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Comberton Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected this home on 2 June 2015. This was an unannounced inspection. Comberton Nursing Home provides accommodation for up to 36 people who require residential and nursing care. There were 34 people living at the home when we visited.

The home had a registered manager, who was present during the visit to the home. 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.

At our previous inspection of this care home in April 2014 the provider was not meeting the requirements of the law in relation to infection control standards. The provider sent us an action plan to tell us the improvements they were going to make. During this inspection in June 2015

Summary of findings

we looked to see if these improvements had been made. We saw that improvements had been made so that people lived in a clean environment and the equipment they needed had been replaced.

People and their relatives told us that they felt safe and staff knew what to do to keep them safe from the risk of harm or abuse.

Risks to people's health and care had been identified. Staff knew how to help reduce risks to people from falling or pressure sores because plans were in place to guide them.

There had been concerns about the numbers of staff available to meet people's needs. The provider had addressed this by increasing the staffing levels and people reported they now had the support they needed.

Staff had been trained to support people's needs but at times staff did not apply their training to their practice. Staff had received an induction and had access to regular supervision to support them in their caring role.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). However the provider had not fully ensured they followed the correct procedures where people lacked the capacity to take their medicines.

People had appropriate support to eat and drink. The risk of weight loss was known and monitored to ensure people had the right support. People had access to health professionals to maintain their health. The monitoring of people's health needs was not consistent to ensure issues were identified.

People were able to make decisions about how they wanted their care provided. Some people told us that they were very happy at the home and were happy with the care provided. Where people were unable to express their preferences some staff demonstrated a lack of thought and consideration for people's needs. We found there could be more emphasis on respecting people's belongings and protecting their dignity.

People told us there had been a lack of activities organised but we found that the provider had employed a new activities coordinator and further organised activities were planned.

Although systems were in place for people and their relatives to raise their concerns or complaints, the recording of and response to people's concerns was not evident.

The provider had plans to increase the management structure by employing a deputy manager. The registered manager told us the biggest challenge to the service was recruiting nursing staff. She had interim agency nurses supporting her. There were systems in place to monitor the quality of the service provided. However these were not effective and did not enable the registered manager to account for actions taken in response to people's needs.

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 safe.

People were kept safe and free from harm because staff knew how to support them and report any allegations of abuse.

Risks to people's safety had been identified and managed to prevent the risk of harm.

Staff were available to safely meet people's needs in a timely manner.

Good

Is the service effective?
The service was not always effective.

Staff were provided with training relevant to meeting people's needs.

People were asked for their consent before care was provided. Records did not consistently reflect how decisions were made.

People were supported to eat and drink. The monitoring of people's health needs was not consistent to ensure issues were identified.

Requires Improvement

Is the service caring?
The service was not consistently caring.

People said staff were kind and they had positive relations with them. However staff did not consistently practice in a thoughtful way that ensured they had considered people's dignity and respected their needs.

Requires Improvement

Is the service responsive?
The service was not always responsive.

Staff were aware of and responded to people's individual needs.

People were supported to engage in activities they enjoyed and further improvements were in progress with the new activities coordinator.

People were not confident their complaint would be acted upon. It was not evident what action had been taken when complaints were made or how these had been resolved.

Requires Improvement

Is the service well-led?
The service was not always well led.

People said the registered manager was approachable.

The system to assess the quality of the service was not effective and did not enable the registered manager to account for actions taken in response to people's needs.

Requires Improvement

Comberton Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 June 2015 and was unannounced. The inspection team comprised of two inspectors.

We looked at the information we already had about this provider. The provider sent us their Provider Information Return (PIR) when we asked for it. 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 looked at information sent to us by people anonymously. We took this information into account when we planned the inspection.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These are called notifications and help us to plan our inspection. We contacted other organisations such as the commissioners and safeguarding team for information. We spoke with 11 people who lived at the home, two relatives, the registered manager, two nurses, the cook and three care staff. We looked at the care records of four people, the medicine records for six people, staffing rotas, staff training records, complaint records, the providers audits of the quality of the service, accident/ incident records and staff recruitment processes. We also carried out observations of people's care.

Good

Is the service safe?

