Coolrunnings Residential Home Limited

Cool Runnings Too

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 9 and 10 August 2017.

Cool Runnings Too is a care home which is registered to provide care and accommodation for up to 12 older people. At this inspection there were 12 people living at the home with one of these people returned from hospital during the inspection and another went to hospital. There were people with various stages of dementia living in the home during the inspection. Some had limited verbal communication skills. The home had a number of people who wished to live a more independent lifestyle within the safety and security of the care home.

The building is a large home with access to a garden area. There are two floors with communal spaces such as lounges and dining rooms on the ground floor. At this inspection everyone had their own individual bedroom. The provider has some people completing periods of respite.

There is a registered manager in post who is also the provider. 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.

Some concerns were found at the previous inspection which resulted in us making recommendations. At this inspection we found there had been improvements to staff levels around meal times and their training in relation to moving and handling. Special equipment to help people with transfers had been purchased. However, people were not always kept safe because staff did not have all the guidance required to support specific people. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. There were occasions when the risk assessments lacked important details.

Staff had the skills and knowledge required to effectively support people. New staff had received a thorough induction. They were supported by the management to deliver high quality care. Staff told us they had been through a recruitment procedure. However, some staff had gaps in their employment history and references were not always from previous care employers.

The home was well led. People told us the management was supportive. The registered manager had systems to monitor the quality of the service and made improvements in accordance with people's changing needs. The management strove to develop positive relationships with people and their relatives.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. When they lacked capacity the correct procedures had been followed. People's medicines were managed safely and stored appropriately including those requiring additional security. People who required special diets had their needs met. People told us their healthcare needs were met and

staff supported them to see other healthcare professionals in a timely manner.

People and their relatives told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff. People, or their representatives, were involved in decisions about the care and support they received. People who had specific end of life wishes had their preferences respected by staff to help provide a dignified death.

Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Activities were in place to provide a range of opportunities. People were encouraged to suggest activities which would respect their hobbies and interests. The provider had received no recent complaints.

We made a recommendation about the recruitment of staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from the risks associated with poor staff recruitment because the recruitment procedure and legislation was not always followed.

Some people were put at risk because their current care plans had not provided enough guidance or detailed risk assessments for staff to refer to and follow.

People were supported by enough staff to meet their care needs and keep them safe.

People could expect to receive their medicines as they had been prescribed.

People had risks of abuse or harm minimised because staff understood the correct processes to be followed.

Is the service effective?

Good

The service was effective.

People's rights were respected and the principles of the Mental Capacity Act were followed. People's choices were respected.

People benefitted from good medical and community healthcare support.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

People were supported by staff who had the skills and knowledge to meet their needs.

Is the service caring?

Good

The service was caring.

People's needs were met by staff who were kind and caring. Staff respected people's individuality and spoke to them with respect.

People were able to have visitors and support was provided so they could remain in touch with family members who lived further away from the home.

People's privacy and dignity were respected and supported.

People had a dignified death because staff were respecting their end of life wishes.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes regarding their care were understood by staff because their care plans contained important information which was personalised to their needs and wishes.

People benefitted because staff made efforts to engage with people throughout the day. Activities were in place in accordance with people's interests and to provide opportunities for conversations.

People could be confident concerns and complaints would be investigated and responded to.

Is the service well-led?

Good

The service was well led.

People were kept safe because there were quality assurance systems which identified concerns. When shortfalls were found action was taken to rectify them.

People benefitted from living in a home where the registered manager supported staff and there was a staffing structure to provide lines of accountability.

People and others were able to make changes at the home as they were consulted about their views on how the service could be improved.

People were supported by a registered manager who strove to make positive links with their family members and promote high quality care.

Cool Runnings Too

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 9 and 10 August 2017 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account during the inspection.

We spoke with five people that lived at the home in detail and one relative. We also had informal conversations with people at the home as we walked around and completed the inspection. We spoke with the provider, the registered manager, and three members of staff. 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.

We looked at three people's care records in various depth and observed care and support in communal areas. We looked at three staff files, previous inspection reports, staff rotas, quality assurance audits, staff training records, the complaints and complements records, staff meeting minutes, medication files, people and staff questionnaires, environmental files, statement of purpose and a selection of the provider's policies.

