

Titleworth Neuro Limited

Coombe Hill and Blenheim Lodge Nursing Home

Inspection report

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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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The last inspection of this service was carried out on 23 September 2015 when we found the provider in breach of six regulations. This was because the provider had failed to regularly review and update people's care plans and risk assessments, effectively monitor and support people assessed as being at risk of malnutrition and dehydration, ensure staff were always suitably trained and supported to meet people's needs, record the nature and outcome of all complaints raised in respect of the home, notify the local authority in a timely manner about the occurrence of all safeguarding incidents involving people living at the home and operate good governance systems.

The provider wrote to us in December 2015 to say what they would do to meet their legal requirements in relation to all six breaches of the regulations we described above. We undertook this unannounced focused inspection on 13 April 2016 to check the provider had implemented their action plan and was now meeting legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Coombe Hill and Blenheim Lodge Nursing Home' on our website at www.cqc.org.uk

Coombe Hill and Blenheim Lodge is a residential service that can provide nursing and personal care for up to 44 younger and older people. The home is divided into two separate units. The unit known as Coombe Hill comprises the ground and first floors and specialises in supporting older people living with dementia. The unit known as Blenheim Lodge is situated on the lower ground floor and caters for both younger and older adults with physical disabilities. At the time of our inspection 40 people lived at the home, 24 of whom were living with dementia.

The service is required to have a registered manager. The home has not had a registered manager in post since March 2015, although a temporary acting manager has been in day-to-day charge of Coombe Hill and Blenheim Lodge for the last 12 months. In March 2016 a new permanent manager was appointed. They have applied to the Care Quality Commission (CQC) to become the registered manager. A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During our focused inspection, we found that the provider had followed their action plan, which they said would be fully implemented by the end of January 2016. We saw legal requirements had been met.

Where people had been identified as being at risk of malnutrition or choking staff monitored their food and fluid intake and ensured they received the right levels of food and drink to stay nourished and well. People's care plans and risk assessments were continually reviewed and updated accordingly by staff.

Staff received all the training and support they required from their managers to perform their duties and to meet the needs of the people they cared for. This included supporting people with complex health needs, moving and handling, managing challenging behaviour, basic life support, and understanding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Records in relation to complaints made about the service and the provider's response to them were appropriately maintained by staff and regularly monitored by managers.

The managers also liaised with the local authority and the CQC as and when appropriate if they had concerns regarding safeguarding procedures or people's safety. Furthermore, the provider now operated effective governance systems to routinely assess and monitor the quality and safety of the service received by people who lived at the home. Regular audits were carried out and, for areas where issues were identified, appropriate and timely action was taken to ensure people's welfare and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that appropriate action had been taken by the provider to improve safety.

Managers and staff knew what constituted abuse or neglect and who they needed to report it to if they suspected people were at risk. They had all received up to date training in safeguarding adults.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating to 'Good' would require us to see evidence over a longer period of time of consistent good practice in this area.

Requires Improvement ●

Is the service effective?

We found that appropriate action had been taken by the provider to improve the services' effectiveness.

The provider ensured staff were appropriately trained and supported to carry out the duties they were employed to perform. They also ensured people identified as being at risk of malnutrition or choking were now appropriately monitored and supported by staff to mitigate these risks.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating to 'Good' would require us to see evidence over a longer period of time of consistent good practice in this area.

Requires Improvement ●

Is the service responsive?

We found that appropriate action had been taken by the provider to improve the services' responsiveness. The provider was now meeting legal requirements.

The provider had improved arrangements for ensuring care plans and risk assessments were kept under constant review and records of complaints and any actions taken in response were appropriately maintained.

While we saw improvements had been made we have not

Requires Improvement ●

changed the rating for this key question. To improve the rating to 'Good' would require us to see evidence over a longer period of time of consistent good practice in this area.

Is the service well-led?

We found that appropriate action had been taken by the provider to ensure the service was well-led.

The provider operated effective governance systems and regularly checked the quality of care people received.

However, while we saw improvements had been made we have not changed the rating for this key question. To improve the rating to 'Good' would require the service to have a registered manager in post and demonstrate sustained good practice in relation to the operation of the providers governance systems.

Requires Improvement 

Coombe Hill and Blenheim Lodge 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 checked 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 unannounced focused inspection was undertaken by a single inspector on 13 April 2016. The inspection was carried out to check all the improvements the provider said they would make to ensure they met their legal requirements had been implemented. We inspected the service against four of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well-led?

Before our inspection we reviewed the information we held about the service. This included notifications the provider had sent to us since their last inspection and the action plan we had asked them to send us. The action plan set out how the provider intended to meet the regulations they had breached at their last inspection.

