

Crossbind Limited

# Cosham Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Cosham Court Nursing Home provides care and accommodation for up to 47 people. The home specialises in providing care to older people. At the time of the inspection there were 32 people living at the home.

Rating at last inspection: Good (published 17 September 2016).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People were happy with the care and support they received at Cosham Court Nursing Home. Feedback from visitors and involved professionals was positive and we observed kind, compassionate interactions between staff and people during our inspection.

People received a safe service because the provider had systems and processes which helped to minimise risks. This included safe recruitment procedures and training for staff about how to recognise and report suspicions of abuse.

Staff were well trained and knew people and their individual needs. This meant that care was planned and delivered effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care records showed that their support was reviewed at least monthly and was therefore responsive to changing needs. People were supported by staff to engage in a range of social opportunities which included some group activities, one to one time with staff and a range of visits from external providers.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke positively about the management and staff had a clear understanding of their roles and responsibilities.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

# Cosham Court Nursing Home

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team: This inspection was carried out by an inspector, an assistant 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. The expert by experience's area of expertise was dementia care.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection site visit activity started and ended on 14 March 2019.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what

the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with nine people who lived at the home, four visitors and six members of staff. We walked around the building and observed care practice and interactions between support staff and people.

We looked at a selection of records which included;

- ☐ Five people's care records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ Records of staff training
- ☐ Staff recruitment files
- ☐ Medicine Administration Records(MAR)

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse by staff who understood the signs to look for and how to report concerns. Comments from staff included, "We have to protect residents from any kind of abuse including self-neglect" and if they had concerns, "Report it to the manager and document it."
- Where there had been safeguarding concerns raised, these had been reported appropriately, recorded and responded to.

Assessing risk, safety monitoring and management

- People were supported by staff who understood the risks they faced and the support required to manage these. For example, one person was at risk of developing infections. Their risk assessment provided guidance on the signs for staff to be aware of and what actions to take.
- Staff had access to the necessary equipment to assist people to move safely. One person told us about equipment staff used to support them, "The staff know what they are doing when they use it, it's mainly the carers not the nurses who use it."
- Systems were in place to regularly check all areas of the home to ensure it was safe for people. Examples included fire safety checks, legionella checks and equipment checks. Maintenance issues were reported and actioned. One person told us, "[Maintenance staff name] is really good, does all sorts of jobs round the home and checks that my mattress is working properly."
- People had Personal Emergency Evacuation Plans (PEEPs) in place which gave details about support staff would need to provide if people were to be evacuated from the building.

Staffing and recruitment

- People were supported by sufficient numbers of staff to meet their care and treatment needs. Call bells were answered without delay and people told us they did not have to wait for assistance.
- The registered manager explained how they ensured there were enough staff on each shift and adapted this to meet peoples changing needs and respond to busier times of the day.
- Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.
- Where agency staff were used, details about their skills and knowledge were checked and the same staff were used wherever possible to provide consistency of care.

Using medicines safely

- People received their medicines and creams as prescribed. There were systems in place to ensure accuracy of administration and recording. One person explained, "Yes I've been creamed this morning, I've got dry skin. I've got my own creams with my name on."

- Where people had medicines prescribed to be taken 'as required', there was guidance in place for staff. One person was offered their 'as required' medicine and declined this. They told us, "I know my body better than anyone else and I've stuck to my guns. I've still got the capacity to make my own decisions."
- There were safe systems in place for ordering, storing and disposing of medicines. Audits ensured any gaps or errors were identified promptly and responded to.

#### Preventing and controlling infection

- People were protected from the spread of infection because staff understood and followed safe infection control procedures. A staff member told us, "You make sure there is no cross infection, wash hands properly after each procedure."
- Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons. We observed staff wearing these when assisting people with their meals.
- All areas of the home were observed to be clean. One person explained, "There's no nasty smells here, it's very clean."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any trends or gaps in service delivery. Examples included notifications sent to CQC following an accident and checking any legal powers to make decisions when people might lack capacity.
- Records showed that advice and guidance had been sought and information shared with relevant professionals following safeguarding concerns, accidents or incidents. Staff understood their responsibilities to report and the processes to follow.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in pre-assessments which considered their physical, social, religious and mental health needs before moving to Cosham Court. These assessments formed the foundation of people's care plans and identified what support people required and how needs were met effectively.
- The registered manager explained how they considered the care and treatment needs, preferences, staff skills and also dynamics at the home, before deciding whether they would be able to meet someone's needs.