Our findings

When we inspected this service in April 2014 the provider was not meeting the requirements of the law in relation to infection control standards. The provider sent us an action plan outlining how they would make improvements.

At our June 2015 inspection we saw an Infection Prevention and Control Team Audit Report carried out in October 2014 had identified further improvements were needed. The registered manager showed us that the provider had taken action to improve infection control standards within the home. There was a cleaning programme and audits we looked at showed staff were carrying out effective infection control practices. Discussions with staff and training records confirmed that there had been an increase in the number of staff who had training in infection control procedures. We saw during the day that staff used protective gloves and aprons to prevent the spread of infection and keep people safe. In conversation with staff they were able to outline the steps and measures they had taken to protect people and demonstrated they had up-to-date knowledge about best practice and measures to be taken in the home. People we spoke with told us they thought the home was clean and we observed the home was clean and free from odours.

The provider had a replacement plan for the renewal of worn equipment and furniture and there was evidence of replacements. The infection control lead person was responsible for ensuring practices were regularly checked and their own audits confirmed this was happening.

People living at Comberton Nursing Home told us they had no concerns about their safety. One person said, “The staff are generally around in the lounge so if I was worried about anyone hurting me they would help me”.

Staff told us they had received training in safeguarding adults and were able to tell us how they would respond to and report allegations or incidents of abuse. Staff could describe the different types of abuse people were at risk of and were able to explain the different agencies that they could report concerns to. We saw the registered manager had reviewed and learned from safeguarding incidents. We saw records for the reporting of accidents, incidents or safeguarding concerns were used in monthly information sharing meetings with the provider which demonstrated the registered manager had systems in place for the sharing and learning from incidents.

We saw risks to people’s safety had been identified and guidance was available to staff about how to mitigate the risk. Staff told us about risks such as people not eating or drinking enough or people at risk of falling. We saw that action had been taken to reduce the risk of people falling such as providing walking aids and allocating sufficient staff to support people to mobilise. One person said, “I will always worry I might fall but the staff always assist me with the hoist and wheelchair”. We saw that people were cared for in line with their risk assessments. We saw staff moved people safely with the use of the hoist or stand aid. One person who required such assistance told us, “Well it’s not very nice but the staff are careful and take their time so I have confidence they won’t drop me”. Staff told us they had training in manual handling so that they knew how to move people safety and the training record confirmed this.

People who used the service told us that they felt that there was enough staff to meet their needs. One person who used the service told us, “You might have to wait a bit but generally they are good”. Since the last inspection in April 2014 we received a complaint about staffing levels. The provider told us in their Provider Information Return (PIR) that staffing levels are reviewed regularly and based on the needs of people who use the service. We spoke with the registered manager and saw that an additional staff member worked as an ‘overlap’ between the morning and afternoon shift. A staff member told us, “There are enough staff, sometimes we may work over or an agency is used”. We saw staff that were visible in the communal areas and we observed people being responded to in a timely manner; to assist them to the toilet, change position or offer refreshments. We also saw staff engaging with people to chat or reassure them. The registered manager told us if people had appointments additional staff were allocated to ensure people’s needs were met. The registered manager told us there were two nurse vacancies, We saw there was a system for the use of ‘bank’ nurses, which ensured better consistency because they had worked in the home and knew the people they were supporting.

Good

Is the service safe?

Staff told us that Disclosure and Barring Service (DBS) checks had been carried out before they worked in the home to ensure they were suitable to work with people. Records confirmed that pre-employment checks such as references and (DBS) checks had been made.

People told us they were supported with their medicines. One person told us, "I have my tablets regularly". Another person said, "They come round at mealtimes and I have my pills but they also ask me if I need any pain killers". We observed the medication round and saw that the nurse administered people's medicines safely. The nurse explained that competency assessments had been conducted to ensure staff were able to administer medicines safely. We saw medicine audits were in place to identify any errors or gaps. Some people had medicines prescribed to be taken only when necessary, for example for agitation. A nurse on duty was able to tell us how they supported people who required these medicines. However we saw a written protocol was not in place for two people who required their medicines in this way.

Requires Improvement

Is the service effective?

Our findings

People told us they had no concerns about the way in which staff supported them with their needs. One person told us, "I need a lot of help and can't walk the staff help me with lifting equipment".

