

Vivo Care Choices Limited

Curzon House

Inspection report

Curzon Street
Saltney
Chester
Cheshire
CH4 8BP

Tel: 01244977925

Date of inspection visit:
04 June 2018
08 June 2018

Date of publication:
13 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection of Curzon House on the 4 and 8 June 2018. The first visit was unannounced with the second day being announced.

Curzon House 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. Curzon House accommodates 35 people in one adapted building. At the time of our visit, 8 people were living at Curzon House either permanently or for respite care.

The service had a manager who was applying to become registered with us. 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 manager was present during the days of our visit.

We previously carried out an unannounced comprehensive inspection of this service on 12 and 13 February 2018. At that inspection we rated the service as 'requires improvement' as we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this visit we found that all breaches in regulations had been addressed.

Our last visit found that the service was not always safe and this had resulted in a breach of Regulation 12 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was because risk assessments relating to falls were not always in place, medication recording systems were not accurate and training in supporting those who used pressure mattresses was not provided.

This visit found that falls risk assessments were in place and were reviewed regularly. Falls that people had experienced had been kept at a minimum, were analysed to determine patterns or trends were unavoidable and did not adversely put people at risk of harm.

This visit found that medication recording had been improved. Where medication errors had occurred, these had been backed up by auditing systems which were effective and appropriate performance management for staff involved in place.

This visit also found that training in assisting people who required pressure mattresses had been provided with staff having the knowledge and skills to best support people in using this equipment.

Our last visit found that the registered provider had not always worked within the principles of the Mental Capacity Act 2005. This had resulted in a breach of Regulation 11 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that restrictive practices were carried out by staff with no reference to people's best interests or capacity being recorded. This visit found that a process for making best interests about aspects of people's lives was in place and was working effectively.

On our last visit we found that governance of the service was inadequate. This had resulted in a breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because auditing of care plans and medication systems had not picked up the shortcoming in medication recording or the lack of a person-centred approach to care plans. We had also found that oversight from the registered provider had not been effective.

This visit found that audits were in place with an ongoing commentary on how any issues were to be addressed. We found that a representative of the registered provider had conducted a detailed visit covering all aspects of the support provided to people who used the service. In turn actions identified were addressed or ongoing.

The premises were clean, hygienic and well maintained. All equipment used had been serviced regularly to ensure that people could use it safely.

Staff were aware of the types of abuse that could occur and how to report it. They were aware of how to raise concerns with outside agencies.

Medication storage was well managed. Staff who had come to work at the service had their suitability to support vulnerable people checked before they came to work there.

Risk assessments were up to date. These related to the risks faced by people in their daily lives as well as from the general environment.

The nutritional needs of people were met. People were provided with a choice of food at mealtimes and were provided with drinks during the day. Any risks to people's nutrition were acknowledged and acted upon.

Staff were provided with the training they required to perform their role. They received supervision so that they could be aware of their strengths or areas for development.

The health needs of people were responded to ensure that they maintained their health.

The premises were designed to meet people's needs and provided signage and decoration to assist those living with dementia.

Staff adopted a kind and friendly approach with people. People were treated with dignity and respect. Staff promoted people's privacy and dignity at all times.

Care plans were detailed and person centred and subject to effective audits. Information in care plans meant that staff could meet people's needs in response to changes in people's physical or mental health.

An effective complaints procedure was in place.

People were invited to participate in activities which were person centred and varied.

The registered provider displayed the service's ratings from the our last inspection.

The registered provider always let us know about adverse incidents that affected people who used the service.

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.

Risk assessments were now effective at protecting people.

Medicines were now appropriately managed.

The premises were clean, hygienic and well maintained.

Is the service effective?

Good ●

The service was effective.

The registered provider now operated within the principles of the Mental Capacity Act 2005.

The nutritional needs of people were met.

Staff received the training and supervision they required to perform their role.

Is the service caring?

Good ●

The service was caring.

People were treated in a caring and dignified manner.

People's privacy was respected at all times.

People were given information to assist them to make choices about their lives.

Is the service responsive?

Good ●

The service was responsive.

Care plans were more person centred and responded directly to the needs of people.

A variety of activities were available to people if they wished to take part.

Is the service well-led?

The service was not always well led.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

A range of audits were now in place which effectively identified issues of improvement needed.

