge of their responsibilities with regards to safeguarding. Safe recruitment practices were in place to employ suitable staff. Staff understood the importance of good infection control and wore appropriate equipment provided to keep people safe. People were happy with the support they received with their medication.

Staff had completed training to meet people's needs effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People care needs were assessed and reviewed. People's nutritional needs were met.

People were positive about the staff and the care they received. Staff respected people's privacy and dignity and supported people to maintain relationships and their independence. People were involved in deciding how their care was provided.

Care plans were in place and contained detailed information of how people wanted to be supported. People confirmed they had been involved in the development of their care plans. People knew how to raise any concerns or complaints if required.

All staff were positive about the management team and the amount of support they received. At the last inspection we made a recommendation regarding quality monitoring of medication. Although quality assurance procedures had been implemented, further development was still required. We found some areas at inspection that audits had failed to identify. The service did not always seek formal feedback to continue to develop the service. We were unable to see evidence of meetings with staff and people who use the service. Following the inspection, the manager organised for staff meetings and formal supervisions to take place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Requires Improvement ●

The service has deteriorated to requires improvement.

Cosford House

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 5 December 2018 and was announced. We gave the service four days' notice of the inspection. We did this as we wanted to make sure a member of the management team was available on the day of the inspection. The inspection was carried out by two inspectors.

Prior to the inspection, we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority safeguarding and commissioning teams, and the local Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services. We used their feedback to help plan the inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke to three people who lived at the service, one relative, four staff members and the management team including the registered manager and manager. We looked at a range of documents and records related to people's care and the management of the service. We looked at four care plans, four staff recruitment files, supervision and training records. We also looked at quality assurance audits, complaints and a selection of policies and procedures.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe. One person told us, "I feel very safe here. The staff are brilliant, there is nothing they wouldn't do for you and that makes me content living here." People had individual risk assessments in place and these were regularly reviewed. Where risks were identified, care plans detailed the way in which staff could mitigate these risks. Staff we spoke with had knowledge of the risks to people. We did note one risk assessment needed further detail. Following the inspection, the registered manager updated the assessment.

There were systems and processes in place to safeguard people from abuse. Staff had received training in this area and had knowledge of their responsibilities. One staff member told us, "I would report any suspected abuse to the managers, they would deal with it, if they didn't I would report higher."

People told us there was sufficient staff available to support them. The registered manager told us she would review staffing levels if there was a change in people's needs or if people become unwell. We reviewed rotas and could see extra staff had been allocated when required. Safe recruitment procedures continued to be followed. Pre-employment checks included reference checks and disclosure and barring service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

People were happy with the support they received with their medication. One person told us "Staff come with a medication administration record (MAR) chart to support with my medication. The beauty about that is you can't overdose. I am very happy with the support as some are very strong tablets." Where possible people were supported to self-administer their medications.

There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. Information was available to staff advising when PPE should be used.

We were told by the registered manager there had been no accidents, however during the inspection staff told us there had been an accident. We saw no record of this in the accident book. The registered manager informed us this had been documented on one the services Proformas.

Risk assessments relating to the environment and other hazards were in place. Maintenance checks were carried out to ensure the environment was safe.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People we spoke with told us staff supported them well. One person said, "The staff have excellent skills, they keep my hygiene up." We reviewed staff training records and saw people received training in a variety of subjects such as, safeguarding, health and safety and first aid. Staff told us they received enough training to support them in their role. One staff told us, "We defiantly get enough training." We saw staff practice and knowledge was checked through a series of 'spot checks' such as hand washing, personal hygiene support, and medication practice.

People were supported to live healthier lives. One person told us, "When I came here I was very overweight and had diabetes, they have supported me to lose weight and I no longer need medication for diabetes." People's care plans recorded their current health care needs, we saw that any contact with health care professionals was recorded. People confirmed they were supported with their health care. One person told us, "If I need to see a doctor they would ring them for me."

Food was available to people if they wanted to eat at the service. There was a menu available which detailed the meal available that day and a list of alternatives. Everyone we spoke with was happy with the variety and quality of food available. Comments included, "There is always a good choice of food and the food always tastes good" and "The chef is very good." Staff told us people had the capacity to make their own choices regarding their fluid and diet intake and, staff told us, "We will offer advice and guidance to people, for instance for people with diabetes we will explain the healthier option."

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.

