Coolrunnings Residential Home Limited

Cool Runnings Too

Inspection report

63 The Park
Yeovil
Somerset
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Tel: 01935474700

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 15 June 2016. Cool Runnings Too is registered to provide accommodation and personal care for up to 12 people. At the time of this inspection there were 11 people living in the home. Some people had been living in the home for several years, others had recently moved in. People were able to make choices about aspects of their daily lives. People followed their own routines which were respected by staff.

Whilst the home provided kind and responsive care to people some improvements were required to ensure the safety and the effectiveness of their care. This is a small, homely home that suited some people very well. They were able to live in a way that pleased them and were well known by staff. However the equipment and staffing levels in the home meant that people requiring more complex care during the day and night were not having their needs fully met. We have made a recommendation about improvements to the manual handling of people in the home.

During the day two care staff undertook catering and housekeeping duties in addition to caring for people. An activities person was employed two afternoon's per week. People living in the home and their relatives said there were sufficient numbers of staff on duty. However we have made a recommendation about the deployment of staff during meal times.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At Cool Runnings Too the registered manager is also the registered provider. 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.

The last inspection was carried out on 29 June 2015. Some concerns were identified in relation to safeguarding arrangements and the effectiveness of one person's care. During this inspection we found the actions had been completed and sufficient improvements had been made.

People living in the home and their relatives liked the atmosphere of the service. One relative said "It is a nice sized home." They told us "[Their relative] would not like a big home. They would feel lost and worried no one would know them. Here each person is very well known." Another relative said "I cannot fault the care. There is never any rudeness or unkindness. Quite the opposite."

The service provides personal care in a residential environment. The manager was clear people's health and clinical needs were met by community nurses or other healthcare professionals. Community nurses visited the home daily to provide healthcare.

People told us they had access to healthcare professionals according to their individual needs.

People's records showed they were visited by doctors, chiropodists and opticians. Relatives told us of occasions when they had been kept informed if the doctor had visited or there had been a change in their family member's health.

People and staff told us the registered manager was friendly and approachable. They told us they would be able to make a complaint or raise any worries or concerns with them and be sure they would receive a helpful response. People were able to share their views informally with the care staff and manager.

People told us the quality of the food was "good" and there were "no complaints." People also said they were able to have drinks and snacks at any time of the day or night. Activities were organised in the home two afternoons each week. In addition people went out of the home with their families and socialised with each other.

Staff had access to training to ensure they had the skills to meet most people's needs. Further training was needed in relation to the care of two people.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service required improvements to be completely safe for all people at all times. Improvements are required to the manual handling support available in the home to meet people's changing needs.

There were sufficient numbers of staff to meet people's needs safely however the deployment of staff at mealtimes must be reviewed to ensure people's safety.

People received their medicines from staff who were competent to carry out the task.

Risks of abuse to people were minimised because staff had received appropriate training

Is the service effective?

Requires Improvement

The service was not completely effective.

Most people received care and support from staff who had the skills and knowledge to meet their needs. However the treatment and care of some people did not reflect best practice.

Most people had access to healthcare professionals according to their individual needs.

People received a varied home cooked diet they found sufficient and appetising.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People's privacy was respected and they were able to choose to socialise or spend time alone.

People were able to give their opinions about the care they received.

Is the service responsive?

Good

The service was responsive.

People were able to make choices about how they spent their days.

Care and support was personalised to ensure it met people's wishes and
needs.

Is the service well-led?

Good

The service was well led however consideration should be given to the management of the home when the manager is not on the premises. .

There was a registered manager in post who was kind and approachable.

People were cared for by staff who were well supported by the registered manager.
There were systems in place to maintain and monitor the safety of the people in the home.

Cool Runnings Too

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 15 June 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) and other enquiries from and about the provider.

The last inspection was carried out on 29 June 2015. Areas for improvement were identified relating to safeguarding awareness and staff training. During this inspection we found the actions had been completed and other improvements related to discussions held during the inspection had been made.

During the inspection we spoke with 11 people who lived in the home. We met four care staff. The registered manager was available throughout the day. After the inspection we spoke to 4 relatives and three health and social care professionals.

We viewed the premises and observed care practices and interactions between staff and people living in the home. We looked at a selection of records which related to individual care and the running of the home. We saw four care and support plans, three staff personal files, medication administration records and records relating to the maintenance of the home.

Requires Improvement

Is the service safe?

Our findings

People felt safe at the home with the staff who supported them. One person told us "I have no worries here." Another person said, "Oh yes (when asked if they felt safe) I am no longer on my own." Most relatives told us they had no worries about their family members and felt confident they received safe and appropriate care.

