

Leonard Cheshire Disability

Cossham Gardens - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 28 September 2016 and was unannounced. At our previous inspection in May 2014, no breaches of regulation were found.

Cossham Gardens is a care home that provides nursing care for up to 21 people with complex physical needs. At the time of our inspection there were 19 people living in the home.

There was a registered manager at 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.

People in the home could not always be confident of fully effective care. We found good examples of recording in relation to people's healthcare needs, but also examples where more needed to be included to ensure clear information was available to staff. We also found examples of where a particular clinical need had not been met. These issues had not impacted significantly on the person concerned but we highlighted our findings with staff to ensure that the issues were addressed.

People told us they felt safe in the home. Staff were trained in safeguarding and aware of the procedures to follow if they were concerned about potential abuse. There were risk assessments in place to ensure staff had guidance to follow and minimise the risks associated with people's care. We found that on occasion these were not reviewed in accordance with the necessary timescale. People received safe support with their medicines. However, there were no plans in place for the use of 'as required' medicines.

People and relatives were very positive about the staff and the care they received. We observed staff providing attentive and kind care. Positive relationships were evident between staff and people in the home, and relatives were welcomed and involved where appropriate. People were supported to maintain relationships with people that were important to them. People were involved in planning their own care and their views were listened to and acted upon.

Care plans took account of people's individual needs and wishes and provided information about important aspects of their lives. These were reviewed regularly to ensure they were up to date.

There was a procedure in place to respond to complaints. When concerns had been raised, people told us that the registered manager listened to and responded to them.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of those people who required applications to the local authority in line with the DoLS procedure. They were in contact with the local authority to check on the progress of their applications. In one case a person's DoLS application had been authorised and the

registered manager had complied with the conditions outlined on the authorisation.

The home was well led and people and staff in the home felt able to approach the registered manager. Staff felt well supported and were positive about working for the organisation. There were systems in place to monitor the quality of the service provided.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to records. You can see the action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was not always safe.

Risk assessments were in place to ensure the risks associated with people's care were minimised. However these were not always reviewed according to the suggested timescale.

People received safe support with their medicines. However there were no plans in place for 'as required' medicines'

People were protected against the risk of abuse because staff were well trained and understood their role in safeguarding people from abuse.

There were sufficient numbers of staff to ensure people were safe and their needs met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were shortfalls in record keeping associated with people's care and treatment.

People's rights were protected in line the with the MCA and DoLS

Staff were well trained and supported to enable them to carry out their roles.

People were supported to see healthcare professionals when they needed to.

People's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People and their relatives commented positively about the standard of care they received.

People were involved in their care planning and their views were listened to.

Is the service responsive?

Good 

The service was responsive.

People were able to take part in a range of activities.

People were supported in a person centred way that took account of their individual needs and preferences.

On occasions when concerns had been raised, people told us that the registered manager listened to and responded to them.

Is the service well-led?

Good 

The service was well led.

There were systems in place to monitor the quality of the service provided. These identified shortfalls found at our inspection and were included in an ongoing action plan for the home.

People and staff were positive about the support they received from the registered manager.

Cossham Gardens - Care Home with Nursing Physical Disabilities

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 28 September and was unannounced. The last inspection of the service was carried out in May 2014 and no breaches of regulation were found at this time.

The inspection was carried out by two inspectors. Prior to the inspection we reviewed information that was available to us such as notifications. Notifications are information about specific events that the provider is requested to send us by law.

During the inspection, we spoke with four people in the home, three relatives, six members of staff, one visiting health professional and the registered manager. We made observations of the care that people received. We looked at the care records of four people who used the service along with other records relating to the running of the home such as staff recruitment and training records and quality and safety audits.

Is the service safe?

Our findings

People told us they felt safe in the home and it was evident from our observations that people were settled and responded positively to staff. Staff were trained in safeguarding and felt confident in identifying and reporting potential safeguarding concerns. From records kept by the registered manager, we saw that the local authority safeguarding team had been contacted when potential concerns arose. One member of staff told us, "I am confident that any of us [staff] would do something straight away if we suspected abuse" and "I would report any concerns to our manager and I know she would deal with it straight away." Staff were aware of external contacts, such as the local authority safeguarding teams.

People had access to equipment that could help them call for staff when they needed them and this was suited to the person's physical needs. We observed that one person had a pendant alarm that they were wearing around their neck. Another person had an alarm so that they could operate it using their chin.

People received medicines when they needed them, and in a safe way. Arrangements were in place and medicines were obtained, stored, administered and disposed of safely. Medicines received into the home were checked by registered nurses and the amounts received were recorded on medicine administration records sheets (MARs). We saw that one medicine had not been recorded when it was received. We brought this to the attention of the registered nurse and they addressed the issue straight away.

Medicines were stored in designated cupboards, trollies, cabinets or fridges. Medicines that required additional security were stored and recorded appropriately.

Medicines were given safely to people and recorded on the MARs when they had been taken by the person. There was one person in the home receiving their medicines covertly. This meant they were being given to the person, without their knowledge. Covert medicine protocols were in place and these had been followed. The GP and pharmacist had been involved and agreed it was in the person's best interests to receive their medicines in this way.

Where people were prescribed medicines to be administered as they were required, referred to as PRN, care plans were not always in place to confirm the specific circumstances in which these medicines may be needed, and the effect the medicines had after they were given. A registered nurse clearly explained why the medicines were given to people and was able to describe their effectiveness. The registered nurse told us this shortfall had been recognised and care plans were being developed.

