

## Coolrunnings Residential Home Limited

# Cool Runnings Too

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Cool Runnings Too is a care home which is registered to provide care and accommodation for up to 12 older people. At this inspection there were 10 people living at the home, one person was in hospital and the provider had one vacancy. The home has access to a garden area. There are two floors with communal spaces such as lounges and dining rooms on the ground floor. At this inspection everyone had their own individual bedroom. The provider has some people completing periods of respite.

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

Quality monitoring systems were not effective, the provider had not identified shortfalls through their governance system. Specifically, with regards to medicine management.

Risk and safety were not always comprehensive or up to date. The provider had not ensured people living at the home had a Personal Emergency Evacuation Plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency. We have recommended that the provider considers current guidance on managing risk in care homes and takes action to update their practice.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The standard was introduced to make sure people are given information in a way they can understand. The registered manager was aware of the AIS but had not fully ensured information was shared in an accessible way. We have recommended that the provider considers current guidance on accessible information standards and takes action to update their practice.

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people and their relatives was positive.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and received appropriate training that supported them in their roles.

Staff worked together with a range of healthcare professionals to achieve positive outcomes for people. Staff supported people to maintain important relationships and continue personal hobbies and interests. People's concerns and complaints were listened and responded to. Accidents and incidents were reviewed. People and their relatives commented positively about the registered manager and the quality of care their family member received.

The registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications, had been complied with. The registered manager felt staff

had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. Staff worked with people within the principles of the MCA, and DoLS.

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.

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 (and update) The last rating for this service was good (published 14 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to medicines management and made three recommendations in relation to, risk management, accessible information and communication and quality assurance including medicines management.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Cool Runnings Too

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one Inspector.

#### Service and service type

Cool Runnings Too is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. The registered manager was also the owner of the home. For the purpose of this report we use the term registered manager throughout, even if we are referring to the provider.

#### Notice of inspection

This inspection was unannounced.

The inspection was carried out on the 9 March 2020.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, who is also the owner of the care home. We spoke with one professional who regularly visits the service.

We reviewed a range of records. This included two people's care records and five medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

### Using medicines safely

- Medicines management was not fully robust. We reviewed five peoples medicine administration records (MAR). No one receiving medicines had a care plan or medicine profile in place. The only guidance staff had to administer medicines was the MAR charts which meant staff may not have detailed information such as how people liked their medicines to be administered.
- Night staff did not have access to the medicine cabinet. Staff dispensed medicines and left them in a pot for night staff to administer. This meant there was a potential risk for medicine errors to occur. The registered manager assured us night staff would receive medicine management training and have full access to the medicines cabinet to ensure medicines are administered in line with national guidance.
- Staff opened medicines but did not label all of them stating when they were opened and the expiry date. Staff administered PRN medicines (medicines that can be given if required). No one who had been prescribed PRN medicines had a PRN profile in place. Staff did not monitor the outcome of administering PRN medicines and often the PRN medicine was given as a regular medicine. Staff had not referred this to the persons GP for further review.
- Staff applied prescribed creams to people. No one who had cream administered had a body map in place. Staff could not be certain they were applying the cream to the correct area on the person's body although staff did sign the MAR charts to confirm application.
- People had been prescribed paraffin based emollient creams. The registered manager had not considered the dangers of paraffin based emollient creams or completed risk assessments for people using these creams
- Two people were self-medicating at the home. Staff had completed a risk assessment, but there was no specific care plan. This meant the provider did not reflect peoples wishes or specific arrangements for taking their medicines correctly.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicine management was safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had a medicines policy which was accessible to staff. The registered manager said they would immediately review their current practice and update their medicines process.

### Assessing risk, safety monitoring and management

- At the last inspection in 2017, information about risk and safety was not always comprehensive or up to date. At this inspection we found this had not improved. For example, no one living at the home had a

Personal Emergency Evacuation Plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.

- The registered manager told us, everyone can mobilise, and staff knew them well enough to get them out of the building safely. They also told us they would ensure everyone had a PEEPs in place so that anyone new to the building had clear guidance.

We recommend the provider consider current guidance on managing risk in care homes and act to update their practice.

- The registered manager considered other environmental risk. For example, fire maintenance, gas, electrical safety, and safe use of water outlets.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do because there's always someone here." One relative told us, "[Relatives name] is safe, when I'm here I see what's going on around me."
- People who were unable to express their views clearly to us were observed interacting with staff in a happy relaxed manner.
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff knew what actions to take to protect people. One staff member told us, "We tell the manager straight away."
- Records showed staff had received training in how to recognise and report abuse. Staff could tell us what they learnt on the training. "One staff member said, "We Look for, mood swings loss of appetite, nervous around certain people, bruising."
- We saw examples of where concerns had been raised and investigated appropriately by the registered manager.