Following the inspection we asked for further information including actions taken by the registered manager. All these were responded to in the time frame we asked for the information.

Include information about the number and/or roles of people or organisations who were contacted or seen, to gather information during the inspection; for example people who use the service, staff, relatives, health

care professionals, commissioners and so on.

Requires Improvement

Is the service safe?

Our findings

People were not always being kept safe because recruitment processes had not always followed their own policy and current legislation. Staff had completed an application form prior to their employment and provided information about some employment history. The service had proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. However, two members of staff recently employed did not have a full employment history. Three staff did not have references from previous care employers they had worked for. Two of these staff had a reference from another member of staff working at the home. By not getting a full employment history or adequate references the registered manager may not be able to determine whether the staff were of good character. We spoke with the registered manager who immediately spoke with staff to get a full employment history. They agreed to check all references for staff with their previous care employers. Following the inspection the registered manager updated us as they had sought full employment histories for those needing them and they had asked for the required references.

We recommend that the provider researches current guidance and best practice for recruitment and take action to update their practices.

At the previous inspection we found one person was not always kept safe when they required specific moving and handling equipment to meet their care needs. Other people who fell had been at risk due to a lack of specialist equipment to support them. During this inspection some improvements had been made. There was now moving and handling equipment in place which could be used when people had falls. All staff had received training on using the equipment safely. This equipment was routinely maintained. However, one person required transferring at times using a hoist. There was no guidance for staff to follow about the safe way to use the hoist. Two members of staff told us the correct loops on the sling they would use. One member of staff could not be sure which loops to use on the sling. By not having clear guidance in the person's care plan there was a risk the person could be hoisted incorrectly. We spoke with the registered manager who informed us they had been redesigning people's care plans. During the inspection they updated some of the person's care plan to make it clearer how to safely reduce risks during transfers. Following the inspection, the registered manager sent us further updates about actions they had taken to improve guidance for staff to follow to transfer this person safely. They had consulted national guidance to make some of these improvements.

People's risks had not always been assessed fully to ensure they were kept safe. There were some risk assessments in place to identify risks to people and ways to mitigate them. For example, one person had a risk assessment for pressure related wounds due to not moving around much. The risk assessment identified ways staff should check for wounds and there was a recording system for when new marks appeared. This meant action could be taken and we saw contact had been made with other health professionals when it was necessary. However, one person had risk assessments for their mobility that lacked information about historic falls. By not containing this information there was a risk the person may fall again because staff would not recognise the triggers. During the inspection the registered manager

rewrote the risk assessment for this person's mobility.

Another person had behaviours which could challenge staff and those around them. Staff explained they could become verbally aggressive. One member of staff told us they had been threatened with the person's walking stick. There was no risk assessment in place to inform staff how they should manage this safely. Staff told us they would move away and give the person time to calm down. We spoke with the registered manager about our concerns that there was no guidance for staff to provide a consistent and safe approach. They showed us a number of actions they had already taken liaising with other health and social care professionals. During the inspection they revised the person's care plan to provide staff with more detail and developed a risk assessment. Following the inspection, the registered manager told us they had sought further national guidance on writing risk assessments.

At the previous inspection we made a recommendation about staffing levels at mealtimes. During this inspection most people told us there were enough staff. One person said, "Yes. Definitely" when we asked them if there were enough staff. Another person explained staff were "Pretty quick" to respond to a call for help. However, one person told us there were not always enough staff to help them when they needed support with specific tasks. The PIR and registered manager told us since the last inspection a cook and additional sleep in night staff had been employed. The registered manager told us the cook was on holiday. This meant care staff were working in the kitchen as well as completing care tasks. We spoke with three members of staff who all confirmed when the cook was around there were enough staff. Staff told us, "Now the cook is here it is a lot easier" and "It is a godsend having a cook". They were all positive about the registered manager's plan to further increase staff levels by employing an additional member of staff.

People were kept safe because they were supported by staff who understood and recognised signs of abuse. One person was asked if they were safe they replied "Yes. Definitely". They continued to tell us "There were people [meaning staff] about the whole time". All staff told us they would report any concerns to the registered manager and knew who to speak to externally if they were not available. They were confident appropriate actions would be taken.