People were supported by two care staff during the day and one member of regular agency staff at night. The provider/manager came into the home each day and there was an on-call system when they were not available. People told us there were staff available when they needed them. Relatives said there were sufficient staff on duty when they visited, however they were "run ragged."

We discussed staffing levels with the manager. Since the last inspection the manager had added their name to the staff rota so staff could see clearly when they would be in the home and additional assistance would be available. This enabled them to plan individual activities with people. The manager told us they would always be available when staff needed additional support and extra help would be organised if people were unwell. Staff confirmed additional assistance was available when they needed it. An activities person had been employed since the last inspection. A domestic person had been employed but had left. The manager agreed to consider employing a new domestic member of staff.

During the inspection we observed people received care and support in a timely manner. We heard them talking with people and they seemed relaxed and confident with their work load. However the deployment of staff to housekeeping duties meant they were not available to supervise and support people at all times. A recent incident highlighted the importance of staff focussing attention on people when they were eating their meals. Staff were responsible for cooking and serving all meals in the home. This meant people eating alone in their rooms, or in the dining room would not be checked when eating if both staff were engaged in the kitchen preparing food or were engaged in kitchen duties. People in the dining room had been assessed as able to eat independently, however one person had choked whilst eating. Another person had been identified as being occasionally at risk of choking. However, their risk assessment had been amended to say they were no longer at risk but because their problems were occasional and unpredictable this could be misleading to staff and could put the person at risk.

We recommend that the service consider the deployment of staff at mealtimes and take action to update their practice accordingly.

People were assisted to remain mobile as far as possible. We saw people came into lunch in wheelchairs and were assisted to walk using a Zimmer frame. The home does not have a hoist and we noted when looking at daily records and talking to people that some people were prone to falls. The absence of lifting equipment meant staff and people in the home were at risk of harm.

One person had several falls which were increasing in number. Staff told us this person could usually "get themselves up safely" but the absence of lifting equipment meant that if they were unable to get themselves up, the home would have to seek additional assistance from the ambulance service. Following one fall at

night the manager came into the home to assist the night nurse to help the person back to bed. Another person's daily records indicated they had also fallen. The arrangements for assisting this person after they fell were not safe and placed the person and staff at risk. Another person had begun falling and again there was no equipment available to assist them. Some people living in the home were becoming increasingly frail. They were encouraged to maintain their mobility as far as possible, however to continue to meet their needs mechanical assistance may well be needed.

We recommend the provider reviews the manual handling support available in the home to ensure people's needs can be met safely and staff are not put at risk whilst assisting people to move.

Risks of abuse to people were minimised because the provider had a robust recruitment system in place. Staff were checked to ensure they were suitable to work in the home. These checks included requesting references from previous employers and checking with the Disclosure and Barring Service. (DBS) The DBS checks people's criminal history and their suitability to work with vulnerable people. Night staff were supplied by an agency. Three regular staff supplied by an agency covered the night shifts. The manager had received notification from the agency that staff supplied had all renewed their DBS checks and had up-dated their training.

Staff said they knew people in the home really well and this helped to keep them safe. They would recognise if their health deteriorated and could act promptly. There was a key worker system, so people had staff who had a responsibility to get to know them particularly well and be involved in their care planning. Staff said they always had a good handover when they discussed any issues that related to people and their care. Staff told us they had received training in how to recognise and report abuse. Records showed the training had occurred.

People's medicines were safely administered by care staff who had recently undertaken a distance learning medicines training course. There were suitable secure storage facilities for the medicines. The home used a blister pack system with printed administration records. The Medication Administration Records had been completed fully and accurately. People received appropriate support with medicines. Staff were clear about the limitations of their role and community nursing staff attended the home on a daily basis to give injections when required. During the night if people needed medicines the on-call staff came and administered them.

We received notification of a fatal accident in the home. Staff had been recently and comprehensively trained to respond to such an emergency and took prompt and appropriate action.

Requires Improvement

Is the service effective?

Our findings

Whilst most people received effective care, treatment and support, some people's care needed to be improved. During the inspection we were concerned about the effectiveness of the care and support for one person. Staff had received no training in their medical condition and the service was not equipped to meet their need for support with moving and handling. When we contacted health professionals we were informed another person had developed significant pressure damage. The manager had responded to the safeguarding raised by the nurse and their investigations showed they had acted in a timely manner. However by further developing prevention strategies for people at risk potential damage would be detected at an early stage.

Most people received care and support from staff who had the skills and knowledge to meet their needs. Some staff were very experienced and skilled and held NVQ qualifications at level three. However some staff required further training to understand and prevent pressure damage as several people in the home were very vulnerable. Staff had received training in the care of people with diabetes as highlighted in the last report.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. One new member of staff said the induction had been helpful. Records showed staff received regular training using a variety of methods. Since the last inspection staff had training in first aid, safeguarding adults, care of people with dementia and first aid training. First aid training was provided by an accredited trainer and included an assessment of staff competence. Staff told us the training available was sufficient to care for people and they were able to ask the manager for support or guidance at any time.

