Caring Homes Healthcare Group Limited

Coxhill Manor Nursing and Residential Home

Inspection report

Station Road
Chobham
Woking
Surrey
GU24 8AU

Tel: 01276858926
Website: www.caringhomes.org

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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?	Good

Summary of findings

Overall summary

The inspection took place on 29 September 2016 and was unannounced. This was a comprehensive inspection.

Coxhill Manor is a nursing home providing support to up to 74 people. They provide care to the elderly, those with physical disabilities and people living with dementia. At the time of our inspection there were 54 people living at the home.

There was a registered manager in post. 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.

Staff understood their role in safeguarding people and had attended training. They demonstrated understanding of how to recognise signs of abuse and who to contact if they suspect abuse.

Accidents and incidents were being reported where appropriate. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. Policies and procedures were in place to keep people safe in the event of emergencies.

There were sufficient staff present to safely meet people's needs. Staff had undergone checks to ensure that they were of good character to be working with people. Staff had appropriate training and support to meet the needs of people living at the home.

People's medicines were administered safely. Healthcare professionals had a lot of input into people's care and staff observed their guidance in providing care to people.

People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty. Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

Most people told us that they enjoyed the food and we saw evidence of people being provided with choice and also being involved in writing menus. People had a good selection of activities to be involved in.

People were supported by staff who knew them well. Information in records was detailed and staff demonstrated a good understanding of people's histories. People and staff got on well.

Staff helped to create an inclusive atmosphere in the home. People were involved in decisions about their home environment and activities and events that they wished to participate in.

People's records were kept thorough and up to date with detailed assessments when people were admitted to the home and regular reviews.

Staff felt very well supported by the registered manager. Staff were able to contribute to the running of the home and the registered manager created an open culture within the team.

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 was safe.

There were sufficient staff deployed to meet people's needs.

Staff followed safe medicines management procedures.

Risks to people's safety were known to staff and had been assessed and recorded.

The provider carried out appropriate recruitment checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

Measures were in place to keep people safe in the event of emergencies and there was a contingency plan in place.

Is the service effective?

Good

The service was effective.

People were supported by staff who were appropriately trained and knowledgeable about their needs.

Staff knew people's food preferences and people were able to make suggestions to the menu. Choices were available for people.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its guidance. Where applicable, applications had been made to deprive people of their liberty.

People had good access to healthcare professionals and staff worked alongside them to meet people's health needs effectively.

Is the service caring?

Good

The service was caring.

People were supported by compassionate staff that knew them well.

People were included in the running of the home and staff created an inclusive atmosphere for people.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People took an active role in choosing and conducting activities. Staff responded to people's feedback and offered people variety and choice.

Assessments and care plans were person centred and reflected people's needs.

Robust systems were in place to ensure people received monthly reviews and staff could identify where improvements were necessary to any element of their care.

Complaints were responded to by the provider.

Is the service well-led?

Good

The service was well-led.

The registered manager created an open culture in which staff could be included in decisions about the home.

People's feedback was gathered and people were involved in important choices about where they lived.

Robust quality assurance measures were in place.

Coxhill Manor Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 September 2016 and was unannounced. This was a comprehensive inspection.

The inspection team consisted of one inspector, a specialist advisor nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke to six people who used the service, three relatives, six members of staff and the registered manager. We observed how staff cared for people and worked together. We read care plans for four people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Our last inspection was in February 2014 where we identified no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Oh god yes, I do feel safe!" Another person said, "I definitely feel very safe here as the staff look after us all." A relative told us, "Yes, (person) does feel safe here." Another relative told us, "Yes (person) does feel quite safe here which is unusual as (person) is normally a very nervous person."

People were protected against the risks of potential abuse. In their PIR, the provider told us that staff 'will receive three hours face to face training on safeguarding with an annual refresher. Staff are also aware of the whistleblowing policy.' We found this was an accurate account of what happened in practice to be working. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. Records showed training had been attended and refreshers given when required. Safeguarding was also discussed at staff meetings. We observed a meeting where staff talked about how they would respond appropriately to potential abuse. People were provided with information on how to raise any safeguarding concerns. Staff understood who to contact if they suspected that somebody was being harmed. One staff member told us, "I would inform the nurse straight away. We have a whistle blowing line and we can call the CQC or safeguarding (team)." Incidents were being reported to the local authority when required and the registered manager was notifying CQC of safeguarding incidents.

