

Vivo Care Choices Limited

Curzon House

Inspection report

Curzon Street
Saltney
Chester
Cheshire
CH4 8BP

Tel: 01244977925

Date of inspection visit:
03 May 2017
04 May 2017

Date of publication:
14 June 2017

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

Curzon House is a residential care home which can accommodate up to 35 older adults who need residential care and who may also be living with dementia. Curzon House is predominately a short stay service however some people live there permanently. The home is owned by VIVO Care Choices Limited. All bedrooms have en-suite facilities.

On the day of this inspection there were 22 people staying at Curzon House.

Our last visit on 29 October and 3 November 2014 identified that improvement was needed in relation to staff training and awareness of the Mental Capacity Act 2005 and staff supervision. Because of this, we rated the effective domain as 'requires improvement'. Despite this the rating for the service had been assessed as good overall. This inspection identified that the required improvements had been made. The service met all the relevant fundamental standards and the rating remains Good.

People and relatives told us that the staff were kind and showed compassion and caring in their approach. They said they were well supported by the staff team.

People and relatives told us that they had no concerns or complaints about the service. They were aware of and had access to the registered provider's complaints policy and would speak to staff if they had any concerns.

Care plans were well documented and held good information about the individual person. Risk assessments were in place as needed and were individually tailored to each person's needs. All documentation was up to date. Medication was administered safely.

The interim manager understood the requirements of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS). This meant that they were working within the law to support people who may lack capacity to make their own decisions.

The interim manager had systems in place to protect people from harm and to record safeguarding concerns, accidents and incidents and to take appropriate action when needed.

Recruitment of staff was robust. Appropriate checks had been undertaken and people could be confident that staff were suitable to be employed at the home. Our observations and discussions with people who lived and stayed at the home and the staff team confirmed sufficient staff were on duty.

Staff were supported in their roles. Supervision, training, daily handovers and staff meetings were held on a regular basis. This meant that staff had the knowledge and training to enable them to fulfil their roles.

The environment was well maintained with good décor and was clean.

The registered manager used a range of methods to assess, monitor and improve the service. These included regular audits of the service and staff and service user meetings to seek the views of people about the quality of care being provided. A wide range of compliments had been received regarding the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Curzon House

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 3 and 4 May 2017 and was unannounced on the first day.

The inspection team consisted of one adult social care inspector.

We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law. □

Before the inspection the provider completed a 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 used this information to help inform our planning of the inspection.

We contacted the local authority safeguarding and contracts teams for their views on the service. They raised no concerns about this service.

On the days of our inspection we spoke with six people who used the service, two relatives, the interim manager, deputy manager and four staff members.

Observations were carried out throughout the days of the inspection. We also undertook a Short Observational Framework for Inspection (SOFI). A SOFI is used to gather information and understand the quality of the experiences of people who use services who are unable to provide verbal feedback due to cognitive or communication difficulties.

We looked at a selection of records. This included three people's care and support records, three staff

recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe with the staff and within the home. Relatives confirmed that people were safe at Curzon House. Comments included "Yes I am safe" and "Yes, definitely safe here".

Staff told us how they would keep people safe from harm. They described different forms of abuse and told us they would inform the senior person in charge or local authority if they had any concerns. They said they were confident that any concerns raised would be dealt with appropriately. We saw that the registered provider had copies of the local authority's policy and procedure on safeguarding adults from abuse. The registered provider also had their own policies and procedures safeguarding and whistle blowing. Staff said they were aware of the policies and understood the term 'whistle blowing'. Staff said "Don't keep it secret, if you see it then report it" and "It's about going to someone if another person is doing something wrong, you must tell someone". The interim manager confirmed that referrals that did not meet the safeguarding threshold were reported as 'low-level' on a monthly basis to the safeguarding team.