The registered provider always notified us of significant incidents within the service.

Requires Improvement 

Curzon House

Detailed findings

Background to this inspection

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

The inspection was carried out to assess if any improvements following our last inspection on 12 and 13 February 2018 had been made.

This inspection took place on the 4 and 8 June 2018. The first day was unannounced with the second day being announced.

The inspection team consisted of two Adult Social Care Inspectors.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at 7 care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to 7 people who used the service. One relative sent us information about their experiences of the service via email. We also spoke to the manager and 4 members of staff. We also observed care practice and general interactions between the people who used the service and the staff team.

As part of our inspection process, we ask registered providers to complete 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. No PIR was requested by us for the purposes of this inspection.

We checked to see if there had been a recent visit from Healthwatch. Healthwatch is an independent consumer champion created to gather and represent the views of the public. No visit had been made since our last visit in February 2017. No recent visit from Healthwatch has been made to Curzon House.

Is the service safe?

Our findings

People told us "I feel safe and happy", "I always get my medication when I want it", "Yes I definitely feel safe" and "There are always staff around to help me".

Our last visit in February 2018 identified that people were not always kept safe. Medication was not always safely managed and risk assessments were not always effective in protecting people from harm. This resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

This inspection found that all breaches had been addressed.

Our last visit found that there were shortcomings in the recording of medication records. These had included inaccurate recording which meant that people were at risk of receiving the wrong medicines. In addition to this there were no care plans relating to medicines given when needed (known as PRN). The lack of care plans meant that staff did not have a consistent indication of when such medicines (painkillers for example) should be offered.

This visit found that medication records were accurate although there had been instances where signatures had been omitted and medication had been missed. Where medication had been missed, this had been identified and action taken to address this. Medical advice had been gained and the impact on individuals had not be of concern. Medication audits had identified these but this was sometime after the initial omission. We raised this with the manager who put a stock check record within medication records so that an initial check on whether medicines had been given could be made. The audit process also extended to daily checks by senior staff. These ensured that all signatures had been recorded and all prescribed medications given. Where medication errors occurred, these were reported as low-level concerns. These are concerns that do not meet the threshold for more serious investigation. In addition to this, staff had their performance monitored in response to repeated errors.

Medication was appropriately stored with details of received medication recorded on medication administration records (MARS). Systems were in place for the disposal of unwanted medication. Main medication stocks were stored in a secure room and then current stocks stored in a purpose-built cupboard located in each person's bedroom. Some medicines needed storing at a cooler temperature to ensure their effectiveness. These medicines were stored in a medication refrigerator that had its temperature monitored regularly. Some controlled medicines were prescribed for people. These are medicines that are subject to legal controls. A registered of the stocks of controlled medications was in place and this tallied with stocks held.

Staff confirmed they had received training in medication. Their competency to do this was also subject to checks.

Risk assessments were in place for those who wished to partially self-administer medicines. This process

had involved a capacity assessment to ensure that people had the capacity to understand self-administration and carry out the task safely. A best interest process was in place to assist with such decisions.

Personal emergency evacuation plans (known as PEEPS) were in place. These identified the action staff needed to take to safely evacuate people in the event of an emergency. Details included a consideration of the person's mobility needs and their understanding of the need to evacuate the premises safely. All were up to date and accurate.

Our last visit found that risk assessments were not robust. These included risk assessments not being introduced to cover health conditions that people had experienced and prevent their reoccurrence. We had also found that assessments did not completely cover the potential risks people faced with pressure mattresses designed to promote skin integrity. Pressure settings on mattresses were not matched to people's weights.

This visit found that care plans provided information for people in respect of health conditions such as diabetes. This meant that people's health was promoted. In addition to this, staff demonstrated awareness for those who used pressure mattresses. Mattresses were now correctly set and as a result skin integrity maintained. Other risk assessments were in place. These related to nutritional risks, falls and people's susceptibility to pressure ulcers. Falls continued to be low due to the use of assistive technology that had protected people and aided staff in supervising them. Staff continued to speak highly of the use of assistive technology such as motion sensors. Accidents when they did occur continued to be monitored by the manager.