People told us that they were generally happy with the care and support they received. One person told us, "I think they are trained they seem to know what they are doing".

Staff said they had received an induction when they started work at the home which included the opportunity to shadow more experienced staff. Our discussions with the registered manager and training records we saw showed there was a programme of training for staff. One member of staff said, "We do have training and refreshers when we need them". We saw some staff had achieved national vocational qualifications {NVQ] and had the core skills to be able to do their job effectively. There was an increase in the amount of staff who had completed training in dementia care. Staff who had attended this told us it was helpful in understanding people's needs. We observed staff applied this knowledge in their care of people. They interacted with people in a manner that showed they understood how to communicate with people who might be confused, agitated or disorientated. Training was planned ahead and we saw the registered manager was aware of any gaps in staff training and was addressing these.

Staff told us they received regular supervision where they could discuss their practice and identify any training needs. Staff told us they had received in house training in aspects of care so that they had the knowledge to meet people's specific needs such as pressure care management. We saw staff put their training and knowledge into practice while they met people's needs by for example supporting people to change their position to protect their fragile skin. Some people were unable to tell staff their needs due to their dementia. We saw staff looked at people's body language and facial expressions to help decide if people were in pain. Staff told us they would then consult the nurse and people's care plans to ensure people received the support they needed. Staff were able to tell us about the individual needs of the people such as how their mental or physical health conditions might affect the way they delivered their care.

We observed staff practiced in a way that reflected the principles of the Mental Capacity 2005 (MCA). We saw they sought consent from people regarding their every day care needs such as their personal care needs, what they wanted to eat, what to wear or whether they wanted their medication. Some people had a 'Do Not Attempt Resuscitation' [DNAR] in place. We saw there was a clear system in place to easily identify those people so that important information about the decisions people had made was available when needed and avoid unnecessary admission to hospital. The registered manager confirmed that some people who lived at the home used bedrails to reduce the risk of falls. We saw that people's mental capacity had been assessed and considered and their consent to the use of bedrails was in place.

Two nurses that we spoke with told us one person had their medicines 'covertly', [when medicines are concealed in food or drink]. There were no records of best interest discussions or authorisation to support administering medicines in this way. The nurse could not explain where this documentation was or whether discussions had taken place. The registered manager told us post inspection that this documentation was on file but the person's needs had changed and that covert medicine was no longer used. This meant if the nurses practiced in this way they were not aware of the changes the registered manager said had been made.

Staff had been provided with training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were confident about how they would respond to people where they thought their decisions might place them at risk. Staff told us about previous experiences where people had tried to leave the home, refuse care or nutritional interventions needed to keep them in good health. The registered manager had ensured that referrals had been made to the authorising body (the Local Authority) in respect of people who were unable to exercise choice about their safety and wellbeing. The registered manager told us that no one in the home had a DoLS authorisation.

People told us they felt their health care needs were met. People told us they saw the doctor when they needed to, had access to chiropody, opticians and dentists. One person said, "If I'm feeling poorly I tell the staff, the nurse will check me and they will call the doctor". A relative we spoke with told us there had been a delay in referring their family member to hospital following an accident and that

Requires Improvement

Is the service effective?

the family had not been informed of the accident. The registered manager told us they had addressed this with the family but was unable to show us records of this communication or how they had explored any alleged delay to reduce the likelihood of reoccurrence. We also saw that one person was receiving 'as required' medicines every day. The nurse told us the person required this medication on a regular basis but this had not been reviewed by the GP. The absence of a protocol to detail when the medicines should be given and the lack of records to show the person was agitated when it was given made it difficult to establish if these medicines were being used to support the good health of the person.

All the people we spoke with were positive about the food. One person told us, "I think the food is good and we have a choice". We saw staff asked people about their preferences before the food was served. In addition people told us their specific likes were attended to and they had been involved in planning the menus. The cook knew about people's meal requirements, for example, if people required a diabetic diet, had food allergies or needed their food to be pureed due to swallowing difficulties. We saw people's dietary needs were clearly recorded in their care plans to guide staff in providing the correct diet for them. A person told us, "I was off my food but now I have these drinks that help". We saw appropriate referrals had been made to the doctor and some people had food supplements to enhance their nutritional intake.