The manager was clear people's health and clinical needs were met by community nurses or other healthcare professionals. Community nurses visited the home daily to provide healthcare. One person had regular visits from the community nurse to have a dressing to skin damage. The communication between the health professionals and the care staff had been improved by the use of a communication book. .

People told us they had access to healthcare professionals according to their individual needs. People's records showed they were visited by doctors, chiropodists and opticians. Daily records showed people's health was monitored and assistance was sort. One person had been complaining of pain and had seen the GP recently; another person received regular visits from a volunteer visitor from Somerset Sight.

Relatives told us of occasions when they had been kept informed if the doctor had visited or there had been a change in their family member's health.

The manager had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. We discussed the importance of staff having training so they felt confident when making Mental Capacity Assessments themselves. The MCA provides the legal framework to assess people's capacity to make certain

decisions, at a certain time. Assessments had been completed to confirm people wanted to live in the home. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People who lived in the home were able to make decisions about what care or treatment they received. During the inspection we heard staff asking people if they wanted to receive support at that time. People told us they were able to choose how they spent their day. One person told us they got up really early. They said this was their choice and they were "sure they could have a lie-in if they ever wanted one."

After looking at the daily records we raised concerns about the times people were getting up and whether they were able to refuse care offered. In the daily records staff had recorded, "Not happy being woken up, eventually agreed to personal care" and "Toileted after a struggle." We discussed this with the manager who said the people were able to choose when they got up and some people always wanted to get up early. Another person told us they were reluctant to get up "quite so early." A member of staff said the number of people the night carer got up varied which indicated people did have some choice however there should not be an expectation that people needed to get up before 8:00am.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. In response to changes in this legislation the registered manager had up dated the home's policy on the use of DoLS. All staff had been given a booklet on DoLS and the manager said the booklets had been discussed at a team meeting. People were able to leave the home when they wished to. One person was regularly leaving the home to go for a walk. There had been a meeting with health and social care professionals and it had been agreed that the person had the capacity to make the decision to go for their walks. The person had been at risk of getting lost but it had been agreed he understood the risk and was able to make the decision to go out. The records of the discussion with the person and the Mental Capacity Assessment completed by the health and social care professions were not available at the time of the inspection but were obtained by the manager at a later date.

People told us the quality of the food was "good" and there were "no complaints." Care staff cook all the meals in the home. People also said they were able to have drinks and snacks at any time of the day or night. This was a small home and one main choice of lunch was cooked each day. People said this was not a problem and if there was something they really did not like they would be accommodated. Some people were not aware that options were available on a daily basis but one person had chosen a salad and knew there were options available.

The main meal of the day was at lunch time and we saw people were able to choose where they ate their meal. Some people chose to eat in the lounge area, some in the dining room and others in their bedrooms. The dining tables were was set and people were assisted patiently to walk to the tables. People were offered a choice of drinks. Meals were tailored to individual people. One person told us they ate a very small breakfast but "made up for it at lunch time."

Good

Is the service caring?

Our findings

People said they were supported by caring staff. They liked the small size of the home and felt secure and relaxed in their surroundings. People commented how kind the staff who assisted them were. One person said "They look after us as best they can." Another person said "We are looked after alright. The staff are very kind." Relatives told us they were pleased with the care given to their family members. One relative said "They are very good to my [relative]. I have no complaints I am very pleased with the care." Another relative said they could not fault the care. They said staff responded to people with patience and kindness.

Staff supported people and interacted with them in a kind and friendly manner. We heard staff having a friendly and appropriate conversation whilst they assisted them to move about the home.Staff told us they helped people to celebrate special occasions. Significant birthdays were celebrated in the home. One person had reached their 100th birthday and celebrations had been planned including live music and visits from their family. A relative of one person told us "Overall they are very good. [Relative] is very happy. It is very homely"

When staff talked about people's care needs with us they did so in a respectful and compassionate way. We asked staff how they ensured people's privacy and dignity. They were able to give us examples of how they provided care to people and interacted with them to maintain their dignity. For example, people's privacy was respected during personal care. Doors were closed and people were supported discreetly to access facilities.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private if they wished to.

There were informal ways for people to express their views about their care and an annual questionnaire. Each person had their care needs reviewed although some records had not been up-dated to reflect this. Relatives told us they were involved in decisions about care provided and were always able to ask questions. Most care plans had been signed by people or their relatives to show they agreed with the contents.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about aspects of their day to day lives. Some people liked to come to the sitting room during the day. Other people preferred to stay in their rooms. One person said "I am very happy in my room. Once I get to I sleep very well in my comfortable bed. On the whole they do very well. I can't think of any improvements."

