Mrs Sally Roberts & Jeremy Walsh

Culworth House Care Home with Nursing

Inspection report

Queens Street
Culworth
Banbury
Oxfordshire
OX17 2AT
Tel: 0845 345 5744
Website: www.blanchworth.co.uk

Date of inspection visit: 10 February 2015 to 11 February 2015
Date of publication: 08/05/2015

Ratings

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

Overall summary

This inspection took place on 10 and 11 February 2015 and was unannounced. Culworth House provides residential and nursing care for up to 35 older people including people living with dementia. When we carried out this inspection there were 24 people living at the home.

At the time of the inspection 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.

Summary of findings

Systems were in place for managing people's medicines. However we found serious shortfalls with regards to safely disposing of controlled drugs and for monitoring the blood readings for a person prescribed anticoagulant medicines.

We found that the registered person had not protected people against the risk of unsafe medicines practices. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service were looked after by a staff team that had understanding of how each person wanted to be supported. Staff encouraged people to be as independent as possible and treated them with dignity and respect.

There was sufficient staff available to keep people safe and to meet people's individual care and support needs.

Appropriate recruitment practices were followed. Staff received Induction, training and regular supervision and appraisal which enabled them to carry out their job role effectively.

Staff were knowledgeable about the risks of abuse and the reporting procedures to follow to raise any concerns about people's safety or welfare. The manager and staff had knowledge of the mental health act (MCA) 2005 and the deprivation of liberty safeguards.

People were supported to have sufficient to eat and drink to maintain a balanced diet and people's nutritional needs were appropriately monitored.

Appropriate systems were in place to monitor the quality of the service and action had been taken when necessary to make any improvements. People, staff and relatives' feedback was sought and acted upon.

Staff understood their role and had confidence in the way the service was managed.

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.

Controlled Drug (CD) were not always managed safely and people prescribed variable dose anticoagulant medicines did not always receive treatment as prescribed.

The staff knew how to protect people from abuse.

There were sufficient staff available to meet people's needs and keep them safe.

Effective recruitment practices were followed.

Requires Improvement

Is the service effective?
The service was effective.

Staff received training and supervision to support them in their role and equip them with the skills to meet people's needs.

People were appropriately supported to maintain a healthy, nutritious balanced diet.

Deprivation of liberty Safeguards (DoLS) were appropriately applied under the mental capacity act (MCA) 2005 code of conduct.

Good

Is the service caring?
The service was caring.

People and their relatives were positive about the care and support provided.

Staff understood people's needs and preferences and supported them in ways that protected their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Peoples care plans were individualised and had been completed and reviewed with the involvement of people.

Referrals were made promptly to healthcare professionals when assessments or treatment was required.

There was a complaints process and complaints were dealt with in line with the complaints policy.

Good

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

Requires Improvement

Summary of findings

Systems to audit and monitor medicines were not sufficiently robust to ensure that medicines were always managed safely.

There was a registered manager in post at the service.

People had opportunities to give their views about the service and appropriate systems were in place to regularly monitor quality and safety.

People who used the service and staff had confidence in the management of the service.

Culworth House Care Home with Nursing

Detailed findings

Background to this inspection

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

The inspection took place on the 10 and 11 February 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we contacted commissioners for the service to obtain their feedback on the service. We also reviewed the data we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection, we spoke with nine people who used the service and one visitor. We also spoke with the management team and six staff that included care and nursing staff.

We reviewed the care records for four people living at the home, which included looking at people's individual care plans and care assessments.

We also reviewed records in relation to staff recruitment, support and training and management records, such as quality monitoring audit information.

Requires Improvement

Is the service safe?

Our findings

Safe systems were not always followed when disposing of controlled drugs (CD) medicines. For example, a morphine based medicine was recorded as being destroyed in December 2014. But we found the medicine was still being held with the CD medicines stock. We found that several medicine audits had taken place, including checks to the CD medicines stock. The audits had not detected that the unwanted CD medicine remained within stock. This posed a potential risk of the medicine being abused or diverted causing harm.

We found that the registered person had not protected people against the risk of unsafe medicines practices. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 12.—(1) Care and treatment must be provided in a safe way for service users. (2) (g) the proper and safe management of medicines.

People prescribed variable dose anticoagulant medicines did not always receive treatment as prescribed. One person was prescribed anticoagulant medicine and required weekly blood tests to determine the correct dosage of the medicine to be given. Records of the last six blood tests showed that the tests had been carried out as scheduled, however on the day of our inspection we found the blood test was overdue by six days. This placed the person at risk of not receiving the correct dose of anticoagulant medicine and at risk of developing blood clots. We spoke with the manager who arranged for the person's blood to be tested immediately to ensure they received the correct dose of anticoagulant medicine based on the blood test result.

