

Timaru Care TA Cressington Court Limited

Cressington Court Care Home

Inspection report

Beechwood Road, Cressington Park, Aigburth,
Liverpool, L19 0QL
Tel: 0151 494 3168
Website: www.example.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This unannounced, comprehensive inspection took place on 12 August 2015. The service was registered to provide care to people who may have nursing needs and was registered to provide accommodation for 56 people, there were 44 people residing at the time.

The home provides a service for up to 56 older people. It was purpose built and all accommodation is provided on two floors. The home is fully accessible and is fitted with aids and adaptations to meet people's needs. Cressington Court is situated in a suburb in south Liverpool close to transport routes.

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.

We found a breach of The Health and Social Care Act 2008 relating to consent. You can see what action we told the provider to take at the back of the report.

We saw that the application of the The Mental Capacity Act 2005 (MCA) was not being carried out appropriately and that Deprivation of Liberty Safeguards (DoLS) had not been applied for.

Summary of findings

We found that substances hazardous to health and fire risks were not appropriately managed.

The home has a registered manager but we found the home was not consistently well led in her absence and that senior staff who were providing support required updates to their knowledge to do so satisfactorily. We also had concerns about the policies and quality assurance processes in the home.

We found that some areas of the home would benefit from refurbishment and in relation to orientation we found that there was little signage around the service to identify different areas, especially to support people living with dementia.

The care plans that we reviewed showed that pre-admission assessments had been conducted and people's individual preferences were recorded in their care files. We also found that the health and wellbeing of people using the service had been monitored and appropriate referrals made to relevant health professionals.

The staff in the home were caring, knew the people they were supporting and the care they needed. A wide range of activities were available to suit the varied interests of the people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found that the service was not always safe and posed some risks to people using the service and others in relation to fire safety and use of cleaning products.

Staff were recruited safely and knew how to recognise and report abuse.

Requires improvement



Is the service effective?

The service was not always effective.

We found that the provider had not kept up to date with the guidance on the Mental Capacity Act and consent. This may have a detrimental impact on people using the service as they could be kept in the home unlawfully.

We found that the environment would benefit from improved design and orientation to support people living with dementia.

Requires improvement



Is the service caring?

The service was caring.

The care plans recorded that the health and social needs of the people using the service were met.

We found that the privacy and dignity of people using the service was maintained

Good



Is the service responsive?

The service was responsive

We observed staff members supporting people when asked in a timely and patient manner and providing assistance.

We found that care plans were person centred and tailored to the needs of the individual.

Good



Is the service well-led?

The service was not consistently well led.

We found that audits and monitoring of the service and submission of some notifications needed improvement in order to maintain safety and improve the service.

We found that staff had a good understanding of their roles and responsibilities towards the people they were supporting.

Requires improvement



Cressington Court Care 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 12 August 2015 and was unannounced. The inspection team consisted of a lead Adult Social Care (ASC) inspector a second ASC inspector 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 and the expert's specialist area of expertise was dementia. This comprehensive inspection was the first for the service under the ownership of the new provider.

We reviewed the information we had on the service including the 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. We also reviewed information from the Local Authority and notifications sent to us by the provider.

We spoke with seven people who used the service, four visitors and two health and social care professionals. We also spoke with nine members of staff including carers, nurses and ancillary staff. We looked at six care files, four staff recruitment files and other documentation relating to staff training and supervision. We reviewed audit files and other records relevant to the running of the service and carried out pathway tracking to establish if what was stated in the provider's policies was put into practice and if the care provided to people using the service was as it had been planned.

We observed and talked to people using the service and staff throughout the inspection and observed the maintenance of the building.

Is the service safe?

Our findings

We spoke with people who lived in the home and one person told us “There’s always plenty of staff on duty so that makes me feel safe”. Another person said they felt safe and a third person said “very much so, there’s a bell I can ring, I didn’t feel safe at home”. However another said “it’s not as good as it should be” but couldn’t explain why they thought this.

A relative told us “She [person’s name] had a fall once but they looked after [person] so well afterwards – I feel [person] is safe here, I have no worries”.

Other relatives told us they thought their family members were safe, one said “100% the amount of checks they do in the day and night”, and another “I know they are getting 24 hour care”.

We asked if they didn’t feel safe if they knew who to contact, two people using the service said they didn’t know, however another person said “the manager or one of the nurses”. Two relatives said “I’d go to the top” but couldn’t tell us who that was.

