Doncaster Property Investment Fund Limited

China Cottage Nursing Home

Inspection report

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Date of inspection visit:
19 January 2017
23 January 2017

Date of publication:
06 February 2017

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 19 and 23 January 2017 and was unannounced on the first day. This meant no one working at the home knew we would be inspecting the service. At the last rated inspection in April 2015 the service was rated as requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'China Cottage Nursing Home' on our website at www.cqc.org.uk'

China Cottage Nursing Home is a care home situated in Carcroft, Doncaster which is registered to care for up to 33 people. The service is provided by Doncaster Property Investment Fund Limited. At the time of the inspection the home was providing nursing and residential care for 29 people.

The service had 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.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. From the care records that we looked at, we saw that appropriate referrals had been made to speech and language therapists [SALT] and occupational therapists [OT].

People were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. Protocols were in place for administering 'as required' medication for pain.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. There were robust recruitment procedures in place and staff had received formal supervision. Qualified nursing staff had also received some clinical supervision to assess their competencies and skills. Annual appraisals were also taking place. These ensured development and training to support staff to fulfil their roles and responsibilities was identified.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and

there was always something on the menu they liked.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with told us that they were encouraged to make decisions about their care and how staff were to support them to meet their needs. Without exception relatives told us they were very satisfied with the care provided to their family members.

People were able to access activities. The activity coordinators had developed a plan of activities. People could also access religious services which were held periodically at the home. We saw a range of activities were available to people during the inspection. For example, arts and crafts, bingo, hairdressing and one to one pampering.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

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 enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

Medicines were managed in a safe manner.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training to meet people's needs. There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the registered manager approachable and available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider organised activities to stimulate and maintain people's social health.

People and their relatives told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager had clear lines of responsibility and accountability.

The registered manager had a visible presence throughout the service. People and staff felt the management team were supportive and approachable.

The manager and nursing team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people receiving support, their relatives and staff.

China Cottage Nursing 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.

This inspection took place on 19 and 23 January 2017 and was unannounced on the first day. The inspection was carried out by an adult social care inspector. At the time of the inspection the home was providing nursing and residential care for 29 people.

We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. This included regular updates from the provider which told us how the service was progressing. We also contacted the local authority commissioner who also monitors the service provided. We had not asked the provider to submit 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.

Not everyone was able to share their experiences of life at the home. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with the registered manager, two registered nurses, a senior carer staff, four care staff, the maintenance person and the activity coordinator. We also spoke with five people who used the service and eight visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service including four recruitment and training files for staff. We looked at five people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they had improved to ensure that they identified areas for improvement.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, team meeting minutes and findings from monthly audits.

Good

Is the service safe?

Our findings

We asked people whether they felt safe in the home. Everyone we spoke with were clear that they did feel safe. This was also reflected in responses from visitors to the home when we asked about their relative. One relative said, "My relative would tell me if they were worried about anything so I have no concerns about safety." One person we spoke with told us they had chosen to live at the home as they had lived most of their life in the area. Another person said, "The staff are very good they look after me and make sure I get everything I need."

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We asked staff about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns.

A safeguarding adult's policy was available and staff were required to read it as part of their induction. We looked at information we held on the provider and found there were no on-going safeguarding investigations. The registered manager told us that she was aware of when and what was required to be reported to the Care Quality Commission.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, risk of developing pressure sores and risks associated with nutrition and hydration. However, we found risk assessments had not been fully completed for two people who used the service. We were informed by the registered manager that they had only been admitted the day before the inspection and the nurse was completing the required assessments. When we returned to complete the inspection both files contained all of the required assessments.

We saw staff appropriately using mechanical hoists to move people safely and staff were on hand to remind people to use walking frames so they were safe to move around the home independently.

We checked how accidents and incidents had been recorded and responded to at the service. Any accidents or incidents were recorded on the day of the incident. We saw the recording form had the description of the incident and what corrective action was taken, along with how to reduce the risk of it happening again. The form categorised the incidents into slip, trips and falls. It identified the time of the fall which was used to help determine if staffing levels were correct. It also gathered information if further action was required such as attention from a health care professional or a referral to the falls assessment team.

We looked at four staff recruitment files and found that the recruitment of staff was robust and thorough. The files we saw were well organised and easy to follow. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role.

The registered manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. The registered manager told us they carried out dependency assessment to make sure there were sufficient staff were on duty to meet people's needs. They told us they would listen to staff if they raised any concerns about not being able to meet people's needs. The registered manager told us this was reviewed each week with the regional manager. People who used the service and their relatives raised no concerns about staffing levels. One relative said, "As a relative we always think more staff is needed but there seems to be enough to meet people's needs. Staff are always available if I need to ask anything about my family member."

We found people were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines.

We found there were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

We saw each person's medication records included how each person preferred to take their medication and any allergies they may have had were also recorded. Staff had recorded if people had the capacity to consent to taking their medication and appropriate documentation was seen in relation to this.