People told us they felt safe and had no concerns about the way they were cared for by the staff.

The staff were knowledgeable about the type of incidents that could be constituted as abuse and were aware of the safeguarding reporting procedures. The procedures included guidance on how staff could raise safeguarding concerns outside of the home, known as 'whistleblowing' if they had reason to believe the provider had not taken appropriate action to safeguard all people living at the home.

This involved staff alerting external agencies, such as the local authority safeguarding agency and the Care Quality Commission (CQC).

The staff were able to describe the procedures for responding to any accidents or incidents and suitable arrangements were in place to closely monitor patterns and trends. The manager had started a course in falls management and found their learning useful in identifying possible causes of falls and how to reduce the risks of falls whilst promoting people's rights to choice and freedom of movement.

People had personal evacuation plans in place, for use in the event of a serious emergency requiring the evacuation of the home. We also saw that information was contained within a file for agency staff that provided cover for staff vacancies, holidays and sickness leave. The file contained information such as, the fire procedure and accident and incident reporting. However we noted that not all agency staff had signed to confirm they had read and understood the information within the file.

People told us they were satisfied with the staffing arrangements and the assistance they received from staff. A relative told us they had previously raised concerns about the staffing levels, but that the situation had much improved with the appointed of more staff. The staff also confirmed that the staffing levels had improved.

The staff confirmed they had provided all the necessary documentation upon their recruitment. The staff recruitment procedures included verifying people's identity and their right to work in the UK and checks though the Government Home Office, Disclosure and Barring Service (DBS) that included checks with the Criminal Records Bureau (CRB).

Good

Is the service effective?

Our findings

The manager and senior staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff spoken with understood they needed to respect people's decisions. They were aware of how to support people who lacked capacity by using 'best interest' decisions involving the person's representatives, such as family, friends or formal advocates. One person had a DoLS authorisation in place that restricted them from accessing the community unsupervised due to the risks presented in the community for the person.

People said they thought the staff had the right experience to meet their care needs. One person said, "The staff know what they're doing, they seem quite experienced."" All of the staff we spoke with confirmed they had completed induction training that had included health and safety training. They confirmed when they started working at the home they were assigned to work alongside experienced members of staff. One member of staff said, "I certainly don't feel like I was thrown in at the deep end, I have had time to learn my job properly" The manager told us that staff employed from overseas were offered English language courses to develop their English speaking skills.

Staff said they were supported by the management and that they met regularly with their supervisors in private to discuss their work and ongoing training needs. We saw that these meetings were planned in advance, to allow for staff to prepare for the meetings and so they could bring matters for discussion.

People told us they had access to visiting health care professionals. We spoke with a visiting healthcare professional who confirmed that the staff referred people appropriately to the community nursing team and relevant GP. They also confirmed that the communication between the community nursing team and the staff was satisfactory. Wound care plans clearly stated the care people required from both the community nursing team and the nursing staff employed at the home. The plans were regularly reviewed and updated as and when people's needs changed.

People told us they were provided with a variety of meals and snacks. The provider used a catering company that supplied frozen meals that provided people with a variety of meals that allowed for individual nutritional needs and specialist diets to be catered for.

The staff had a good understanding of the importance of having a flexible and individualised approach to meeting people's nutritional needs. For example, they told us that one person often refused to eat and drink and they found that by inviting the person to join them socially for coffee they were able to encourage the person to have food and drinks. The staff had sought advice from the health care professionals regarding concerns about weight loss and the person's food and drinks were closely monitored and recorded. The nutrition monitoring records showed there had been an improvement in the person's food and drink intake.

We observed people receiving the lunchtime meal, the atmosphere was relaxed and unrushed and people quietly chatted to each other at the dining table. We also observed that staff regularly offered people drinks and sensitively supported people who needed assistance to eat and drink and were mindful of promoting people's dignity.

Good

Is the service caring?

Our findings

People told us they had no concerns about the way that staff treated them and commented that the staff were "caring, friendly and helpful." One person said, "They [staff] are lovely, they will always help in any way they can." Another person said, "I have good relationships with the staff, they are all very good." A relative told us that whenever they visited they always saw that the staff treated people with dignity and respect. We saw that staff were responsive to people's requests or need for assistance and we heard the staff speak to people in a respectful manner.