During this inspection we spoke with three people who lived at the home, a visiting GP, the new permanent manager, the former acting manager, two nurses, four care workers and the cook.

We also spent time observing care and support being delivered in communal areas during lunch. 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.

Records we looked at included six people's care plans, six staff files and other records that related to the overall management of the service, including the complaints book and various quality assurance reports.

Is the service safe?

Our findings

At our last inspection of this service in September 2015 we found the provider was in breach of the regulations. This was because they had failed to notify the local authority safeguarding adults' team and the CQC, without delay, about the occurrence of two safeguarding incidents at the home. This meant we could not be sure people using the service were safeguarded from suffering any form of abuse or neglect at the home.

At this inspection we found the provider had taken appropriate steps to follow the action plan they had sent us and protect people from abuse and neglect. Records showed that in the last six months when a safeguarding concern had been raised at the home, the provider had taken prompt action to refer the allegation of abuse to the relevant local authority and the CQC.

Other records showed staff had received up to date safeguarding adults training and had been reminded at a recent team meeting about their responsibilities to always report actual or suspected abuse immediately to their managers or the appropriate external bodies, including the relevant local authority and/or the CQC. Managers and staff we spoke with demonstrated a clear understanding of their safeguarding responsibilities to immediately notify the appropriate people or body where they suspected or discovered the occurrence of abuse at the home. One member of staff told us, "I would not hesitate to tell my manager if I saw something bad happen here, and if they did nothing about it, I would call the CQC and the safeguarding people at Kingston Council."

Is the service effective?

Our findings

At our last inspection we found the provider had failed to ensure staff were always suitably trained and supported to carry out the duties they had been employed to perform. Specifically, not all staff had received up to date training in some key aspects of their role that included dementia awareness, supporting people with complex health care needs such as multiple sclerosis and Huntington's disease, managing challenging behaviour, basic life support, and understanding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff also did not regularly attend individual supervision sessions with their manager or participate in team meetings with their co-workers. This meant opportunities for staff to review and develop their working practices were limited.

At this focused inspection we found the provider had taken appropriate steps to follow their action plan and address the staff training and support issues described above. We found people received care and support from staff who were appropriately trained and supported. People told us they felt staff knew what they were doing. One person said, "The staff that work here seem to know what they're doing", while another person told us, "Staff are good at what they do. They're all so caring and I think they do a pretty good job".

Records showed since our last inspection staff had received training in a variety of subjects and topics that were relevant to their work. This had included supporting people with Huntington's disease, moving and handling, managing challenging behaviour, basic life support, and understanding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Other records showed that in the last six months most staff had their overall work performance appraised by the former acting manager and attended at least one supervision meeting with their line manager or senior nurse. In addition, we saw team meetings for care workers and nurses were being held every six to eight weeks, which were well attended.

Staff spoke positively about the training they had received. One member of staff told us, "We seem to be having a lot more training these days at the home, which has got to be a good thing." Another member of staff said, "I've been on a few courses this year, like moving and handling and one about Huntington's disease. It was very good". The manager told us dates for staff to receive dementia awareness training had been scheduled to take place over the next few months.

Staff told us they felt supported by managers and able to talk with them about any learning needs or work related issues they might have. One member of staff said, "I feel I get all the support I need from the senior staff here. The managers are very approachable and as you can see they leave the office door open." Another member of staff told us, "There's definitely been a marked improvement in the number of team meetings and supervision we now have. Although to be fair to them talking to the managers and nurses that work here has never been an issue."

At our last inspection we found staff did not always monitor and support people identified as being at risk of malnutrition, dehydration or choking. Specifically, staff did not always monitor these individuals' food and fluid intake or were clear how their meals should be prepared and the support they needed to eat them safely. During lunch we observed staff provide appropriate support to people identified as being at risk of

choking. They did this by assisting people to sit at the right angle in their chair and eat at their own pace to mitigate the risk of choking. Records showed where people had been identified as being at risk of malnutrition there was detailed guidance for staff on how this should be met. For example, some people had difficulty eating and swallowing so staff ensured they ate a diet of soft and pureed foods. The cook demonstrated a good understanding of the various dietary requirements and food preferences of all the people they prepared meals for.

We saw staff also maintained accurate records of the food and fluid intake, and weight of people identified as being at risk of malnutrition or dehydration. Staff said this helped them ensure people received the right levels of food and drink to stay healthy and well. A visiting GP told us the service was particularly good at keeping them informed about changes in people's weight and eating and drinking habits and routinely sought their advice on nutrition.

Is the service responsive?