Medicines were managed safely. The PIR told us and we saw people could choose whether they administered their own medicines. One person told us, "I prefer them [to administer medicine] as I might be in a muddle. Rather they look after it". Another person explained they had a choice about whether they administered their own medicine. Staff knew people's preferences about how they liked to take their medicine. One person had the correct procedures followed when their medicines was hidden in their food. When administering medicines which required additional storage there were two members of staff checking it was administered correctly. However, when new stocks were received of this type of medicine or stocks were checked only one member of staff was involved. This meant medicines requiring additional storage were not always being managed in line with statutory guidance. There was a risk it could go missing. The registered manager told us from now on they would ensure two members of staff completed all checks for this type of medicine.

People were kept safe because the provider completed regular environmental checks including fire safety. All the fire extinguishers were in date which meant they were safe to use in the event of a fire. There were special door closers on bedroom doors which would automatically close them in the event of a fire. When bedrooms or bathrooms were not in use for periods of time there was a system in place to run the water regularly. By doing this they were reducing the risks of a build-up of bacteria in the pipes. However, there had not been a recent legionella check of the water. Following the inspection the provider organised for this to be done.

Good

Is the service effective?

Our findings

At the previous inspection we found concerns that some staff lacked training in areas such as pressure care to support people. During this inspection we could see improvements had been made. People were now supported by staff who had received enough training to meet their needs. Staff had received a significant amount of training since the last inspection including face to face training for moving and handling and pressure care. Staff demonstrated knowledge and understanding when we spoke with them and we saw new practices in place based on this training. The PIR and registered manager told us and we saw when staff requested additional training on a specific subject training sessions were arranged. For example, when a person had a specific health condition staff wanted to know more a training session was arranged by the registered manager.

New staff had received a thorough induction including information relating to the Care Certificate and shadowing more experienced staff. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. One member of staff told us they had completed a three-week induction and then shadowed a member of staff for several days. They told us it had been really helpful and they could still ask questions to more experienced staff.

Staff told us they had received enough support from the registered manager to meet people's care needs. The registered manager completed an annual appraisal for each member of staff to discuss their performance, training needs and where improvements were required. On a regular basis they completed more informal support for staff. This was because it was a small home and the registered manager was regularly working alongside them. The registered manager told us they would frequently observe staff to ensure high quality care was being delivered and best practices were being followed.

People were asked to give consent to their care and treatment. Some people living at the home had limited capacity due to illnesses such as dementia. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lacked capacity had decisions made on their behalf following the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the registered manager told us no one required a DoLS in place.

People were supported to have enough to eat and drink. When one person was asked about the food they

told us, "I can't complain about it. It is rather nice being cooked for". They said, "They [meaning the staff] bring round tea and coffee". Other people said, "The food is alright" and "I enjoy my food". All food was cooked freshly on the day by a member of staff when the cook was away. Every three months staff would meet with people to design the weekly menu. Each meal there was one option based on people's preferences. The meal for each day was displayed on a whiteboard to remind people what it was. One person made it clear if they did not like the food they could go to the kitchen and ask for something else. One member of staff said, "We give an alternative if they don't like the food".

People had their needs met if they required special diets to meet their health needs. Staff we spoke with knew about people's dietary requirements. For example, one member of staff said, "[Name of person] is on a special diet" and explained this was due to their health condition. Recently, this person had been to hospital where their diet had been changed. The registered manager had been in contact with the person's relative and the hospital to ensure the new dietary requirements were followed. The member of staff in the kitchen had prepared their lunch in line with these changes.

People were supported to see other health and care professionals. One person's care plan demonstrated they had seen a range of health professionals to meet their needs. The PIR told us and we saw when people became ill the staff ensured emergency treatment was sourced in a timely manner. For example, during the inspection two people's health deteriorated quickly. On both occasions emergency medical professionals attended the home. One person was moved to hospital and a second had tests completed to ensure they were alright. Their relatives were contacted to ensure they were informed of the changes. For the person who was in hospital the registered manager was regularly liaising with health professionals and sharing key information to ensure everyone was aware of their care needs and preferences.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. One person said, "On the whole very nice" when they were asked about the staff. Other people told us, "I am very happy. People [meaning the staff] are very kind" and "I am well looked after". One relative said, "[Staff are] really friendly. It is really good". Staff told us they "Treat people how I would like to be treated" and "Treat them like family".