The premises were clean and hygienic. The registered provider employed domestic staff and these attended to their task throughout the building to ensure that standards of hygiene were met. Domestic staff had access to personal protective equipment (known as PPE) and these were used by staff. There were sufficient stocks of PPE for staff to use. In addition to this, there were sufficient stocks of paper towels and hand soap for staff to maintain hygiene as well access to hand sanitizer.

Records provided evidence that there was regular servicing to equipment used within the building. Firefighting and detection equipment was regularly serviced and checked to ensure that they would be effective during an emergency. Portable appliances had also been tested to ensure their safety. Portable hoists had been subject to regular servicing. Tests had been done within six-month intervals as legally required.

Staff demonstrated an understanding of the types of abuse that could occur. Clear reporting systems were in place to ensure that any concerns could be reported effectively. Staff had received training in this. Staff had access to a whistleblowing process to report other care concerns to external agencies such as CQC.

The registered provider had employed new staff since our last visit in February 2018. All recruitment files provided evidence that appropriate checks on new staff had been made. These included the obtaining of references, confirmation of their identity and a disclosure and barring check (known as DBS) to ensure that they were suitable to support vulnerable people.

Staff rotas were in place. These outlined staffing levels at any time of the day and evidenced that appropriate levels of staff were available. Staff were readily available to attend to the needs of people who used the service.

Is the service effective?

Our findings

People were positive about aspects of the service relating to food and the environment. They told us "The meals are good but if there is something you don't like [staff] will prepare something else". People told us "I like my room and I like spending time in the garden. It is lovely". One relative told us that they considered a recent best interest meeting for their relation was "done in a dignified and collaborative way".

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 authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Our last visit in February 2018 had found that while staff had received training in the MCA, this had not been embedded within staff practice. We found that restrictions had been put into place for people and that their consent had not been gained. For example, one such restriction had involved a person's intake of alcohol. This had not been included within the person's care plan. There was also no reference as to whether this person consented to the monitoring or had the capacity to do so.

This visit found that the registered provider was now operating within the principles of the MCA. Deprivation of liberty applications had been either gained or applied for where appropriate. Care plans clearly indicated the capacity of people to make decisions but where this capacity was not present or fluctuated, best interest meetings had been held involving the person and others to make decisions. These meetings had related to the use of motion sensors, medication administration by staff, the opening of a person's mail and other decision-making processes in the person's best interest. Medication administered by staff was an arrangement made in some cases given that the capacity of people to manage this themselves meant that they were at risk. One relative had been involved in a best interest meeting and commented on how their relation had been fully involved in the process and that it was "inclusive" and "not just a paper exercise".

Staff had received training in the Mental Capacity Act and were able to outline the principles of the Act to us and how this impacted on people's daily lives.

Staff received training in order for them to perform their role. All staff had undertaken two week training earlier this year in mandatory health and safety topics as well as safeguarding, medication, Mental Capacity Act training and training linked to health conditions such as diabetes and pressure care. This training had been linked to the care certificate which is usually used to induct new staff to the care role. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Our last visit noted that staff had not had training in

considerations to be made for those people who used pressure mattresses. On this visit staff confirmed that they had had training and were able to outline the implications of the use of such equipment in emergency situations, for instance. Staff considered that the training they received had been positive and they felt better equipped to perform their role with confidence. The manager had sought to continue to review the knowledge of the staff team in relevant subjects.

Staff who had come to work at Curzon House had received a structured induction before starting work there. This included training, orientation in the building and a period of shadowing. Where applicable, the care certificate had been used for those staff who were new to care.

Staff received supervision through one to one sessions as well as staff meetings. The manager outlined that where there had been medication errors, for example omitted signatures, staff were performance managed to ensure that the same errors were minimised.

We looked at how the nutritional needs of people were met. The risks people faced from malnutrition were in place and if relevant, referrals to other professionals such as dieticians were made in order to promote people's health. People's weights were monitored. For one person, their risk assessment had indicated that they were at risk of malnutrition. A referral had been made to a dietician and a fortified diet had been introduced. Records relating to the amount of food this person was having was recorded in detail and the outcome for the person was that they had put on weight. This meant that the monitoring of diets and action taken had had a positive outcome for this person. Records relating to fluids were maintained where applicable and these were detailed and reviewed regularly.

We observed lunchtime on both days. Staff responded to people's needs and preferences in a supportive manner and lunch was a positive experience for people. Those who required assistance with eating were supported in a helpful and appropriate manner. The kitchen was a clean and well-equipped facility and had received five stars at its last inspection by the local authority. Five stars is the maximum award that can be given. Menus were available with alternative meals available for people to choose from.