When we arrived at the home some people were watching TV in the lounge. One person was sat in their dressing gown eating breakfast and other people were finishing eating their breakfasts in their rooms. In the afternoon people played scrabble with the activities co-ordinator. Another person said "I have no complaints. I stay in my own room. It is my choice. I get up early but I can go to bed when I like." One person had lived at the home for many years and felt able to pursue their own individual life style. Some people went out of the home with their relatives. One relative told us they were able to take their family member out twice a week and helped them chose books from the library. Another person liked to go and spend time with their family at home.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's requirements and expectations. Some people who had lived at the home for some years were becoming very frail and their care needs were increasing.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans were sometimes quite brief but contained sufficient information to give staff information to provide appropriate care. They contained information about people's likes and preferences as well as their needs but some needed up-dating particularly if the person had lived in the home for a long time . Staff knew people very well and told us of ways in which they respected people's wishes and choices. One member of staff said "We know people and their needs really well. We can see if people are deteriorating and we can try and help them." They were able to describe people's care needs and demonstrate that the support they were receiving corresponded with the care plans.

People told us there were activities organised. An activities organiser had been employed since the last inspection. They arranged for entertainers to visit, played bingo and had quizzes some afternoons.

The registered manager sought people's feedback informally. There were no formal meetings in the home. The manager told us they had tried these but people did not want them. People felt their views were listened to and action was taken to act on suggestions where possible.

People had a copy of the complaints policy when they arrived at the home. A copy of the policy was displayed in the reception area for visitors. There had been no formal complaints since the last inspection. People told us they would be able to raise any issues with staff or had relatives who would do this for them.

One relative said "X would say if there was anything wrong. They would certainly say something to me" We spoke with the relatives of six people living in the home. They said they would find it easy to raise any issues of concern in the home. They visited the home at different times and without appointments. One relative whose family member had lived in the home for four years said "I go into the home twice a week. There have been issues but they are always sorted out." Another person said "I have no complaints but I would not hesitate to say something if I needed to."

Good

Is the service well-led?

Our findings

This was a small home for 12 people where the registered provider was also the manager. People living in the home, staff and visitors felt the service was well led by an open and approachable manager. One relative told us they had spoken with the registered manager and found them "very helpful and supportive." Another relative said the manager would always be the "first one you talk to" to sort out problems.

Staff said they were supported by the manager. They were able to make suggestions about the running of the home and the care they provided.

The manager's vision for the home was to provide a "homely home." Comments from people demonstrated this was the case. People liked the size of the home and the fact that they knew everyone there. One relative said the service was "very homely."

The manager was in the home "most days". Since the last inspectiion the manager had put core times when they would be in the home on the rota. They told us they were also "in and out" of the home throughout the week. When the manager was not available to be on-call another member of staff took this responsibility and covered at night. This meant there were adequate systems to make sure support was available to staff and people in an emergency. However arrangements for running the home when the manager was not on the premises needed to be improved.

The manager told us the staffing structure of the home was deliberately simple. As there were usually two staff on duty there was no hierarchy. The two staff worked together as a team of equals. The manager wanted all staff trained to the same standard rather than have one senior and one junior member of staff. They said some staff had more experience than others and new staff were paired up with these staff. This did mean however no member of staff felt they should take the lead when the manager was not in the home. At the beginning of the inspection staff were not able to supply a list of people in the home. One member of staff said "we know people by their first names." This could cause problems in the event of a fire or to inform a visiting professional.

Staff told us they felt very well supported. Their practice was observed and they had annual appraisals. These were an opportunity for staff to discuss their work and highlight any further training required. It was also an opportunity for any poor practice or concerns to be addressed and monitored in a confidential setting.

There were informal quality assurance systems in place to monitor care and plan on-going improvements Questionnaires had been sent to people to ask them their views of the service they received.

The manager undertook audits and checks to monitor safety and quality of care. They visited the home at different times and observed staff working. They completed regular medication audits. People living in the home had their care reviewed by their care managers. Copies of reviews in people's files indicated the quality of care provided was satisfactory.

There were effective systems in place to monitor people's care and well-being. For example each person was weighed on a monthly basis and action taken where there were significant changes in people's individual weight. Records showed the action that had been taken were concerns were identified.

The manager confirmed they were up to date with recent changes in the Health and Social Care Act 2008 (Regulated Activities) Regulations.)2014. They told us they read information from our web site and had accessed recently published guidance to ensure people received care in line with the regulations.