In order to keep staff that used cleaning products, and others, safe, the provider is required to have a record of Control of Substances Hazardous to Health (COSHH) documentation in place. This provides guidance for product use including storage and first aid actions to take in case of an emergency. We asked a senior member of the management team to provide us with the document but they did not understand what the document was and were unable to provide it. Following discussion with other staff they told us that the housekeeper had recently left and a copy was not on the premises. This meant that staff using the products could be put at risk in the event of an accident if there was no guidance provided in the event of an emergency.

We saw that medication and the majority of store rooms were locked which helped ensure the safety of people using the services. However we also found that one bathroom had an unlocked cupboard containing toiletries. This meant that if the contents were accessed by someone who may mistake the contents for a soft drink or similar and drink them they would be at risk of harm. We also found a door wide open that had a label on stating-Fire Door Keep Locked. This meant that in the event of a fire it may spread more rapidly if the door was open.

Fire drills had taken place and we saw that people using the service all had Personal Emergency Evacuation Plans (PEEP’s) in place. These are plans written to support a person using the service to leave the building safely in case of an emergency in a way that suited their needs and mobility. Staff that we spoke to were aware of them and able to describe them to us. However we also found that the service had been inspected by the local fire authority who had requested that the provider establish an action plan to address the shortfalls they had identified. This included being able to demonstrate that there are sufficient staff with sufficient training to carry out the fire evacuation plan (which should be practised). Additionally they were required to have a fire risk assessment carried out by a suitable and competent person, improve their general fire precautions, fire alarm system and training.

During the inspection we walked around the building to observe the safety and cleanliness of the premises. Both the internal and external environments appeared safe and people who used the service moved around freely. However, we saw that some areas would benefit from redecorating. Additional cleaning in the dining room would also have been beneficial.

We saw that equipment such as hoists and slings had been checked regularly and appropriate maintenance and checks had taken place for services such as gas, water and lighting.

We looked at the toilet and bathroom areas and found them to be clean. We saw hand cleanser/sanitizer, paper towels and foot operated bins were provided and washing instructions were displayed on the wall. These actions contributed towards maintaining hygiene and preventing spread of infections. We saw that the local authority had conducted an infection control audit in July 2015 and had been awarded a score of 98.8%. We did not detect any unpleasant odours

We found that there were appropriate systems and processes in place for the safe receipt, storage and administration of medications and all relevant documentation had been completed correctly.

The medication round was conducted safely and we observed that medication such as pain relief was given according to people’s individual needs. At all times, people prescribed medication were asked if they were ready for their medication or required any pain relief and were

Is the service safe?

observed while they took it. For people who had medication prescribed for them on an as and when required basis, (PRN) we saw that there was individually written guidance to support their administration.

There were adequate numbers of staff on duty to meet the needs of the people using the service and they were present within the communal areas. People using the service and visitors told us that they thought there were enough staff to meet people's needs. We saw that people were supported with their mobility when walking and transported safely in wheelchairs where necessary. The staff members wore protective clothing when conducting domestic duties and serving meals and wore name badges so that they could be identified.

The members of staff that we spoke with had undergone safeguarding training, were aware of the providers whistleblowing policy and told us that they knew how to report an issue if they felt that someone was at risk. A copy of the local authority safeguarding policy was in the home and available for staff to access.

We looked at a selection of staff files and saw that there were safe and effective recruitment procedures in place and contained all relevant documents including criminal record checks. All of the nurses employed had an up to date Personal Identification Number (PIN). This demonstrates that they are currently registered as being fit to practice

This meant that the risk in employing people who were not suitable to support vulnerable people was minimised.

Is the service effective?

Our findings

We spoke with people who used the service. One person said “I think the meals are really nice – always something different, and if you want some more you can just ask”. Another person told us “We are allowed to choose what time we get up and go to bed”.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. The Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

A pre- admission assessment had been conducted and we saw an agreement form had been signed by a family member in the care plans we looked at. Consent forms related to sharing of information, photographs, administration of medication and care and treatment. They were present but not signed in all of the care plans we looked at. We saw that mental health and capacity assessments were not consistent as they were completed in one care plan but not in the others.

The manager had not applied for any Deprivation of Liberty Safeguards (DoLS) for service users. This was despite the majority of service users meeting the ‘acid test’ – that is, lacked capacity – not free to leave and under continuous supervision. This meant that people using the service may be kept in the home unlawfully. The registered manager agreed and was fully aware of this oversight and made a commitment to addressing the issue.