People told us that they had their medication as needed and relatives confirmed that medication was given at the appropriate times. One relative told us "Yes [Name] gets her medication when she needs it. Also when we went out shopping the staff had made sure that [Name] had taken their medication before we went out". We observed the medication round and saw that people were given their medication as prescribed. People were offered a drink with their tablets and the staff member explained what the tablets were for when asked. People's medication was stored within a locked cupboard in their own bedroom. When people arrived at the home the senior staff checked the medication they had brought with them and recorded this. It was then stored in the person's own room. Further supplies of medication were stored within the medication room. Medication administration record (MAR) sheets were in place which detailed the medication prescribed. Staff had signed to show they had administered people's medication. Staff told us that they received medication training and said they were aware of the registered provider's policy on medication. Training records showed that medication training was up to date. Temperatures of the medication fridge were taken but it was noted that during April ten recordings were missing. Also two peoples who had since left the service had medication stored within the medication fridge. This meant that they had returned home without all their medication. These issues were brought to the attention of the interim manager who agreed to address them.

People told us that there were always staff available and that they didn't have to wait long for call bells to be answered. Relatives confirmed that there were always staff around when they visited. The registered provider regularly assessed and monitored staffing levels to ensure sufficient staff were available to provide the support people required. We looked at the staff rotas for a three week period. During the inspection we found there was enough staff available to meet the needs of people who used the service.

Staff recruitment files were well presented and showed that appropriate checks had been undertaken prior to staff working for the service. Two references had been undertaken, one of which was from the staff members' previous employer. A Disclosure and Barring Service check (DBS) had been undertaken. A DBS was undertaken by employers to ensure that prospective staff members are suitable to work with people

who used this service.

A wide range of risk assessments had been completed for people who used the service. They provided instructions for staff when delivering support to people. Where potential risks had been identified then action taken by the service had been recorded. Risk assessments were specific to individual people's needs and were up to date.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service for day and night-time evacuation. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency. A fire risk assessment had been completed in October 2017 and an action plan completed. Where action had been required this had not been signed off on the plan. However, evidence was produced to show that the work had been completed.

Accidents and incidents are recorded and a flow chart was available to show staff how to complete the forms and who to send them to. The registered provider had an accident reporting policy in place and a log of accidents and incident was kept so that the interim manager could assess these and look for patterns or trends emerging.

People told us that the home was clean. They said "The home is well kept" and "It is very clean". Relatives confirmed that they found the home was always clean. We found that the service was well maintained and clean. Equipment had been serviced and maintained as required. For example records confirmed that gas safety and electrical hard wiring had been serviced and was safe to use. Staff had access to personal protective equipment such as aprons and gloves and they used these as needed.

Is the service effective?

Our findings

People told us that they felt the staff knew what they were doing. Relatives confirmed this and said they had confidence that the staff had the knowledge, training and experience to support people who lived and stayed at Curzon House.

Improvements had been made in the training of staff in regards to the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and in supervision of the staff team. During discussions with staff we found they were aware of the MCA 2005 and DoLS and had received up to date training. We saw that staff now received regular supervision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The interim manager and staff team had a good understanding of MCA 2005 and DoLS. Many of the people who lived or were staying at the home lacked capacity to make important decisions for themselves. Mental capacity assessments were in place where required and when people were unable to make decisions themselves we saw that decisions had been made in their best interests. Staff told us that it was important to gain consent from people before offering support. Applications under DoLS had been sent to the local authority for a number of people who used the service. These were for people who they believed could not make a decision, due to mental capacity, as to where they should reside or the use of other restrictions in place such as locked doors.

We saw that healthcare professionals visited the home on a regular basis. One relative told us "[Name] health has been better since they have been here. The staff are helping them to keep up and improve their mobility which is good". People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

We observed the mealtimes and found these were a positive experience. We saw that staff communicated well with people and that the mealtime was well organised and enjoyable to people who lived and stayed at Curzon House. People were supported with their meals as needed and this was also detailed in their care plan. People told us the food was very good. People were offered a choice of meals and if they didn't like the options then a range of alternatives were available to choose from. Pictorial menus were available for people who were living with dementia or who had communication difficulties. Staff knew people's preferences very well and staff engaged well with people, chatting to them and explaining what the meal was in front of them. Protective clothing was offered to people and agreement was sought before being used. All staff had up to date training in food safety.