Staffing and recruitment

At the previous inspection in 2017 we made a recommendation about staffing and recruitment because staff had not always followed their recruitment processes. At this inspection we found the provider had made some improvements.

- Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. Although staff application forms did not identify a full work history.
- This was identified at the previous inspection in 2017. The registered manager confirmed they would request the information from staff immediately and update their files.
- There was enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events. The provider regularly reviewed staffing levels and adapted to people's changing needs.
- Staff told us they worked additional hours to cover absences. This meant people living at the home did not have their care and support compromised. The rota confirmed shifts were covered as needed.

Preventing and controlling infection

- Staff managed the control and prevention of infection well. Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance.
- Staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong



- The registered manager told us they do not have many incidents or accidents at the home as most people were independent. They said, "We are a small home and a small team we talk all the time, if things happen, we deal with it together." Staff confirmed this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People's needs were assessed before they moved to Cool Runnings Too. The registered manager told us, "I do a pre-assessment to see if we can meet the person's needs first, if we can't manage the care needs, I say so". Adding, "People come in for a day to see if they like it".
- Care plans were created based on the assessment. The registered manager said, "I recently turned down three people because their needs were too high, and it has to be right for the other people here as well".
- A relative confirmed this saying, "They came out to see [relatives name] and asked lots of questions".

Staff support: induction, training, skills and experience

- People were supported by staff who had access to training. Staff told us they thought the training was good, although night staff were not offered training in medicine administration. The provider assured us they would implement medicine training for all staff in the future.
- All new staff completed an induction process and were offered National Vocational Qualification (NVQ) training as part of their skills development.
- People told us, "Yes they [staff] know what they are doing I'm sure".
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff received annual appraisals to monitor their development. One staff member told us, "We talk every day, we are a small team".

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Cool Runnings Too. Comments from people included, "Food is nice, can have what you want". Menus reflected a choice of healthy home cooked meals.
- Pureed foods were presented in line with current best practice and looked appetising. One relative told us, "Food is excellent for my relative, basic proper food, they cook it all themselves, they cut it up for my relative and I haven't asked them to they just do it".
- People were regularly offered a choice of hot and cold drinks. We checked people's drinks were accessible to them in their rooms.
- Staff understood people's dietary needs and ensured these were met. We carried out meal time observations and saw how staff interacted well with people.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's health needs were monitored and were responded to promptly. Staff supported people to see health care professionals such as district nurses, speech and language specialists and chiropodists. People were supported to attend regular health checks with their GPs.
- Where specialist advice was given staff ensured this was followed. One health care professional told us, "Staff, always seem to understand what I convey and put dressings back on, people are well hydrated".

#### Adapting service, design, decoration to meet people's needs

- Cool Runnings Too provided accommodation which met the needs of people who lived there. The décor was homely, and peoples' rooms had personal belongings that made the room special to them.
- People had access to outside space. There were quiet areas where people could see their visitors and the home was laid out in a way that promoted independence.

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had received training in the MCA and showed a good understanding when supporting people's rights to make their own decisions.
- People could go out anytime they wanted, although most people choose not to go out alone.
- People only received care with their consent. One person told us, "I get up when I want, I do what I want to do". Records showed people had signed consent forms when they moved into the home.
- At the time of the inspection no one had a DoLS authorisation in place, the registered manager confirmed everyone living in the home currently had the ability to make their own decisions. The registered manager had a good understanding of the MCA and supported families where appropriate, to make sure people's rights were protected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness. This was reflected in the feedback from people who lived at Cool Runnings Too. One person told us, "If anyone wants anything they'd be there to help, its fine here, all very kind". A relative said, "Staff are really nice very friendly very helpful".
- We saw kind and caring interactions between people and staff during the inspection. Staff were offering reassurance and laughing with people
- Staff respected people's diversity, they were open and accepting of people's faiths and lifestyles. Although staff did not actively support people to explore their faith. Staff told us, "No one goes to church or anything, but we would help them go if anyone said they wanted to".
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt able to make their own decisions. One person said, "Yes I can do my own thing". Another person told us, "I go out every day for my walk, I like to keep up my exercise". A relative told us, "The home keep us informed, when I come in they tell me what's happened today, if the nurse has been out, we get phone calls if the GP is coming, constantly keep us up to date".
- The provider had resident meetings where people could express their views, but the registered manager told us, "People don't tend to come, they tell us if things are wrong and we deal with it".