During breakfast we observed the nurse administering medication. We saw they did this in a professional, low key manner. They locked the medicine cabinet every time they left it even if only moving to a nearby person. We heard the nurse ask people if they required pain relief and acted upon their wishes.

We saw the nurse followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. We saw plans were available that identified why these medicines were prescribed and when they should be given. The nurse we spoke with knew how to tell when people needed these medicines and gave them correctly.

The registered manager showed us training records to confirm staff had the necessary skills to administer medication safely. An annual competency check was also undertaken. We saw records which confirmed these arrangements.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the

kitchens and communal areas of the home. We found these areas were clean, tidy, and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. Relatives that we spoke with told us that they thought staff were knowledgeable about the care needs of their family members. One relative said, "The staff know my [family member] very well. They always look clean and tidy and are always dressed very nice. Just how they would have looked when they were younger." Another relative said, "The staff know what they are doing. They are always off on training, which is good."

During this inspection, we asked how the provider ensured staff had the skills and knowledge to carry out their role. When new staff were employed, they completed a comprehensive induction and shadowed staff that were more experienced before they carried out tasks unsupervised. One new member of staff told us, "I have worked here for two weeks now and staff make sure that I am able to carry out tasks before leaving me. I am waiting to have moving and handling training which I have a date for. Until then staff make sure I don't use any equipment until I am trained."

New staff also completed some training which is recommended by Doncaster council. For example safeguarding training. The registered manager was aware that all new staff employed that did not have previous experience working in this type of service would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The registered provider had developed a training matrix to ensure all staff training needs were met and refreshed on a regular basis. The training matrix showed when staff needed to retrain on individual subjects. Training was separated into a mandatory section all staff had to complete and additional training. Mandatory training included safeguarding, dignity, fire safety, moving and handling and infection control. Additional training included, dementia care, challenging behaviour and end of life care.

Staff spoke positively about the training provided. They said they had the skills and competencies to meet the needs of people who used the service.

We found that staff received supervision (one to one meetings with the registered manager) and they told us they felt supported by the registered manager and also their peers. The registered manager also completed annual appraisals. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice.

Clinical supervision of the nursing staff was given by the area manager. Clinical supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. It is a time for them, as a nurse to think about their knowledge and skills and how they may be developed to improve care.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who might not be able to make informed decisions on their own.

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 were being met. Records showed staff had received training in this subject, and those we spoke with had a satisfactory understanding of the principles of the MCA, which ensured they would be able to put them into practice if needed.

We found documentation was in place that showed the correct process had been followed for two people who had DoLS authorisations in place. Where conditions were attached to a DoLS we found these had been followed. We were informed that several other DoLS applications had been sent to the local supervisory authority for their consideration, but the registered manager was still waiting for the outcomes.

We looked at the care records belonging to three people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records.

Records in relation to 'Do not attempt cardio-pulmonary resuscitation' DNACPR were seen on some of the care plans that we looked at. These decisions were made with the agreement of family members. We also saw care plans included a section which recorded people's future wishes should they become ill and needed hospital admission. The section also included information about their end of life wishes.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at five people's care plans and found that they contained information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis.

Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice. We saw staff regularly completing food and fluid charts for people who required closer monitoring. However, the charts had not been reviewed which meant some people may not have been receiving the right amount of fluids to meet their assessed needs. We discussed this with the registered manager. When we returned to completed the inspection and new reviewing system for the charts had been introduced and the registered manager was going to oversee the completed charts for any actions that were required.

We used SOFI to observe four people who were being supported to eat at breakfast time. It was clear from the chatter and laughter that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. People described the food as, "Very good, a variety and plenty of it. We get two choices. One person said, "I like my dinners without gravy." We saw when the meal came it was just as the person had ordered it without gravy.

We found the service worked well with other health care agencies to ensure they followed best practice guidance. The registered manager gave us an example of working closely with the GP practice to regularly review people's medication and healthcare needs. They said, "The GP from the local practice holds a surgery every week so that we can discuss any concerns and medication or the person's health and welfare." This helped to raise the standards of care provided to people who used the service.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and caring. One person said, "The staff have a laugh and a joke with us. It helps the time go and makes us all feel that they [staff] care." Another person said, "We can spend time in our rooms if we want to, staff respects that and they always come to ask if everything is okay and bring us a drink." Relatives consistently told us that the care was good and they felt reassured that there was a good group of staff providing care and support to their family members.

We saw some files we looked at contained a 'This is your life' documents. These are tools for relatives of people living with dementia to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. There was also a form which described their wishes should they become ill and need hospital treatment. This helped staff and relatives approach difficult decisions as people reach the later stages of their life.

We spoke with staff members who knew and understood people's needs. It was clear from their responses that they respected people who used the service. One staff member said, "We get to know people quickly by spending time with them getting to know their little quirks. These are the things that help people to settle into the home." A new member of staff that we spoke with told us that they had learnt everyone's names and a little bit about each individual. She said, "I have only been here for two weeks but feel really settled. The atmosphere is relaxed and friendly."