Staff told us that they received the training and support they needed to carry out their role. They said that the training was good and thorough. Records showed that staff undertook a range of training which included moving and handling, safeguarding, emergency aid, food safety, health and safety, fire prevention

and infection control. We saw that these were up to date. Staff said that they had undertaken the registered providers' mandatory and refresher training as needed. This meant that staff had access to a wide range of training to support people who used the service.

Staff attended an induction programme at the start of their employment. Staff told us that the induction gave them enough information to undertake their role and that they also shadowed an experienced staff member as well. The induction process included information about the management structure; contractual information and day to day information about the service.

Staff received regular support through supervision sessions. Staff said they found the sessions "Very good". Records showed that these sessions were up to date. Staff were also invited and encouraged to attend regular staff meetings. Staff told us that they usually attended the meetings and they could contribute if they wanted to. This meant that staff had access to a range of support to assist them in their role.

Is the service caring?

Our findings

People and relatives confirmed that staff were kind and caring towards them. Relatives said the staff were very caring and that staff knew how to support people very well.

Relatives told us that they could visit the service at any time and that they were always made welcome and were also offered refreshments. Relatives said "I am always made to feel welcome and offered refreshments". During the inspection we saw the staff welcome family members and offer refreshments to them.

People's dignity and privacy was promoted. People told us that staff respected their privacy and dignity and spoke highly of the staff saying how "Kind" and "Lovely" they were. Staff explained that privacy and dignity were very important and they explained that when supporting people they would knock on people's doors and wait for an answer before entering. They would keep doors and curtains closed when supporting people with personal care tasks and they would support people to be as independent as they could be. A staff member explained that one person they supported was very independent and they only required minimal support but valued the staff member being there for support, guidance and encouragement.

Observations showed that staff were polite, friendly and patient with people. They talked to people clearly and made eye contact when communicating with them. Interactions observed demonstrated that staff were gentle and considerate when attending to people's needs. Staff took time to talk to people even when they were walking past them and on their way elsewhere.

At the time of this inspection the interim manager confirmed that no one was receiving end of life care. The interim manager and staff were able to describe the importance of ensuring that people and their family members were provided with compassionate care at this stage of their life.

A wide range of compliments had been received by letters, cards and emails. Comments included "Thanks for making [Name] feel welcome and at home", "Thanks for being so kind" and "Thank you for all the wonderful care."

People had access to a range of information about the home. Within each bedroom there was a copy of the service user's guide. Information included aims of the service, service delivery, useful information about your stay, details of the registered manager and registered provider and information on how to raise a concern or complaint. In the entrance hall there was a copy of the last Care Quality Commission report; the complaints policy; information on the Mental Capacity Act 2005 and dementia awareness and what to do in the event of a fire. This meant that people had access to a wide range of information about Curzon House.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and that they were well cared for. Relatives said people were well looked after and that staff cared for people in an unhurried manner.

One relative said that staff were very good at picking up changes in people's moods. If someone became upset or agitated staff would use a form of distraction therapy to help them. For example this could be taking someone for a walk around the home or garden; making a cup of tea; and sitting down and chatting to them. This meant that staff had taken time to get to know the people they supported and how best to care and support them.

The interim manager explained that prior to admission people would be visited by a senior member of staff either at their home, hospital or another preferred place. During this meeting the staff would explain to the person about the service they could provide. A pre-assessment document was completed to help assess the person's needs and to ensure that the service could meet these. People would be encouraged to visit the home prior to admission.

We looked at four care plans and saw that there were good records available which promoted person-centred care. Person-centred care is a way of thinking and doing things that sees the person using the service as equal partners in planning, developing and monitoring care to make sure it meets their needs. The care plan covered all areas of personal care, nutrition, medical conditions and continence. We saw a wide range of risk assessments which were centred round the individual person's needs. For example moving and handling, risk of falls, nutrition, pressure area care and continence. This meant that staff had access to a wide range of information about people who lived or stayed at Curzon House. We saw good daily notes were kept about each person that included any changes in people's health and wellbeing.