We saw that the training records showed only 10 out of 51 members of staff had attended training in DoLS and Mental Capacity.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the training matrix. This consisted of three different documents each showing a different number of staff were employed ranging from 48-52. It appeared that only four out of 51 members of staff had completed training in understanding and supporting people with dementia

and only 13 had attended safeguarding training. We spoke with a member of staff who told us “We’ve all had training for dementia so if I saw any change in a person’s behaviour I would tell the manager” The induction training books covered various subjects including infection control and safeguarding. However, the discrepancies meant that we were unable to determine if all staff were fully trained to meet the needs of people living at the service and if they were putting themselves and others at risk. Records showed that staff had received regular supervisions. Supervisions are regular meetings for staff members with their manager. Well being, training needs and performance are discussed alongside any ideas for service improvement.

We discussed the food with people using the service and their relatives. One person told us “it’s hard to say, it’s alright sometimes”. Another person said “you get a choice, you get too much sometimes. They come round with a big bowl of fruit a couple of times a week. If you asked for fruit at other times they’d give you some”. A relative told us “mums been referred to a dietician and they weigh her every week”. And another “she just loves food; they always ask if she wants more.”

A member of the team took their lunch in the dining room with people using the service and found that the mealtime experience could be improved. We saw that there were various notices on the wall advising staff how to ensure a good meal time experience, however the tables had not been set before the meal, the cutlery was given out with the food, there were no condiments and drinks were given to people in flimsy plastic cups that were difficult to hold. One person was having difficulty loading food onto their fork but there were no pieces of equipment in place such as a plate guard to assist them.

We saw that there were decorative pictures on the dining room walls but the menu boards were blank. The cook told us that menus were not displayed and that staff members took the food to people for them to choose an option. We were shown new menus that had been developed based on people’s preferences and saw that staff members offered alternatives to people who did not want what was originally offered.

We saw that the environment and layout of the home was not adapted to support people living with dementia to find

Is the service effective?

their way around easily and to make sense of their surroundings. For example there were no directions to the dining room or bedrooms and toilets and bathrooms did not have pictorial representation.

Information in peoples care plans recorded personal food and drink preferences. We saw that people had been referred appropriately to dieticians and other relevant services in relation to their nutrition and that the guidance given had been followed.

Two of the care plans we looked at contained a DNAR (Do Not Attempt Resuscitation) authorisation which had been completed in line with requirements. The form had been

placed at the front of the care plan as recommended. This meant that in the event of a sudden collapse and death staff would have the appropriate guidance readily available.

We also saw that the files for two people had an Advanced Care plan (ACP) in place. These documents recorded the person's wishes for how they would like to be cared for towards and at the end of their life.

Recommendation; That the provider has regards to recognised up to date guidelines and other relevant documentation related to environments suited for people living with dementia.

Is the service caring?

Our findings

We spoke with people who lived at the home and asked if the staff had a caring approach. One person told us “I think some of them do”. Others said “yes” but didn’t elaborate. We asked their relatives the same question; one said “yes, they’re like angels”. And another “I love the staff”.

We were told that staff knocked on bedroom doors and made sure the doors were closed when carrying out personal care. A relative said “they cover her with a blanket when they hoist her”. We observed this to be in practice during the inspection. This meant that parts of the persons body were not exposed and their dignity was preserved.

A social care professional told us that they and their colleagues did not have any concerns about the care provided to people using the service at Cressington Court. A visiting healthcare professional told us that “Since I have been coming here I have never seen residents unattended – any advice we give they take on board”

A visitor to the service told us that as far they were aware they did not have any concerns about the care provided and they were always made welcome.

We found a calm, relaxed atmosphere within the home and a good interaction between staff, people using the service and visitors. Staff members were pleasant and smiling as they went about their work.

We saw that one person who used the service was sat in a communal area and was asked if they needed cream putting on their knee. When they answered yes, the staff member took the person into a bathroom to administer the cream which showed respect for the person’s dignity and privacy.

We asked the people who used the service if staff asked permission before giving care; one person told us “one or two are pretty good at that”. Others told us “yes”. All of the people told us that the staff encouraged them to be as independent as possible.

Staff spoken with had a good understanding and knowledge of the individual needs of the people who used the service and two staff members explained the needs of several people. We observed care staff being very patient with people who used the service who were forgetful and we also observed them distracting people who were trying to engage others using the service who wanted some quiet time.