There were sufficient staff present to meet people's care needs. One person told us, "They're never short of staff I don't think." Another person said, "There always seems to be sufficient staff around so I don't think they are short of them." A visiting healthcare professional told us, "There is a very good staff to client ratio.," The registered manager had a tool to calculate staff numbers based on the needs of people. We observed that staff were able to take time to attend to people's needs and where people needed support from two members of staff they were available. People told us that staff were unhurried and patient, and they had time to talk to people.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same incident happening again. One person had fallen recently. The incident was logged and the person's care records were reviewed and risk assessments were updated. As a safety measure, staff worked with the person to ensure their room was free from clutter to prevent another fall. The person had not fallen since. The registered manager reviewed all accident and incident forms and the provider had an electronic system in place to analyse incidents. This helped to identify patterns to ensure measures could be put in place to prevent accidents from reoccurring. This

demonstrated that robust measures were taken following incidents in order to keep people safe.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Care records contained risk assessments and risk management plans to keep people safe. One person was living with dementia and was at risk of falls as they may not remember to use their walking stick. The risk was assessed with measures outlined for staff to take to prevent the person falling. Staff monitored this person and reminded them to use their stick when they got up from their chair. We observed staff doing this during our inspection. Records showed that this person had not suffered any falls which demonstrated that the risk assessment was working.

Peoples' medicines were managed and administered safely. Medicines records contained pictures of people and protocols were in place for homely remedies and PRN (as required) medicines. Guidance from healthcare professionals was clearly documented and staff followed these. For example, one person was trialling a medicine for a long term health condition. Staff were able to tell us about this medicine, how it worked and why the person was taking it. This information was clear in records.

Staff had been trained to manage medicines and they were required to pass a competency assessment before being able to support people with medicines. These were documented in staff records. We observed medicines being administered. Staff did this carefully and safely. Best practice was followed when medicines were signed off on the MAR sheets after staff had administered them. Medicines were stored safely in locked cabinets or a medicines fridge where necessary.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required and these had been reviewed to make sure they reflected people's current needs. For example, one person's PEEP identified that they would be 'confused and disorientated' in the event of a fire as they we reliving with dementia. The PEEP stated that staff should go to the person and provide reassurance whilst assisting them to safety. There was a contingency plan in place to ensure that people were safe in the event of the building being unusable following an emergency.

Good

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to provide effective care. One person told us, "The manager is certainly concentrating on making sure that their training is up to standard, they're excellent." Another person told us, "On the whole, I do think they're well trained here, yes." A relative told us, "The staff here are very well trained to look after the residents."

Staff told us that they had completed mandatory training in areas such as safeguarding, health and safety and medicines management. Staff told us that the training was informative and supported them in their roles. One staff member told us, "I love training. I'm doing NVQ and nutrition training. I did a dementia certificate and now know how to be in their world." The registered manager kept a record of training that staff had completed and a list of when training needed to be refreshed. Staff were up to date in all training modules. Staff told us that they received a thorough induction and they spent time working alongside experienced staff until they were confident in their roles and they had got to know the people living at the home. Nursing staff informed us that they were supported to keep their practice up to date and that the registered manager was supportive of their development. Nursing staff were competent in practice that we observed and displayed good knowledge of people's needs and health.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work.

The registered manager ensured that mental capacity assessments were carried out to determine if people had the mental capacity to make specific decisions. Where people did not have capacity then best interests meetings took place. If people were being restricted in their best interests, for example by being unable to leave the home unaccompanied, then DoLS authorisation applications had been submitted and received by the local authority. For example, one person living at the home had restrictions placed upon them following a safeguarding incident. We saw evidence that staff had worked alongside social care professionals and relatives to ensure that the restrictions were in the person's best interests. Authorisation had then been applied for appropriately to the local authority.