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. We saw people were discreetly assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. For example, we saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

People were given choice about where and how they spent their time. Most people moved freely throughout the communal areas. Some people chose to sit in the quiet lounge, while others preferred the main dining area where most of the activity took place.

Relatives and visitors to the home told us that there were no restrictions to the times when they visited the home. One relative said, "I come every day at different times and there has never been a problem. Staff always greets me in a friendly manner and offers me refreshments." Another relative said, "The staff are great. They treat people as part of their own family." Just after the conversation a staff member brought the relative a cup of tea. The relative said, "See what I mean, they bring me a drink without me asking and they always ask how I am keeping."

People told us that their privacy and dignity was respected. Staff told us about the ways in which they respected people's privacy and dignity. These included ensuring that people's curtains were closed and that people were covered up as much as possible while assisting them with personal care. We observed staff

members knocking on people's doors and seeking their permission or them to go in prior to entering people's rooms.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. We saw care plans were reviewed monthly or sooner if the person's needs changed. This ensured the care people received met their needs

The staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. Staff told us that they liked to spend time getting to know people who used the service. They also said where it was difficult to communicate with people they spent time taking to relatives. Staff recorded the information on a 'This is your life' record so information could be shared with all of the staff.

We observed staff throughout the two days of this inspection and it was clear that people's views were sought before any assistance was given. Staff told us that if they thought a person's needs had changed they would discuss the changes with the nurse on duty. We looked at handover sheets which were used to communicate any information about people's health and wellbeing. This information was given by the most senior person at the start of each shift. They were sufficiently detailed to ensure staff were aware of any health issues needing attention during their shift. For example, where people required to see a GP, district nurse or obtaining urine samples. It also told staff if people required observations following falls or restless sleep.

The staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. We spoke with the activity co-ordinator about how people could access the community. She told us that occasionally people could go on outings including visits to the pub which was within walking distance of the home. She told us that people could access a varied programme of activities which included crafts, games and movement classes. Outside entertainers were booked periodically throughout the year. Over the two days of the inspection we observed activities taking place. This ranged from hairdressing and one to one pampering, bingo, dominoes and crafts. People told us they liked the range of activities provided at the home.

The activity coordinator told us the 'Residents' meetings were held monthly so they could obtain people's views on what was working and also what needed changing. She told us that they had developed a bank of entertainers which people like. Some were not very interactive with people. They were not used again. A particular favourite was the Zoo lab. This involved a group of people bringing in animals which people could hold and stoke. The coordinator told us that people enjoyed the session and they planned to use them again.

The registered manager told us that she operated an open door policy which encouraged visitors and

relatives to raise any concerns they may have. Relatives we spoke with complimented the manager's style of leadership and they said they had confidence in her ability to manage any concerns appropriately.

At this inspection we found the complaints file was organised and contained details of all the complaints received and how they had investigated the complaints. The registered manager told us they had investigated three formal complaints since our last inspection. We saw records which confirmed they had reached a satisfactory conclusion.

We saw that copies of the complaints policy were displayed throughout the home. People we spoke with said they had no complaints but would speak to staff if they had any concerns. Relatives told us they were confident that the registered manager would act appropriately if they wanted to raise any concerns about the service.

Good

Is the service well-led?

Our findings

The service was well led by a manager who had been registered with the Care Quality Commission in June 2016.

People we spoke with told us they knew who was the manager and said they were approachable and would deal with any concerns they might have. One person said, "If you want anything they sort it out for you." Another person said "I'd tell the manager or I could talk to the staff if I'm worried about anything." Relatives told us that the manager was always available. One relative said, "I feel the manager has the right values and wants to provide the best care for people who live here."

From our observations and discussion with staff we found that they were fully supportive of the registered manager's vision for the service. Staff told us that the atmosphere and culture in the service was good. We found staff very open and they had created a warm homely environment for people to live in. They said they knew what was expected of them and would discuss any problems with the nurses or the registered manager.

The activity coordinator told us they worked well with the local community and had developed close links with schools and Churches. The registered manager had developed close links with healthcare professionals such as district nurses, dieticians, tissue viability nurses and community psychiatric nurses. From the care records we looked at it was clear that these professionals had been contacted.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring. It was clear that the registered manager and the regional manager learned lessons from things that went wrong in the home. For example, they had recognised that nurses needed additional support to complete initial risk assessments when admitting more than one person within a few days of each other when they are admitted for end of life care.

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service user reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

Maintenance checks were carried out on the premises to help ensure people were living in a safe

environment. This was carried out by the maintenance person daily'. The maintenance person confirmed they carried out daily walkabouts and kept equipment serviced. Records of servicing of equipment carried out by external providers were seen and other checks carried out included legionella, fire alarm, lifts, gas and electrical checks.