Records indicated that the health needs of people were promoted. Health conditions were closely monitored and referrals made to other health professionals such as doctors or district nurses when appropriate. Records were maintained providing an ongoing commentary of appointments that had taken place and actions needed as a result of these. People told us that they were well but stated that the staff were quick to assist if they were not feeling very well.

The building was designed to enable people to mobilise independently. Two floors were available although at the time of our visit, everyone was living on the ground floor. A passenger lift was available to the upper floor and access to the gardens was available. Attention had been paid to ensuring that people could be orientated within the building with appropriate signs on areas such as the lounge and toilets. Consideration had also been paid to the internal decoration of the building. Adaptations such as contrasting handrails and doors were in place to assist people living with dementia.

A large and well-maintained garden area was available. There was easy access for people to go out into the garden. People were involved in light gardening if they wished and the area provided a pleasant area for people to relax.

Is the service caring?

Our findings

People told us "[staff] are very good and they are very polite". They told us that [staff] help me and that it was like being at home". Other comments included "I am very well, they[staff] are great and very kind".

Staff demonstrated kindness to the people they supported and were attentive to their needs. People were spoken to in a polite and respectful manner. People who used the service were comfortable and relaxed with the staff team and light-hearted banter happened between people and staff. The personal accommodation of people was respected with staff knocking on bedroom doors before they were invited to enter. People had been offered keys to their rooms and some people preferred to lock their rooms if they were elsewhere. People with mobility issues were supported by staff in an unhurried and patient manner with people being able to mobilise at their own pace.

Staff outlined the measures they took in ensuring that people's privacy was upheld. This was the case in respect of people receiving support in personal care. They made reference to ensuring that doors and curtains were closed and that people were covered up when attending to personal care.

People were well dressed and well groomed. People looked cared for with staff seeking to ensure that people's personal appearance was maintained at all times. Staff ensured that people's physical comfort was taken into consideration. On one day of our visit people had been invited to do some light gardening. This was during a period of warm weather. Staff made sure that people were physically comfortable and ensured that a cold drink was available to them and the activity was held at the pace of each person.

The service had received compliments from people's families about the care and support they received. These outlined relative's gratitude for the care afforded to their relations. One relative contacted us to say that "this home has now turned a corner and staff are to be commended".

People were able to decorate their personal accommodation as they wished. This included photographs, Pictures, furniture and other items of sentimental value.

Information was provided to people in an accessible format. This was either done verbally or through the use of pictorial images to assist with their communication needs. This was evident particularly on the activities board as well as on pictorial menus. Sensitive information relating to people's personal details were kept confidential at all times. This ensured that personal information was only accessible to the staff team and individuals if they wished.

The communication needs of people were taken into account. Care plans included details of how people could have any sensory difficulties overcome with the provision of glasses or hearing aids. In some cases where people where people were living with dementia, staff were provided with a clear guide on how to effectively communicate with them and how certain actions or phrases demonstrated people's preferences or how they were feeling.

Is the service responsive?

Our findings

People who used the service told us "I have no complaints about it here", "I am quite happy with no complaints", "Sometimes I join in with activities but not always and if I don't they respect that", and "I am always busy and there are not enough hours in the day". One person's care plan indicated that they were interested in maintaining their spiritual needs. This person told us that they were able to go to church regularly. One person felt that the service responded to their needs.

Our last visit in February 2018 found that care plans were not always person centred. References, for example, had been made to people having "mixed dementia" with no indication of how that presented itself or impacted a person's everyday life. Care plans were not in place for people who required their skin integrity to be maintained with no instructions on how staff would be able to promote this.

This visit found that care plans were now detailed and person centred. The preferences, likes and dislikes of people were recorded and actions required by staff were in place to best support people. An "all about me" section of care plans had been introduced and this contained positive terms about people's demeanour and their personality. Specific preferences about them had been recorded and were very personalised.

We did note that no care plan was in place for promoting the skin integrity of one person but other documentation available and maintained by district nurse staff did provide staff with advice on how to meet this person's needs.