Two of the relatives that we spoke with had been involved in care planning. One relative told us “a couple of times” and the other said “on admission”. One person using the service told us “I don’t know what’s on it but my daughter does”.

Is the service responsive?

Our findings

We spoke with people using the service and asked if the staff responded to their needs. One person told us, “I get to talk to the carers most days – they are kept busy but when they get a chance they will sit down and have a chat”.

Another said “They are pretty good – if I press the bell in my room they usually come fairly quickly”.

Staff told us “I talk to most of the residents every time I am in work and they let us know what they want or if anything changes”. Another, “To be honest we could do with some more activities during the day – some residents just sit there all day”.

A family member that we spoke with said “From the minute she came in I have felt involved – the staff talk to me about any changes – they are really good like that”.

We observed staff members supporting people when asked in a timely and patient manner and providing drinks and assistance. Call bells were also answered in a timely manner.

We asked people using the service if the staff knew them as an individual. One person said “you’ve got to like what they like” but couldn’t give any examples. Another person said “they do now, when I first came in I was frightened they wouldn’t, when they’re not too busy we have chats and a cup of tea”. The only thing I find hard is sitting here and not having anyone to chat to, staff don’t often have time to sit and chat”.

Relatives told us they thought staff knew their family member as an individual.

We looked at the complaints policy and found that it would benefit from a review and an update because? Did you look at any complaints?. We asked people using the service if they had ever made a complaint, one person said “no, I don’t like making complaints, but I would if it was serious”. None of the other people using the service or relatives had made a complaint.

The activities co coordinator told us about what was available to occupy people using the service. Activities included chatting, baking, dominoes and card crafting. Anniversaries, birthdays and special events were celebrated and there were trips out to local places of interest and garden centres. We saw that a life story had been completed for people using the service to establish their preferences and individual records were kept of what people had attended and taken part in.

Two relatives were able to confirm that their family members participated in some of these; one said “she watches TV, plays dominoes, [name] chooses the music, they get their hair and nails done and we don’t pay any money”. Another told us “they have old time music every month”.

We found that care plans were person centred and tailored to the needs of the individual. For example it was recorded for one person that they took two sugars in their tea, for another that they were able to make a choice of what they wanted to drink and for another that a particular piece of equipment was used to make them more comfortable. People’s needs had been assessed prior to moving in and personal care and social preferences had been documented. We saw that relevant health professionals had visited such as opticians, chiropodists, community matrons and speech and language therapists and this was recorded in the files.

Weight loss and gain was checked regularly and peoples fluid and dietary needs were monitored.

For people who were unable to verbally express their needs there was a Pain Aid Tool and peoples individual behaviour was monitored for any signs of pain or discomfort.

There was evidence that people using the service and their relatives had been involved in the planning of care.

Is the service well-led?

Our findings

We spoke with people using the service and one person told us “You can talk to the manager or any of the staff anytime – if you need anything you just need to ask”. A member of staff told us “This is a nicely run home I think and we have a great staff team with good support from the manager” and a health professional told us “The manager is very pro-active and she has a great relationship with all the professionals who come here – I know the GP`s are very happy with what they see here”. A family member said “I think the manager and the owners are great – they are trying their best to change things but it`s going to take time”

We asked relatives and people using the service what the home could do better, however no one could think of anything. Staff members told us “if I had the money, I’d like to do an allotment” and another said If you need anything you just ask and usually you get it.”

We looked at the policies and procedures and found that they required review and updating. They were the documents that had been used by the previous provider and were not up to date. They referred to CQC outcomes that had now been superseded and Health and Social Care Act regulations that were now out of date.

This meant that the provider and staff did not have the correct information to allow them to meet the standards required and to act lawfully while providing the service.

The manager was in the process of introducing new audit tools. However we found that although care plans had been rewritten and updated they had not been audited in 2015 as there was no delegated member of staff other than the manager assigned to carry out this process.

The manager was aware of what notifications were required to be sent to CQC. However we also found that in her absence the senior member of staff in the management team had not submitted a safeguarding notification as the manager was away from the service. This meant that information may not be received for action by the relevant bodies in a timely way and put people at risk. It also raises a concern about the management of the service in the absence of the registered manager.

We found that staff supervisions and meetings had been held regularly and staff had a good understanding of their roles and responsibilities towards the people they were supporting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment of service users was not provided with the consent of the relevant person.