We noted that staff always knocked on people's doors and waited for an answer before entering the room. We also noted that there was a privacy sign for staff to place on the door when providing personal care for the person within the room. One person told us they had expressed they did not want male care staff to provide them with personal care and that their wishes had been respected.

Staff told us that they had received training on caring people with dignity and that recently a dignity day had taken place, whereby workshop sessions had taken place for staff. The aim of the workshop was for staff to discuss how they ensured people's dignity was respected. A member of staff said that the privacy signs on people's bedroom doors had been introduced following one of the dignity workshop days.

The staff were knowledgeable of people's individual needs and were able to tell us in detail how they cared for individual people living at the home. One member of staff said, "We want to do the best we can to make people feel cared for and valued."

One member of staff said, "It's so important we socialise with people, as well as caring for their physical needs. I'm planning to get married soon and the resident's like to hear me talk about the wedding plans, they genuinely seem interested. They in turn talk about when they got married etc. it can spark off good conversations."

Good

Is the service responsive?

Our findings

People told us they had discussed their care needs with staff when they moved into the home, they also confirmed that the staff discussed ongoing changes in their care needs with them. People were asked whether they wished to share information with the staff on their life history, previous occupations, likes and dislikes, hobbies and interests. This was so that staff could tailor the care and support provided to meet their individual needs. One member of staff said, “we always try to focus on the individual, it’s their home and we plan with them what they want to do.”

We spoke with a volunteer who visited people as a befriender. They told us they had first visited whilst completing the Duke of Edinburgh award. They said they had now completed the award but wanted to continue visiting the home as they enjoyed spending time with people at the home. We observed that people welcomed the volunteer and they had a very good rapport with each other. We saw one person played a game of dominoes with the volunteer, they said they very much looked forward to their visits.

Staff told us that at the beginning of each shift they received a written and verbal handover from the staff that had worked the previous shift on any changes to people’s needs.

People spoke of carrying out individual activities according to their preferences, for example, one person said they liked to spend time listening to their favourite jazz music, another person said they liked writing. There was a programme of weekly activities on display on a notice board within the front entrance of the home. On the day of our inspection a person came to the home during the afternoon to facilitate an exercise to music session with people, we saw that the people that attended appeared to enjoy the session.

Information was available to inform people on how to raise a complaint. One person said, “If I ever needed to make a complaint I would speak directly to the manager.” Another person said, “I would say something to the staff, I wouldn’t put up with anything I wasn’t happy with.” A relative said they had not had to make a complaint, but were happy that if they did it would be dealt with by the manager. We saw records of complaints that demonstrated the manager responded to complaints in accordance with the company complaints procedures.

Requires Improvement

Is the service well-led?

Our findings

Policies and procedures to guide staff were in place. Although it was noted that some policies had not been reviewed for some time. For example, the emergency evacuation policy was last reviewed in November 2009 and the complaints policy was last reviewed in July 2010. It was important that the policies are regularly reviewed to fully reflect changing circumstances and current practices.

Monthly quality assurance audits were completed by the manager and the area manager. They included sample checks of people's care plans, risk assessments, medicines administration records (MAR), staff recruitment files, fire safety and environmental audits. Any shortfalls identified from the audits had improvement action plans put in place, with timelines for the improvements to be made. However we found the medicines audits were not sufficiently robust as they had not identified that a controlled drug, recorded as destroyed, remained within the CD medicines stock. This posed a potential risk of the medicine being abused or diverted causing harm.

People told us the manager was approachable and staff said there was an 'open culture' at the home. They said they could share any ideas they had on how the service could improve with the manager. People confirmed that resident meetings took place and we saw that minutes of meetings were available. People told us that any problems they had were quickly addressed by the manager and the staff to their satisfaction. One member of staff said "[manager] is very approachable, she always helps in any way that she can."

The staff knew the safeguarding and the whistle blowing procedures. They knew how to raise concerns outside of the home with outside agencies, if the safeguarding procedures were not followed appropriately.

The staff were aware of the importance of reporting all accidents and incidents and described the process for this. Records viewed showed us that the manager monitored all reported accidents and incidents to drive improvements, balanced with people's rights to take risks. The manager was aware of their role and responsibilities in ensuring that statutory notifications of events were promptly submitted to the Care Quality commission.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 12.—(1) Care and treatment must be provided in a safe way for service users. (2) (g) the proper and safe management of medicines. How the regulation was not being met: The provider's own medicines audit systems were not sufficiently robust. They had not detected that a controlled Drug (CD) medicine, recorded as being destroyed remained within stock. This posed a potential risk of the medicine being abused or diverted causing harm.