Most people liked the selection of food on offer and told us they were given choices. One person said, "They do change it if you don't like it. Just say and they will do it." Another person said, "If you go down there at three or four o'clock in the morning and say you're hungry they will make you something." A relative told us, "If (person) doesn't like what's on offer they will always concoct something." However, one person told us, "The food is good but it can sometimes be a bit on the cold side." A relative told us, "The food could be a bit better."

Staff told us that they produced the menu using the feedback from people. Regular food surveys were carried out and people could suggest things. For example, people had requested minestrone soup and this was added to the menu. One person requested a wider selection of ales which was arranged for them. People who enjoyed wine with their meals had requested different varieties of wines which had also been arranged and they told us that they were happy with. The menu offered a choice and the kitchen would also be able to prepare something else for people who did not want either option.

Staff spoke to people before lunch to confirm their menu choices. Staff took any specific instructions that people had. Where people were living with dementia, at lunchtime they were shown plates of food in order to make a choice about which one they wished to eat at the time. People's care records contained information about their dietary requirements and preferences. One person who was living with dementia had not been eating so a dietician had recommended they be provided with small finger foods to encourage them to eat. This information was in their care plan and we observed staff offering them these types of foods, which they ate. The person was being weighed regularly and records showed their weight had increased. One person was at risk of choking and a speech and language therapist (SALT) had recommended that they eat a pureed diet. This was documented in their records and staff served them pureed food. At the time of our inspection, kitchen staff were working to make pureed food more appetising. Pureed food was being placed into moulds so that it would look like whole food, in order to make it look more appealing to people. This demonstrated a commitment to people enjoying food whilst ensuring that their dietary needs were met.

People's healthcare needs were met and staff supported people to access healthcare professionals quickly. A relative told us, "Since being here, (person) has improved physically beyond recognition." In their PIR, the provider told us, 'We will call upon the GP, CMHT, hospice team, SALT team, continence team, tissue viability team or Parkinson's Nurse to ensure we are deliver the best possible health care for residents.' We found this was an accurate statement and all specialist were contacted as appropriate. Nurses worked closely with the local GP who visited weekly to carry out a ward round. Staff told us that if people needed an urgent visit from a GP this was easy to arrange. Records demonstrated that when people became ill they got quick access to treatment. One person had developed a urinary infection and received a visit from the GP the same day. The GP had recommended the person drink more fluids. Staff followed these instructions and completed a chart to demonstrate that they had done so. The person recovered quickly. People's records contained input from healthcare professionals such as dieticians, SALT, physiotherapy and palliative care nurses. A visiting GP told us, "They work very well with us. There are very low hospital admissions here."

Good

Is the service caring?

Our findings

People told us that they got on well with the staff. One person told us, "You always get a cuddle from them. They are very affectionate at what they do, they are a credit to the home." Another person said, "They are very, very kind and very caring." A relative told us, "I love them all and (person) loves them to bits." Another relative told us, "They appear to do everything with the greatest of affection."

People were supported by staff that knew them well. Staff were knowledgeable about people's preferences and life histories and the information they told us clearly matched with the information recorded in people's care records. One person's records contained details on their successful career. When introducing us to this person, the staff member spoke about this person's working life and the person responded warmly, enjoying reminiscing. There were numerous similar examples of this during our inspection. This showed us that staff took an interest in people and knew them well based on information in records. One staff member told us, "They've all had interesting lives and I really enjoy getting to know everyone's story. I'm grateful I have time to chat."

Interactions with people from staff showed kindness and compassion. One person told us, "Every one of them shows the utmost dedication." Staff spent time talking to people and sat and joined conversations. There was a lively and jovial atmosphere in communal areas and throughout the day staff shared jokes with people or engaged in conversation. This demonstrated that people and staff created a warm environment in which people felt comfortable.