We checked whether the service was working within the principles of the MCA. All people living at the service had capacity to make decisions regarding their care and support. We saw people had signed their consent to their care plans. People could leave the building without restriction and had all been provided with their own keys.

People could personalise their bedrooms to reflect their likes and preferences. We observed people's rooms to be very personalised and full of things people wanted, such as personal pictures on the walls and personal ornaments. People were supported to have their own internet access if they wished to use technology.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People and their relatives were very happy with the care they received and spoke highly about the staff. Comments included, "I am very settled here, the staff are very kind" and "The staff are very pleasant, we are like a family." From observations during the inspection it was clear the people had developed relationships with staff and other people living at the service. One relative told us, "My relative used to be very subdued but they have made friends here and are so much more confident now."

People were involved in making decisions about their life and care. Comments included, "I make all my own decisions about my life and care, but if I need some help or advice I just ask the staff." Another person told us, "Everything is done with me involved, we do it in unison with the staff team and I am happy with that." The service had an equality and diversity policy in place. We saw examples of how people who lived at the service were encouraged and supported to live their life the way they chose. People's cultural and spiritual needs were recorded in their care plans.

During the inspection we saw people's independence was promoted, people were encouraged to use the services wash room to do their own washing. Staff told us they supported people to clean their own rooms to maintain their independence. Care plans contained information of what people could do for themselves.

Staff we spoke with could explain how they maintained people's privacy and dignity. One member of staff told us, "We always knock before entering peoples room we would never just walk in. If someone doesn't want you in their room respect this." People who used the service confirmed staff maintained their privacy and dignity.

We saw that people's records were stored securely. Documents were stored in a locked office. The provider was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People told us they were happy with the support they received. One person told us, "I am very happy with the care. I was in a very bad state before I came here if I hadn't come here I would not have survived."

The care plans we looked at were easy to follow and tailored to meet people's individual needs. We saw these were reviewed on a regular basis and contained detailed information. This meant staff had detailed up to date guidance to provide support in a way that met people's specific needs and preferences. People told us they were involved in the development of their care plan. One person told us, "The managers go over the care plans with us and when we are happy with it we agree it."

People who used the service accessed the community independently. The service provided support to people when requested. For example, we saw one person chose to have someone accompany them to the bank. The service also organised day trips and holidays. One person told us, "They organise events and trips to for us, we are going away in two weeks' time and going for a meal in a restaurant. We are also going to the pantomime."

The provider had a complaints policy in place. The service had not received any formal complaints at the time of inspection. People told us they felt able to raise complaints or concerns if needed. Comments included "I would tell the manager if I was unhappy, but I have never had to."

The registered manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. The registered manager told us they were able to access information in different formats if required. We saw peoples preferred communication methods were documented in their care plan.

Nobody was receiving end of life care at the time of inspection. The service had a policy in place which included best practice guidance. The service implemented advanced care planning when required.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good. At this inspection we found the service had not maintained the good rating and was rated as requires improvement.

The service had developed a new auditing tool to monitor the service. There were still improvements to be made within this system as it failed to identify some areas identified by the inspector. For example, the audit tool had failed to identify that an accident report was not completed when an accident had occurred.

At the last inspection we recommended that the service make improvements to their quality monitoring of medication and update their practice accordingly. The service had included medication monitoring in the new auditing tool. However, some areas found at inspection had not been identified. For example, some people's medication administration records were hand written with no signatures of who had completed them.

Feedback was not formally sought to develop and maintain the service. We saw no surveys were sent out to people, their relatives or staff to gain their feedback. We saw no records of meetings with people who used the service. People had previously made suggestions in the services grumble book, however there was no record of any action being taken. The registered manager informed us they spoke to the people who lived at the service on a regular basis to gain feedback.

Supervisions and team meetings were not taking place. Staff told us they felt supported. One staff told us, "The support is brilliant. You don't ever feel like you can't go to anyone, they're really helpful." The registered manager told us they had an open-door policy and had handover meetings every day. Staff appreciated the open-door policy operated by the registered manager. Comments included, "There is an open-door policy, you can go in at any time." Following the inspection, the registered manager sent us a plan of organised supervisions and staff meetings.

The service worked in partnership with other organisations to make sure staff followed current practice. This included healthcare professionals such as district nurses and psychiatrists.

All staff were positive about the management team and told us they were very approachable. The registered manager told us they kept up to date with changes in practice and legislation by continuous reading and attending social care forums.

There was a registered manager in post at the time of inspection. 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.