Some people needed assistance to eat their meals and we saw staff took the time to sit with them, encourage them and they undertook this at a pace suited to the person. We saw staff completed food and fluid monitoring charts following meals to help them identify if people were eating and drinking enough. Weight records were maintained on a regular basis to ensure any risk of weight loss was picked up quickly.

Requires Improvement

Is the service caring?

Our findings

People using the service said that the staff were caring and helpful. One person commented that "The staff are friendly, I've been here a long time and I think they do genuinely care about me and other people". Another person said, "I get on well with all the staff I think they are lovely, always helping me".

People made positive comments about how staff encouraged them. One person told us, "I wouldn't be here if they hadn't helped me, when I first came I didn't care about myself, now I am more positive".

A relative told us that staff were kind and did interact with their family member, who was cared for in bed. However they had experienced a lack of care and consideration because their family member's hearing aid, teeth and glasses were regularly mislaid. The registered manager told us they had tried to improve this situation by monitoring belongings and that items had been reimbursed. We heard other examples where relatives felt more care could be taken. We found there could be more emphasis on respecting people's belongings and protecting their dignity where people's complex needs meant they could not do this for themselves.

We saw many examples of staff acting in a caring and thoughtful manner towards people. We saw they regularly asked people if they were okay and sat and comforted other people who got distressed. We saw staff tried to engage people and distract them. Staff demonstrated that they understood how people communicated their preferences in respect of their care needs, and approached people discreetly when personal care tasks were needed such as the need to use the toilet.

We saw when people were assisted with the use of the hoist that staff explained and reassured them during the process. At times some people were resistant to being supported and refused care interventions. We saw that staff respected this and were patient in trying new approaches.

A person spoke about being frightened of falling and told us they had lost their confidence. They told us staff were 'patient' and 'don't rush me' which helped to reassure them.

Some of the staff had worked at the home for a long time and told us they knew people well and that this had helped to build positive relationships with people. Staff communicated effectively with people, one staff member told us, "When [name of person] first came here they had full capacity. They are more confused now but they do recognise familiar faces and voices and that helps when we need to carry out care tasks". Staff were able to explain the individual needs of people and people's personal preferences. They told us that they got to know people by spending time and talking with them. One person told us; "Staff know what is important to me, a bit of peace and quiet, and they will take me to my room". We saw if people refused care or became distressed or confused staff reassured them and returned a little later to try again. One staff member said, "Sometimes [person] will get extremely upset or agitated and refuse everything so we try and go back a little later and help them understand and calm them down".

People were supported to express their views; we saw staff giving people explanations and the time to make decisions such as the hairdresser arriving and if they wanted their hair done. People told us they were asked about their care and what they needed help with or could do for themselves. People had access to advocacy support when they needed help to express their choices.

People told us that staff treated them with respect and protected their dignity. We saw staff closed doors in bedrooms and bathrooms when providing personal care. We also saw they placed blankets across ladies laps when hoisting them. One person told us, "I don't want to be showing tomorrows washing". People told us they had a degree of choice about when they had a shower or bath and felt staff were attentive when supporting them.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff cared for them in the ways they wanted. One person told us, "I can discuss with them what I want or if I don't want something doing".

People told us they had been involved in the assessment and planning of their care. One person told us, "They asked all about my history, family and interests as well as where I needed help". People told us staff tried to make sure they had the support they needed. One person told us they needed assistance at mealtimes and we saw staff supported them appropriately with the correct utensils. Staff told us they always asked people what they wanted and people who could not tell them, they knew how to anticipate their needs. Another staff member said, "I read the care plan if I'm not sure or sometimes if someone's needs have changed we are told before the shift".

There was a process in place to share information between shifts so that staff could provide people with personalised care. For example we saw health professionals had been consulted regarding a person's changing needs and staff were aware of how they needed to support the person with positional changes to protect their fragile skin. Care plans showed that people's needs had been reviewed by health or social care professionals and their recommendations included. This enabled the staff to plan and deliver the care people needed. We saw the equipment they needed to protect their fragile skin was in place. We saw throughout the day that staff consistently supported people to mobilise or change their position.