Staff support: induction, training, skills and experience

- New staff completed an induction and probation period at Cosham Court Nursing Home. The induction followed the national standards set out in the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff were encouraged and enabled to undertake a variety of training which was relevant for their role. Some topics were considered essential, for example; dementia, moving and assisting and infection control. Other training reflected the needs of people living at the home, including diabetes, continence and communication. A staff member explained, "We have essential training updates but we are able to express if we want to do other things, there is a wide variety of training here."
- Staff received regular supervision and an annual appraisal. Comments included, "We have supervision regularly and feel we have these enough, our manager is always supportive and always happy to discuss" and "We have appraisals and ask us what training is needed."
- Where agency staff were used, measures were in place to support and monitor their practice to ensure that they had the necessary skills and knowledge to support people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to choose what they wanted to eat and drink from a varied menu. The chef advised they made alternatives for people if they did not want the choices on offer. People had input into the menu through residents meetings and surveys.
- Feedback about the meals was positive. Comments from people included, "The food is very good, they say what's available today and I choose" and "Here comes the tea trolley, there's tea, coffee, milkshakes, fruit, crisps and in the afternoon cakes and biscuits." One person had requested a different meal and explained, "I don't like gammon so have asked for chicken pieces only today, I love chicken." This was provided as requested and the person told us that they enjoyed their chicken dinner.
- Where people needed foods prepared in a certain way to eat safely, this was accommodated.
- People requiring assistance were helped in a manner which respected dignity and demonstrated knowledge of individual dietary and food consistency needs. For example, we saw that food was cut up in



line with a person's care plan.

Adapting service, design, decoration to meet people's needs

- People were supported in an environment which was adapted to meet their needs. Examples included lift access to the different floors of the home, adapted bathrooms with equipment to assist people to bath safely and communal areas for people to spend time with others.
- People had choices about how they wanted their bedrooms furnished and decorated and we saw that people had personal items in their rooms as they wished. One person explained, "I've got a lovely room. I can only turn my head a little so I've tended to have the walls filled with photos where I can see them."
- Cosham Court Nursing Home had some smaller communal rooms where people could spend times with their loved ones, in privacy if required.
- People were supported to find their way around the home with pictorial signs in place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had prompt access to healthcare professionals when needed. Examples included GP's, opticians and speech and language therapy.
- People had choices about which GP they had and some had chosen to keep their previous GP when they moved to the home. One person explained, "Yes, I can see a Doctor here, it's my family Doctor which is good for me." Another told us "The N.H.S nurse comes in to look at my leg, they recommended that I get up in the chair every other day and that's what happens."
- Feedback from professionals was positive with comments including, "The team are always happy to help us whilst we are in the home" and "The Registered Nurses are able to give updated knowledge on individual patients care and needs."

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were enabled to make decisions about their care and treatment needs. Where people were unable to make some decisions, capacity assessments were in place and decisions had been made in people's best interests.
- Staff had received training in MCA and understood what this meant when supporting people. Comments included, "Making sure if they haven't got capacity that we do what's in the best interests for them" and "If they do not have capacity to decide, we do this in best interests in the least restrictive manner."
- DoLS applications had been submitted to the local authority and some had been authorised. The registered manager told us there were no DoLS conditions attached to any authorisations at the time of

inspection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.□

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and compassion by staff who knew them well. We observed staff using appropriate tactile contact and informally chatting to people throughout the inspection. Comments from people included, "If it wasn't for their [staff] loving care I wouldn't be here now, they are happy staff, we like to hear them laughing", "The people [staff] are lovely here, they're very pleasant and take care of you" and "I get on well with different staff members, I'd say I have a good rapport with 90% of them, I like the banter we have."
- People were offered choices about their care and treatment and the home was flexible in its approach to ensure that support was person centred. Examples included people choosing to go to bed late at night, choosing what to wear, what music to listen to during meals and where to spend their time. One person told us, "I like to spend most of my time in here [their bedroom]." They explained how they used their mobile phone and internet access to maintain contact with their loved ones.
- Staff communicated in ways which were meaningful for people and we observed that interactions were relaxed and punctuated with moments of laughter. People responded positively to staff speaking with them, staff used tactile contact to connect with people and we observed that staff spent time chatting with people in communal areas. For example, one person had their hair done. We observed several different staff members taking the time to stop and tell the person how lovely their hair looked, using tactile contact and kneeling down next to the person as they spoke with them.

Supporting people to express their views and be involved in making decisions about their care

- We observed people being offered, and making, choices about their care. For example, during a mealtime, people were offered choices about whether they ate in their room, where they sat if they chose the dining room, the music which was being played and whether they wanted a protector for their clothes.
- People were encouraged to express their views using other communication methods where needed. The registered manager explained that one person communicated using a white board. The service had picture cards which assisted some people to make choices and express their views about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who understood how to maintain their privacy and respect their wishes. One person explained, "When they're helping me, they pull the curtains and hang the notice on the door to say do not disturb." One staff member explained that they, "Cover them [people] up whilst washing, close door and curtains, make them feel as comfortable as possible".
- People were encouraged to do what they could for themselves and maintain their independence. One person had finger foods provided so they could continue to eat independently. Another person explained how staff supported them to wash their face and clean their teeth themselves.