Only one person had come to use the respite service at Curzon House since our last visit in February 2018. An assessment was in place outlining the person's main needs and attention paid to the social needs of this person. This information had been translated into a plan of care which contained the same person-centred elements found in the other care plans.

The element of care plans relating to social history had improved. Memory frames had been introduced located near each person's bedroom outlining a potted history of interests or employment that they had had in their earlier lives. This provided a point of discussion between people and staff and the social history of people was recognised. Through our discussions with people, we were able to confirm the accuracy of these memory frames.

Some people's physical or mental health could vary from day to day and this was recognised. In order to respond to this, care plans had been devised to reflect how people were on any particular day. When people were assessed as needing more support, a personalised plan in response to such an eventuality had been produced with staff taking consideration on how that person wanted to be supported. Information was in place on how behaviours may present and impact on people's daily lives. Information was in place for staff to refer to in order to support people in a calm and helpful manner when such behaviours presented themselves.

All care plans were subject to auditing with action identified addressed as a result.

Our last visit found that the activities programme had been restored offering meaningful activities to people who used the service. This programme continued. An activities coordinator was employed by the service and a programme of structured activities took place. The activities on offer were displayed on notice boards which were accompanied by symbols of each activity to assist with people's communication needs.

The days of our visit coincided with a spell of fine weather. People were asked if they wished to do some gardening and they agreed. People were encouraged to participate in tasks they felt comfortable with and were physically able to do. People told us that they had enjoyed gardening in the past and appreciated their continued involvement in this.

One person had had past involvement in making doll's houses for children. A doll's house had been purchased to enable this person to appreciate how it had been made and provided a point of discussion for this person. We witnessed staff talking to this person about their past interest using the house as a focal point.

No-one was receiving end of life care. Information was in place outlining the specific wishes of people once they reach that stage on their lives.

A complaints procedure was in place. No complaints had been received by the registered provider since our last visit in February 2018. Our records suggested no complaints had been received by us.

Is the service well-led?

Our findings

Our last visit to Curzon House identified shortcomings in the overall management of the service. This had included Care plan audits, risk assessments and medication management not being effective. Also, improvements to respond to deficiencies from the previous inspection in August 2017 had not been completely addressed or had not been addressed in a timely manner, for example, the introduction of assistive technology to minimise avoidable harm. This had led to a rating in well led of inadequate.

This visit found that improvements had been made in these areas and that the service was well led. However, we have rated this as requires improvement as a longer term of consistent good practice is required to achieve a rating of good for this key question.

People told us "It is perfect", "I would not want to live anywhere else", "people are brilliant" and "I like living here". One relative commented "The service has definitely turned a corner for the better and is a far cry from what it was two years ago. The staff and manager are to be commended".

Our last visit found that the auditing of care plans was not effective. In response to this the registered provider had intended to procure a new electronic care planning system but this had not yet been introduced. In the meantime, the manager had sought to make care plans more person centred and this had been achieved. Audits were now in place for care plans and outlined actions that were needed.

Improvements had also been made in the overall governance at registered provider level. A representative of the registered provider had recently undertaken a visit of the service during the weekend. This visit had included observation of care practice, discussion with staff and people who used the service as well as the checking of records relating to the care. The subsequent report was available to us and indicated areas of good practice as well as those areas that required improvement. Where action was needed; a clear action plan was in place to ensure that quality of support provided was maintained. This demonstrated that the overview of the service was more effective ensuring that the service could provide a good standard of care to people who used the service.

The manager continued to monitor accidents and other incidents within the service. Records were maintained of any accidents experienced by people and these were then analysed to identify patterns. The numbers of accidents had significantly fallen since our visit in August 2017. The introduction and use of assistive technology had contributed to this positive outcome for people.

The service had a manager. They had applied to become the registered manager with us and were going through that process. They had become manager since a previous visit to the service we made in August 2017. The manager demonstrated a knowledge of the individual needs of people and maintained a presence within the service. Staff told us that they felt supported by the manager and that their own knowledge and skills had positively improved since they had come into their role.

Staff confirmed that they attended staff meetings. The manager sought to run the service in a transparent

manner with consultation with the staff team, relatives, people who used the service and other stakeholders.

The registered provider is required by law to inform us of any incidents or events that adversely affect the wellbeing of people who use the service. Our records confirmed that they continued to do this when necessary.

By law, registered providers are required to display their current ratings. The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.