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity and privacy were maintained and people's independence was supported. One person told us, "I do most things for myself, but if staff help me, they are always respectful". Adding "No concerns".
- We saw staff respecting privacy by knocking on people's bedrooms doors before entering.
- Staff promoted people's independence. One person told us how they like to go out every morning for a walk to stay active. One staff member told us, "One person fell recently, we got them a stick so they would feel more confident on their walk". They added, "Another person religiously takes a biscuit to feed birds, we make sure they have everything to carry on doing what they like doing".
- People's confidentiality was respected; people's care records were kept securely, and we did not observe staff discussing people in communal areas.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were being met because people living in the home had capacity. People we spoke with were confident if they wanted to read their care plans or understand its contents staff would support them. Staff confirmed they knew people well and could respond well." People confirmed they felt staff did communicate well.
- We discussed with the registered manager the Accessible Information Standard (AIS). This was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager acknowledged some improvements could be made, for example implementing individual communication plans for people and providing information in different formats to ensure they meet the AIS fully.

We recommend the provider consider current guidance on accessing information in care homes and act to update their practice.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised to them because staff knew people well and respected their wishes where appropriate.
- Care plans were in place and had guidance on how to meet people's needs. Although the information was more task orientated than person-centred and did not include medication care plans.
- The registered manager told us they have a key working system in place, and they would review this to ensure people are fully involved and care plans are person centred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to maintain relationships with loved ones who were important to them. There were no restrictions on visiting times and relatives told us they were welcomed into the home by staff.
- One staff member said, "We all know people really well we work with them closely we know what their needs and likes and dislikes consist of". Another staff member told us, "We know who likes to sit and garden, one person likes to have their windows closed, another person likes to walk every day outside". A third staff

member said, "Some people just like to sit and do word puzzles or sit in the lounge, but we do things like bingo and scrabble, we do colouring and people go out with family".

#### Improving care quality in response to complaints or concerns

- The provider could show where improvements to people's care had been made in response to incidents.
- People who used the service and their family felt confident that if they complained, they would be taken seriously, and their complaint or concern will be explored thoroughly and responded to. One person said, "Well yes I speak to the girls (staff) they sort it but I've nothing to complain about". A relative told us, "If I say to [registered managers name] can I have a word, straight away no problem at all, [registered managers name] is so approachable".

#### End of life care and support

- At the time of the inspection no-one was receiving end of life care at Cool Runnings Too. However, they had provided this care, in conjunction with community healthcare professionals in the past.
- People's end of life wishes were discussed at their needs assessment or soon after a care package started. People were able to say their preferences for end of life care, which respected people's protected characteristics, culture, and spiritual needs.
- Staff talked passionately about this aspect of their role. They told us they understood how important it was to people and their families.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

- Staff understood their role and responsibilities. Staff we spoke with were motivated and told us they had confidence in the registered manager.
- One staff member told us, "[Registered managers name] is just one of us, we work together as one team."
- The registered manager carried out informal checks in the home through observation only. These observations were not effective. For example, whilst they checked medicine stock regularly, they did not carry out a formal medicine audit. This meant they had not identified the shortfalls in medicines found during the inspection. The registered manager confirmed they would formalise their quality assurance processes.

We recommend the provider consider current guidance on quality assurance in care homes and acts to update their practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture within the home. Staff told us morale was good because the registered manager was clear. One staff member said, "[Registered managers name] gives lots of feedback, they will deal with our concerns." Adding, "They are always there to advise us and support us." Another staff member said, "[Registered manager] is so approachable, if we have medical appointment or child care issue, we just have to ring them." A third staff member said, "We had a resident on end of life [registered manager name] came in stayed with us throughout the process, took over other things." Adding, "Good manager I wouldn't have come back otherwise."
- A relative said, "[Registered managers name] is great [relatives name] is in good hands."
- When we pointed the registered manager out to people living at Cool Runnings Too they knew who they were straight away. Although not everyone living with dementia, was able to identify them as the registered manager. Staff told us, "There is no hierarchy here, we all just get on with things."

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

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

- Notifications had been received by the Care Quality Commission (CQC) which meant CQC could check appropriate action had been taken. They also ensured their current ratings were displayed for the public to see.
- The registered manager told us key messages were communicated everyday as it was a small close team. Staff we spoke with confirmed this and told us they felt communication was good.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had implemented ways of involving people in the service. This included monthly resident meetings.
- Most people we spoke with could not recall attending resident meetings. There were records of the meetings, but staff only recorded who attended and the subject headings. There was no clear evidence the provider acted to improve the service based on requests from people. The registered manager told us they would review how resident meetings were recorded, and actions taken, in the future.
- Relatives told us they did not attend regular meetings but if they had any concerns they could talk to the registered manager. One relative said, "[Registered managers name] is very approachable we talk a lot." Another relative said, "Staff always have time for us."

Continuous learning and improving care. Working in partnership with others

- The registered manager was keen to improve the service delivery and ensure they were up to date with national guidance and best practice. The registered manager told us they would review current systems and dedicate more time to researching best practice.
- The provider was working in partnership with other agencies. For example, GPs and other health care 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not operate effective systems and processes to make sure medicines were effectively managed.</p>