- Visitors were welcomed and were able to visit whenever they chose. During our inspection, some people went out with loved ones, other spent time in the home either in communal areas, or more private spaces if they wished. We observed one visitor who was greeted warmly by staff, provided with a hot drink and engaged in a group activity with their relative.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had person centred care plans which reflected their needs, preferences, likes and dislikes. Information included a 'pen profile' of what was important to the person and their histories.
- People were involved in reviews and changes to their care and treatment. Care plans were up to date and reflected people's current needs. One person told us, "I did see my care plan and it's been updated because I signed to say I'd seen it."
- People had options about how they spent their time and there were a range of group and one to one opportunities available. We saw people involved in activities in communal areas and also observed staff spending time on a one to one basis with people. For example, one person was having their nails painted. People's comments included, "I can't sit in a chair but they do come and ask me if I'd like anything to do" and "I didn't fancy musical bingo today, I like to read I've got hundreds of books and I like my telly."
- The activity co-ordinator considered people's individual preferences when planning activities which also provided social opportunities. They told us about assisting people to bake and cook and reading to people who were in bed.
- Some people had access to sensory equipment in their rooms and we saw these being used. Other people accessed a 'namaste' room. Namaste Care is a sensory based program that integrates nursing care with meaningful activities to provide peaceful and relaxing experiences for people with advanced dementia.
- People were supported to access day trips to local places of interest.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information was available and provided for people in different formats.

Improving care quality in response to complaints or concerns

- Where complaints had been received, these had been investigated and responded to in line with the provider's complaint policy. Complaints were monitored through regular audits.
- People were provided with information about how to complain and we observed details were available for visitors in the main entrance of the home. Complaints information was available in accessible formats for people including large or giant print.

End of life care and support

- People were provided with caring end of life support which considered people's wishes and preferences.
- End of life care plans included information about any advance medical decisions and people's religious or cultural beliefs.

- Cosham Court Nursing Home had received several compliments from family members regarding the end of life support their loved ones had received. Comments included, 'The best care we could have asked for in his last few weeks with you. The staff were always helpful, showed compassion and were jolly and uplifting, and gave that personal touch' and '[Person's name] was happier here than in the hospice....that is testament to you all. Thank you to you all for caring so much about my wonderful husband'.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, visitors and staff were positive about the management of Cosham Court Nursing Home. The registered manager was approachable and placed an emphasis on high quality support for people. Comments from people and staff included, "I see [registered manager], they pop in to see if everything is ok with me", "Manager is quite approachable and has a good understanding of people and has high standards - no compromise for residents care. [Registered manager] has a good oversight of everything and is responsive and checks things up."
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.
- The registered manager was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant checks could be completed to ensure appropriate action had been taken.
- Staff received competency checks to ensure they had the correct skills and knowledge.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities. Staff photos were displayed in the foyer of the home for visitors and people to help identify staff roles. Arrangements were in place for staff to seek support out of office hours or if a manager was not present at the service.
- Staff monitored people through regular handovers and effective communication.
- Staff told us that they worked together well as a team. Their comments included, "All work together and support each other, everyone is quite happy" and "I feel like if I need anything the nurses are around, or the manager if the nurses aren't. We all work well together."
- Quality monitoring systems and processes were in place and up to date. These systems were effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff felt their views were listened to and that they were valued.
- People, relatives and staff were involved and encouraged to feedback about the service through informal discussions, meetings and surveys. Examples included quality surveys of meals, comment cards for visitors and an online resource to leave feedback about the home.

- Staff were recognised through an employee of the month system whereby people, visitors and staff could nominate a member of staff. The registered manager explained that reasons for nominations were shared with staff and told us, "If you see good practice it's good to feed that back when it's happening as well."
- Ongoing improvements in care delivery were planned. Potential changes included moving to an electronic Medicine Administration Record to further improve oversight and accuracy in recording and purchase of an innovative piece of equipment which used light projections to engage people with dementia. The registered manager also planned to attend training in Makaton to aid communication with people. Makaton uses signs and symbols to help people communicate.

#### Working in partnership with others

- The registered manager attended regular management meetings to discuss practice and share ideas and improvements.
- The service was working with other professional organisations to consider ways of improving services for people. These included research projects and investigating staff perceptions of sensory loss.
- Feedback from professionals was positive with comments including, "The care/nurses seem to be well led and informed of our visits" and "We have found Cosham Court to be excellent in terms of the quality of care, communication with us and with carers, responsiveness to concerns or problems and openness to working together to deliver a high quality service."