An 'About Me' document was used to help staff understand people's likes and dislikes; their preferences for being supported with personal care; and information about their past life. This meant staff had access to relevant past information about each person. People said "I like the music and dancing" and "I like to go into the garden". Relatives said that there was a wide range of activities and outings available for people to join in if they wished to. A weekly activity programme was produced and copies of these were seen around the home. We spoke with the activities co-ordinator who said although she produced a programme sometimes this changed if people preferred to do a different activity. Activities included singing, music, hand massages, keep fit, knit and natter, arts and crafts, quizzes, bingo, afternoon tea and weekly visits to the hairdresser. The activities co-ordinator told us that some people preferred to remain in their rooms and on discussion with them she would visit them, read to them or undertake pampering sessions or hand massage. A monthly service user's meeting was held with minutes kept, which we saw. The last meeting centred round menus and the cook joined the meeting. Regular visits were made by local ministers and multi faith services were held and external entertainers were booked on a regular basis. People also had the opportunity to go out and about in the local community. This included visits to local 'Memory Cafes' and other places of interest.

People and relatives told us they knew how to raise a concern with the service and all the people we spoke

with said they didn't have any concerns or complaints about the service. One relative told us they had made a complaint a while ago and this had been resolved to their satisfaction. The registered provider had a complaints procedure which was seen in hallway and it contained details of how to raise a complaint, contact details of the registered manager and the Care Quality Commission (CQC). We had not received any complaints since the last inspection.

Is the service well-led?

Our findings

People and their families knew who the registered and interim managers were. At present the registered manager was not available and the interim manager had been covering for about two months. People said the interim manager was approachable, calm in her manner and friendly. Relatives said they thought the home was well run and were happy with the overall service provided. One relative said "This is the Rolls Royce of services".

The interim manager was a registered manager at another service owned by the registered 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.

Staff told us that they received good support from the management team and colleagues. They said the interim manager was "Very approachable", "Always around" and "I get on well with her". Staff said they got on well together and that the interim manager had an open door policy.

People's views were sought through regular service user's meetings and end of stay questionnaires. People were invited to attend the service user's meetings and relatives were encouraged to attend. During these sessions a wide range of topics were discussed including the environment, food and activities. People's views were also sought by the end of stay questionnaires. An analysis was undertaken on the information provided and shared in the feedback log. People said they would visit the home again and had recommended it to others. Overall people had enjoyed their stay, the entertainment provider and the kind and helpful staff.

The interim manager had completed a full audit of the service and had produced an action plan to show where improvements in the home could be made. This included changes to staff practice; environmental issues; discussions with people about their care and the meals provided and staffing issues. A description of how this would be achieved and by when was also included.

The audit process was completed across the staff team and support workers completed audits a week on two different people. They checked that people's admission or discharge process had been completed appropriately; that all documentation was in place and up to date; that menu choices were available; and that equipment, furnishings and communal areas had been well maintained. Notes of any changes were recorded. For example it was noted "The throw on the bed in room "X" had been removed as the person using that room had got entangled in it when trying to get out of bed." A log was kept of which people/rooms had been completed. Senior supervisors checked the support workers audits on a monthly basis and completed information on supervisions undertaken; checks on rotas, training, medication and activities. The deputy manager audited the service each month and checked the information provided by the senior supervisors and service supervisors. Infection control and health and safety audits were also completed on a monthly basis. The interim manager oversaw all the auditing processes.

From discussions with the interim manager we saw that they were open and transparent in their approach. They regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.

The registered provider had a business continuity plan in place. This covered how and where to move people to a place of safety and included what to do if there was a loss of utilities; premises; staff; or IT. It included a list of organisations to contact and contact details of the registered provider and registered manager. This meant that the registered provider had systems in place to ensure the continuity of the business.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.