There were a variety of complements and cards from people and relatives. For example, one said, "Just want to thank you for taking care of my dad. As you know we live a long way from [name of local town] and it was a relief to know he was happy and looked after by all of you". Another thanked the home for the floral tribute given at the funeral of their relative. They continued to explain their happiness about a garden bench which had been dedicated to their family member. One relative had written a poem and part of it read, "Cool Running Too is a very special place; it enfolds all who enter in its warm embrace. Dignity, caring, laughter and fun fill the rooms like golden sun". The registered manager and staff were proud of these compliments so displayed them around the home.

Annual questionnaires completed by people and their relatives reflected the positive feedback we received during the inspection. For example, one questionnaire had the comments "I think your standard of care is excellent" and "The staff are very caring to all the residents". Another comment said, "They look after me well". When suggestions were made changes were made. For example, one questionnaire said, "Maybe a few new games to play to keep interest, mum can get bored". During the inspection we saw a number of different games were played with people who chose to join in.

People were supported to keep in touch with their friends and family. One person said, "My son comes in at least once a week". They told us they would make phone calls to other family members who lived far away. Another person told us they could phone their relatives any time they liked. They pointed to the telephone near their bedroom which they could use to make the phone calls.

People told us and we saw they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. We saw some visitors met their relatives in communal areas whilst others went to their bedroom. One person was laughing and joking with their visitor whilst another person had their hair cut in a bathroom. We saw staff including the management welcoming visitors to the home.

The PIR told us and we saw people were able to make choices and staff respected them. For example, a member of staff asked a person where they would like to eat their supper. This was respected and their food was brought to them where they were sitting. One person told us "Would prefer a wash once a fortnight. I have told them that". Staff confirmed they respected the person's wishes. If they felt the person required them more frequently to protect their dignity they would work with them.

People were supported by staff who understood how to protect their privacy and dignity. One member of staff told us they would ensure "All curtains and doors were shut" when supporting someone with intimate

care. Another member of staff said they would explain what they were doing all the time. During the inspection we saw staff knocking on doors before entering people's bedrooms. When one person became poorly during the inspection the staff kept their bedroom door closed so their privacy could be maintained.

People had their end of life wishes considered and respected so they could have a dignified death. One member of staff told us, "We make them as comfortable as possible and care for their needs. People's wishes were recorded in care plans so staff were able to refer to them. For example, one person's care plan said, "[Name of person] does not want to be admitted to hospital unless for an ailment from which [they] should recover". It went on to name the agreed undertakers who should be contacted. The registered manager described how they had respected the wishes of another person who had recently passed away. The person had two favourite members of staff. Only one was on shift. The second member of staff came in on their day off to sit with the person and watch football.

Good

Is the service responsive?

Our findings

People were able to take part in a range of activities according to their interests. One person told us they "Have bingo and making names on a letter board" when they were asked about the activities. Another person said, "Lady does game of spelling" and continued to tell us they "Love doing crosswords. Usually in the paper". During the inspection we saw this person read their paper and start completing a crossword.

We saw a range of activities happening throughout the inspection including a variety of board games and bingo. The registered manager told us there were now two members of staff who complete structured activities four times a week. People were smiling and looked happy to be part of the activities. Some people chose to stay in their bedrooms and had a range of activities they would enjoy on their own. For example, one person told us they enjoyed watching their television. Another person was completing some craft.

The registered manager told us, "We have activities four afternoons each week which includes reminiscent conversations and word wheel games". They continued, "There are times when people enjoy their quiet time". They gave examples of how this gentle approach to activities had helped one person go from being in their bed most of the day to now sitting in the lounge during activities. The person was asked by staff if they wanted to join in and they explained they were listening to the activity going on.