People lived in an environment that was inclusive of everyone. People had developed their regular residents meetings into a residents committee. It was run independently by people with support from staff for this to develop. One staff member told us, "(Person) has really taken the lead on the committee. If I can help by typing things then I do. I'm like their secretary!" This meant that people could raise matters with the committee and created a route by which people had their say in how the home was run. One person told us, "I go along to the meetings and if I think it'll be useful I make myself known." People had introduced new activities through the committee. These included people telling stories from their working lives, or developing quizzes. This meant that people's own life history and talents were utilised and people had ownership over these activities. Staff encouraged people to develop important relationships and bonds with each other. One staff member told us, "When new people come we learn about them. If they have something in common with another resident, we might introduce them to encourage them to strike up a conversation." We observed staff taking time talking to people. At lunch, one person was sitting on their own. Staff went over and asked another person if they wished to go and sit with them. This showed that staff understood their roles in developing an inclusive community atmosphere for people.

People told us that staff encouraged them to be independent. One person told us, "They'll let me get on with it if they think I'm capable but they make sure that I don't come a cropper!" Another person said, "They make sure that I can do what I want to do and they encourage me to do it." People's records contained information on what they could and what they wished to do for themselves. One person was able to complete some personal care tasks themselves, and needed support from staff with other areas. Staff

demonstrated a good understanding of this person's needs and what they were able to do. This showed that staff had a knowledge of people's needs which meant that they could provide appropriate support to enable people to be independent.

People told us that staff supported them in a way that promoted their privacy and dignity. One person told us, "They will normally knock and wait to come in. If they caught me in a state of undress they would apologise and leave straight away." Where people needed support with personal care, we observed staff handling this discreetly and sensitively. Staff demonstrated a good understanding of how to provide care in a way that maintained people's privacy. One staff member told us, "I always knock and ask them if they want personal care now. I make sure curtains are closed and will give a towel to make sure they are covered. If I know someone is having personal care in their room, I will wait for it to finish before I go in."

Good

Is the service responsive?

Our findings

People told us that they enjoyed the activities at the home. One person told us, "I think the activities are good on the whole." Another person said, "I go on the trips out if I fancy them." A relative told us, "(Person) does go to the activities and loves the bingo, like most ladies."

People were encouraged to take part in activities that suited their interests and hobbies. A relative told us, "The activities are very good, they always seem to be doing something when I visit." Activity timetables were on display in the home. These included a range of activities covering different people's needs and interests. There were games, quizzes, films, visits from entertainers and arts and crafts. We observed a game of 'Name that Tune'. People, staff and relatives were all engaged in the activity. There was laughter and music in the room and people and relatives told us that they enjoyed it. Staff told us that one person who was living with dementia responded particularly well to this game as it involved memories from their past. Dedicated activity co-ordinators spent time looking at people's needs and wishes and developed activities based on the people who lived at the home. This demonstrated that careful consideration was given to ensuring activities were personalised to people's needs and interests.

People could make suggestions and were involved in creating activities. One person had wanted to play 'Countdown' so people and staff worked together to create a Countdown set that meant they could play the game as a regular activity. Some people wanted to do storytelling, so this was added to the activities schedule. In this activity, people who wished to were given time to tell their life stories. This included people in activities and also helped people to get to know each other. People told us that they really valued these opportunities. Events took place at the home which relatives could attend and people chose what types of events they wanted. At people's request, a recent summer fair had involved a game of football between teams of staff that people could watch. People gave feedback on activities which staff responded to. A recent survey had identified a desire for staff to provide more 'upmarket' activities. Staff had responded to this by bringing in guest speakers which included talks by published authors and the local MP. This demonstrated a commitment by staff to involving people in activities and finding innovative ways for people to enjoy their time at Coxhill Manor.

People's needs had been assessed before they moved into the home to make sure their needs could be met. Assessments contained information on health needs, including information from healthcare professionals. This ensured a smooth transition of care for people coming to the home from their own homes or hospital. Assessments also covered people's own feelings on admission so that staff could be sensitive to this, recognising that it could often be a difficult time. For example, one person's admission form stated that they were 'accepting of the decision' to move into a care home. One person told us, "I was reluctant to move into this place but once I was here the staff were wonderful."