There was a process in place to assess people's needs and try to determine if the home could meet their needs. However this did not always ensure people's needs were identified. During the inspection we heard consistent screaming and shouting from a person's bedroom. We could hear staff try to reassure the person who was highly agitated. Two staff we spoke with told us they could not meet the person's needs or manage their behaviour. We saw the person's original assessment did not identify the extent of their needs. The registered manager told us the person's behavioural issues had not been apparent on admission and had increased. She told us they recognised that they could not provide one to one care needed and had taken action for the person to be assessed to move to a more appropriate placement. We saw the registered manager had in the interim taken action to involve healthcare professionals such as the GP for advice about managing the person's health needs.

During our inspection we saw a group of people engaging in table top activities. Later in the day we saw some people enjoy a bingo session. People told us there were some activities on offer but not as frequently as there had been. The registered manager told us the activities co-ordinator had left and that this had impacted upon the provision of activities as well as the frequency of meetings for people who lived in the home. We saw a new activities worker was in post and was spending time with people and helping them to engage in things they wanted to do. People told us that they had enjoyed singing sessions, watching T.V, quizzes and keep fit. Some people told us they preferred not to join in but engage in knitting or reading. A person told us, "There have been singers and exercise people come in now and then".

People and their relatives knew how to complain and told us they would speak to staff or the registered manager. A person told us, "I would say something if I was unhappy and the girls would listen". The complaint procedure was displayed and a suggestions box was available in the reception area for any comments. People we spoke with were not all aware of the procedure displayed but told us they knew how to complain and that they could complain. We saw from the complaints records that complaints had been made regarding the lack of staff to meet people's needs. The provider had taken action to resolve the complaints by increasing staffing levels as well as introducing staff allocation systems to ensure staff skill mix was considered when planning rotas. We spoke with a visitor who told us they were very unhappy with the lack of response and action they had experienced regarding a recent complaint they had made. We raised this with the registered manager who told us they had spoken with the family. There was no record in the complaints log to show this had been investigated or care practices improved as a result of the complaint. Whilst the provider had referred to safeguarding this did not address the recognition of this as a complaint or that the process had been followed.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was supported by nursing staff. The provider had recognised the need for a deputy manager and told us in their Provider Information Return [PIR] that they had advertised this post. The registered manager told us that one of the key challenges at the home was recruiting qualified nurses. They were in the process of recruiting to these vacancies and had interim arrangements in place to cover the nurse vacancies. The full complement of the management team was therefore still in progress.

People we spoke with told us the registered manager regularly 'walked around' and chatted to them. They said they felt they could approach her if they wanted to. A relative said, "The manager is available and I have spoken to her, I am waiting for a response to an issue I raised so I can't say whether or not the management is effective". There was evidence of trying to maintain an inclusive culture in which people and staff could share their thoughts about the service. For example questionnaires had been sent to people who lived at the home, relatives and visitors. We saw that as a result of people's feedback some improvements had been made to staffing levels. We also saw people had commented on the lack of activities available to stimulate people. We saw the registered manager had employed a new activities worker who was trying to re-establish a regular pattern of events.

Staff said that the registered manager was approachable, and provided them with opportunities to discuss their practice. Staff said they had staff meetings and if their performance needed to improve further meetings were conducted and or supervisions used to review their practice. One staff member said, "The manager will challenge our practice and we do discuss where we need to improve". We saw minutes of staff meetings where staff had discussed their care practices. For example, managing falls, monitoring people's fluid intake and managing people's risk of developing pressure sores. This ensured that staff were kept informed about the service and their responsibilities as staff members. We also saw this identified where improvements were needed to drive up quality and keep up to date with best practice. Staff were aware of how to report any concerns they might have regarding the conduct of colleagues and were confident their concerns would be addressed.

Providers are required to inform the Care Quality Commission of important events that happen in the home. The registered manager had informed the CQC of specific events the provider is required, by law, to notify us about and had reported incidents to other agencies when necessary to keep people safe and well.

The provider had a system to assess the quality of the service but this had not been effective. Medication protocols were missing, documentation for the use of covert medicines was not available, the use of 'as required medicines' had not been reviewed and there was a lack of records regarding complaints made. The audits in place needed to be more effective in enabling the registered manager to account for actions taken in response to people's needs. This would enable people to be assured of living in a home that was well managed where their care and safety were promoted.