People received care that was responsive to their needs and personalised to their wishes and preferences. For example, one person did not like staff helping them with intimate care. They had been assessed by staff of being at high risk of pressure related wounds. Their care plan contained guidance for staff on how to check their body in the least intrusive way possible. Staff all knew about this approach. One staff told us they had just completed some checks without the person feeling their privacy had been intruded. This meant staff had clear guidance on how to respect people's needs and wishes.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. This included people's life histories. For example, one person's care plan said, "Lived with father in [name of location] until father's death". It went on to describe where they used to work and their interests when younger. Another person's care plan informed staff of their work history, "Work included gloving industry, sewing rooms and a kitchen at a hospital". It went on to inform staff the person had attended art classes in the past. Information of this nature can guide and aid staff when communicating with people living with dementia or a cognitive impairment as it may trigger memories and encourage the person to communicate.

People had their care regularly reviewed and staff were responsive to any changes which were required. One person said, "I would tell them if I have needs and wishes" and confirmed they would be respected. One relative explained there had been recent reviews for their family member. Other health and social care workers had attended to ensure all the person's needs and wishes were being followed. When changes had been required these were made. For example, one person had mobility which was declining. Their care plan had recently been reviewed to update information about how to respond to this change. All members of staff were able to tell us about these changes.

People had access to the provider's complaints policy and felt able to complain should they need to. One person said, "I have nothing to complain about. Nothing to moan about". They told us if they did need to complain "I would say it to a person [meaning the staff member]". Another person said, "I have no complaints" and knew to go to a senior member of staff if needed to make one. Whilst we were talking with a person and their relative they pointed to the welcome book they had been given. This contained information about how to complain.

Since the last inspection there had been no formal complaints. The PIR told us and we saw there was a comments and suggestions box in the hallway so people and visitors could feedback to the registered manager. The registered manager told us the reason they avoided receiving complaints was they had an open door policy. This meant they could resolve the small concerns quickly.

Good

Is the service well-led?

Our findings

People, visitors and the staff were positive about the registered manager. People said, "[The registered manager] makes sure everything is going alright" and "[The registered manager's name] is very helpful". When another person was asked about the registered manager they told us, "Overall really good". One member of staff told us the registered manager was "Good" and "Fair". Another member of staff said, "[The registered manager's name] is a laugh. They are very good".

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by their husband who completed all the maintenance issues in the home. There was a named member of staff who had aspirations to be a deputy manager supporting the registered manager. All staff were complementary about the support the registered manager provided them. They explained even if the registered manager was not at the home they could ask for advice. Members of staff told us, "If unsure [the registered manager] is always available here or on the phone" and "If we have a problem [the registered manager] will sort it".

Staff understood the vision the registered manager had created for the service. This was to make it home from home and for staff to be part of an extended family. Their vision and values were communicated to staff through meetings and formal annual appraisals and informal supervisions. One member of staff said, "We treat them [meaning the people] like family". Another member of staff told us they were creating a "Homely comfortable home". They told us if they suggested things they were listened to and if possible action was taken.

The registered manager ensured people received high quality care. They had quality assurance systems which enabled the quality of the care and the environment to be monitored and improved. We looked at some in house audits which included health and safety, medicine administration and fire safety. By completing these they were monitoring the care and support being given to people.
For example, the registered manager completed audits on the medication every month and when errors were found they were investigated and staff received additional supervision when administering medicines if it was necessary.

We saw where shortfalls in the service had been identified action had been taken to improve practice. For example, the local fire service had visited in 2015 and made some recommendations to improve fire safety in the home. All these had been followed by the provider including replacing a number of doors to make them safer in a fire. During the inspection the registered manager was responsive to any further improvements which were suggested. They were constantly striving to provide the best care for each person who used the service.

The registered manager had informed external agencies such as the local authority and CQC in line with current legislation. By doing this they were sharing information so others could monitor the care and safety of people living in the home. However, on one occasion they had not informed CQC about an event in line with their statutory obligation. Following the inspection this notification was sent to CQC.

The PIR told us and we saw the registered manager felt it was important to develop positive links with family members as a vital part of providing high quality care for people. This included providing advice and support when it was required. For example, one relative said, "[Name of registered manager] has been really good for me". They explained the positive support the registered manager had provided for them and they could call them at any time. This was considered important by the relative because it was all new to them and their family member so it provided reassurance for them.