Care plans were personalised and information on what was important to people was clear. There were thorough care plans which identified people's needs with clear outcomes to achieve. For example, one person could become agitated if they did not have their hearing aid in before staff provided care to them. This information was clear in their records and staff demonstrated an understanding of it when we spoke to

them. Another person liked to have a cup of tea before they got up and washed, information about their routine was clear in their records.

People told us that they had seen their care plans and knew what was in them. A relative told us, "We all did (person)'s care plan together. I'm aware that they update it regularly so I am happy with that." Every person spent time with staff each month to sign and review their care plans. This time was also used to update the care plan with any new information. Staff spent time talking to people about their background, their home life before coming to the home and their family. This information was recorded and updated and meant staff knew the people that they were supporting.

People had regular reviews through a 'Resident of the Day' system. This allowed people to have an opportunity to raise anything about their care. 'Resident of the Day' was a set day each month when one resident had a full review of all areas of their care. These covered everything from care plans to room maintenance. This dedicated day also provided an opportunity to review care plans and to ensure that people were getting the daily support that they needed. Where people's needs had changed, reviews took place quickly and records were updated to reflect changes.

People told us that they knew how to make a complaint. The complaints policy was visible within the home. Staff told us that they would report complaints to the registered manager or senior staff. The complaints records showed that complaints had been dealt with. At the time of our inspection records showed that there had been very few complaints from people and relatives. Where there had been a complaint, the issue had been documented and a response provided. The registered manager had recorded the actions taken and the situation had been resolved satisfactorily.

Good

Is the service well-led?

Our findings

People told us that they thought that the home was well-led. One person told us, "Frankly, I don't think anyone could do better than (registered manager). They're exceptional." Another person said, "I do think the place is so very well managed." Another person said, "I believe (registered manager) runs this place extremely well." A relative told us, "This is a very well managed home and the team are also well led."

Staff told us that they felt able to make suggestions or raise any concerns. One member of staff said, "We have meetings where they tell us things or we can ask questions or make suggestions." We observed a staff meeting. Staff were comfortable asking questions and feeding back information to the registered manager. Staff meetings happened regularly and the registered manager repeated them at different times and days to ensure that most staff could attend. Minutes were kept and demonstrated that information was shared to improve people's experiences. A recent meeting had discussed the need to ensure that people's hands were clean after meal times as a relative had made a complaint that they had noticed one person had not had their hands cleaned.

Staff felt well supported by the registered manager. One staff member told us, "The manager is very nice. The door is always open. If you have a problem, they support you." We observed the registered manager working alongside staff. Staff could approach the registered manager at any time. Staff files demonstrated that in one to one meetings staff could speak openly with management if they had any concerns. This showed a healthy and open culture that meant people received care from staff who conducted themselves in an honest and transparent way.

People were involved in the running of the home. Residents meetings happened regularly and provided an opportunity for people to make suggestions and also for staff to update people on changes made. At a recent meeting staff had fed back to people that, following their request, an orchard had now been planted in the garden. A summer barbeque had also been arranged in which staff would participate in a sports day for entertainment, at people's request. This demonstrated a commitment to involving people in decisions about their living environment and keeping them updated throughout about any changes.

The registered manager sent out a yearly feedback questionnaire to people and relatives. Feedback was collated in order to identify areas for improvement. Recent feedback had been acted upon. One survey had led to improvements in the activities schedule. A food survey had been acted upon and changes made to the menu in response. One person had wanted to see improvements made to the pond in the garden and work was underway on this at the time of our inspection. People told us that they really valued these improvements being made in response to their suggestions.

The quality assurance audits in place were robust and had been used as an opportunity to learn and improve for the benefit of people and staff. The registered manager carried out regular audits, these included infection control, health and safety, the environment and medicines. There was also a monthly visit from another regional manager. A recent audit had identified a need to ensure all medicines records contained PRN protocols. This had been actioned and PRN protocols were in place. Another audit had

identified that changes could be made to make the reception area more welcoming. Actions taken had been recorded and we observed that the reception area was warm and inviting.

The manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.