Our findings

In September 2015 we found the provider was in breach of the regulations because they had failed to review and update people's care plans and risk assessments at regular intervals. Specifically, assessments that identified people who were at risk of choking or developing pressure sores. This meant staff might not have access to current guidance on how they should support people to manage these identified risks. In addition, managers did not maintain an accurate record of all the complaints raised about the home and actions taken by them to investigate and deal with these. This meant we were unable to determine whether or not a complaint had been responded to appropriately by the provider.

We found the provider had taken appropriate steps to improve the way they reviewed and kept people's care plans and risk assessments up to date. Records showed risk assessments were now reviewed at least once a month by nursing staff. Staff told us care plans would be reviewed immediately and updated accordingly if there had been any changes in an individual's health care needs. This would ensure staff had access to up to date information about how to support people whose needs had changed. We saw staff who had reviewed people's risk assessments always signed and date these records as proof they had completed this task. This enabled managers and staff to review what was being provided and whether it continued to meet people's needs.

Staff told us they had been reminded at team meetings to continually review people's risk assessments and update them accordingly to ensure they remained current. It was also clear from feedback we received from a visiting GP that they felt staff were good at monitoring people's health and keeping their care plans updated so they accurately reflected those needs.

The provider had taken appropriate steps to record all complaints, their outcome and the action taken in response. Records showed that since our last inspection the provider had received two formal complaints which they had recorded the outcomes of and the actions they had taken in response. The manager gave us a good example of concerns that had been raised about the call bell alarm not being loud enough and the action they had taken to address this issue by upgrading the entire system. The manager was also aware of the provider's complaints policy and clearly understood they had a responsibility to log and investigate any complaints they received, including the actions taken in response.

However, information about how people could make a complaint or take action if they were not satisfied with how the provider had responded to their complaint was not always accessible to people using their service or their relatives. We discussed this issue of accessibility with managers who agreed to make the provider's complaints procedure available to everyone by ensuring a copy was clearly displayed in communal areas.

Is the service well-led?

Our findings

The registered manager condition was still not being met because the service had not had a registered manager in post for over a year, although a temporary acting manager has been in day-to-day charge of Coombe Hill and Blenheim Lodge since March 2015. As a result there were risks that the service did not have a stable and permanent management team in post to promote stability, continuity of management and to ensure the service meets its aims and objectives in a consistent manner. The new permanent manager has submitted their application to CQC for us to consider registering them as the registered manager.

Although at our last inspection of this service in September 2015 we saw the provider had a range of good governance systems in place to assess, monitor and improve the quality of the service, we found the provider in breach of the regulations because these systems were not always operated effectively. Specifically, these governance systems had failed to identify a number of the issues we found at our last inspection in relation to assessing and managing risks to people, reporting safeguarding incidents to the appropriate bodies, meeting people's nutritional needs and appropriately maintaining records of complaints and the provider's response to them.

During this inspection we found the provider had taken appropriate steps to significantly improve the way they assessed, monitored and improved the quality and safety of the service people received. Records showed us the area manager regularly visited the service to carry out audits. This included reviewing staff's adherence to policies and procedures, and speaking with people using the service and their relatives to obtain their feedback about the home. We saw the manager had developed a time specific action plan in response to recommendations made in the area manager's most recent quality assurance report of the home. For example, quality monitoring checks on staff record keeping by managers and nurses were increased to ensure records remained accurate.

It was also evident from other quality assurance records we looked at and comments we received from managers that each person's health care needs were now being reviewed at least once a month or more frequently if needed. These reviews included malnutrition, pressure ulcers and falls. The support provided to these people was reviewed to ensure it was appropriate and to identify if any additional support or referrals to other healthcare professionals was required.

Other processes were in place to review the quality of service provision. This included a range of daily, weekly and monthly audits undertaken by managers and nurses to review medicines management, cleanliness and hygiene in the home, the safety and quality of the physical environment, health and safety and staff training and support. Where audits and monitoring information identified that improvements were required to service delivery we saw that the necessary action was taken promptly. The manager gave us a good example of the action taken by the service to address issues identified as part of a recent medicines audit.

There was also evidence that learning from incidents took place and that appropriate changes were implemented. Records showed all the accidents, incidents, complaints and allegations of abuse involving people using the service since our last inspection had been analysed. This included a review of what had

happened and whether or not any trends or areas of risk had emerged. The manager showed us improvement plans they had created to mitigate the risk of these incidents and events reoccurring. Staff confirmed any changes in people's care needs and incidents that had adversely affected their health and wellbeing were always discussed at staff meetings, which were now regularly held at the home. This ensured all staff was aware about people's current needs, for example, if there were concerns someone was losing weight or there had been an increase in incidents where people behaved in a way that challenged the service.