Topical non medicated creams were not always recorded when they had been applied. Folders were in place with body charts to confirm where the creams were to be applied, and administration charts confirmed the frequency the creams were to be applied. The recording charts were not consistently completed.

There were risk assessments in place in relation to people's care and support and these helped ensure staff worked in a safe and consistent way. For example we saw risk assessments in relation to people's moving

and handling needs and in relation to the use of bedrails. These looked at for example, how to minimise the risk of entrapment by using protectors on the rails. The assessments were reviewed and updated on a regular basis. In August 2016 we noted the provider had identified in their internal monitoring check that risk assessments needed updating, and these were being completed. However we did find one occasion when a risk assessment had not been completed according to the timescale required. For one person we saw that an assessment of the risk of developing pressure damage to the skin was required every three months. On one occasion this had not been completed and so there had been a larger than three month gap between reassessing the person. This had not had any adverse effects on the person.

Accidents and incidents were recorded and this provided opportunity for the registered manager to monitor for any trends in the kinds of incidents that were occurring. We saw three examples of incidents that had been recorded on the computer systems and these described the action taken in response to incidents, such as extra support provided during personal care and changes in medication.

People received safe care because there were sufficient staff to meet their needs safely. During the morning there were nine support staff on duty alongside two nurses. In the afternoon there were five support staff and two nurses and overnight there were two support staff and one nurse. Staff told us the staffing levels were sufficient to meet people's needs. One member of staff told us, "The staffing levels here are very good" and "It's [staffing] great. With the staff we have it means we can take people out in one of our vehicles. We have drivers too." Our observations on the day of our visit showed that people's needs were met.

Safe recruitment practices were followed. We checked recruitment files and found they contained application forms, interview notes, details of previous employment history and employment reference checks. Proof of the staff member's identity, including their photograph and address were obtained. An enhanced Disclosure and Barring (DBS) check was completed. This check ensures that applicants are not barred from working with certain groups of people, such as vulnerable adults.

The provider had systems in place to make sure the premises were safely maintained. Regular safety checks were completed to make sure equipment such as hoists, wheelchairs, bed side rails, beds and specialist bathing equipment were safe to use. Regular checks were completed to ensure that gas, electrical, fire and water safety was maintained. Personal emergency evacuation plans (PEEPS) were completed and a summary of the support people needed to help them move was recorded in an emergency folder. This meant that emergency services would be made aware of the specific needs people needed if they were to be moved out of the home in an emergency situation.

Is the service effective?

Our findings

People were not always receiving effective care and treatment because recording was inconsistent. One person had three pressure ulcers. The tissue viability nurse had been consulted and their advice and guidance was documented for one pressure ulcer. The care records showed the advice and guidance for the dressing of the pressure ulcer had been followed. The records did not reflect the updated information for the treatment of the other two pressure ulcers. The registered manager described the person was receiving appropriate treatment. This was not recorded to ensure all staff had full information about the treatment required. The registered manager told us they would take immediate action to make sure the documentation accurately reflected the care and treatment that was being given.

One person had diabetes and they were administered insulin, by injection, each day. The care records did not provide guidance about the interventions needed and what symptoms the person may experience if their blood sugar levels were too high or too low. Although the registered nurses told us about the treatment plan for the person this information was not held in the person's records to ensure that all staff provided safe and appropriate care.

One person's care plan referred to the use of suction equipment that was needed on occasions. The registered manager explained how the equipment was used for this person. Their care records did not accurately reflect the support provided.

Decisions relating to a person's health and welfare were not always recorded. In one person's file, it was noted that a significant decision had been made in relation to a person's health and the level of information that should be shared with them. The registered manager told us they had been involved in discussions about this with the person's family along with the GP but there was no record of the discussion to demonstrate the person's views and best interests had been considered.

This was a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (regulated activities) regulations 2014

People's rights were protected in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves. Deprivation of Liberty Safeguards (DoLS) authorisation had been applied for where needed. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Three people had DoLS authorisations in place. For one person, there were conditions in place relating to the authorisation. The registered manager was aware of these conditions and had completed actions that were required. Applications had been made for a number of other people and the registered manager told us they frequently phoned the local authority to check up on the applications.

We saw that consideration was given to people's capacity in relation to consenting to care plans and other aspects of their care. However, more needed to be done to ensure procedures were robust. For example, in

one person's file, we saw that bed rails were in use. The manager told us that the person concerned had capacity to consent but there was nothing on file to confirm that they had agreed to the use of the bed rails. However, we did see that a risk assessment had been completed with the person so that they were aware of any risks associated with their use. In another care file we saw that the information detailed about a person's capacity was unclear and conflicting, reading '(person) may be able to consent to treatment with support from wife but has no capacity'.

People were protected in relation to their nutritional needs and were supported with their meals in a dignified and caring way. Staff were knowledgeable about the nutritional needs of people. At lunchtime we observed that meals were prepared appropriately for people that required a soft textured diet. The different elements of the meal were pureed separately to ensure the meal looked appetising. For one person we saw that the different elements of the meal had been mixed together and when we queried this staff told us it was their preference to have their meal this way. The person finished their meal. People told us that they enjoyed their food, one person told us it was "fantastic".

We spoke with catering staff who told us they were aware of each person's dietary requirements. They told us the catering team met with new people to discuss likes, dislikes and preferences. This was recorded in the kitchen. Staff told us where people had lost weight, actions had been taken and advice and guidance had been obtained from dieticians.

People were supported to see healthcare professionals when necessary. In one person's records we saw that on several occasions the GP had been called in response to concerns about their health. A physiotherapist was employed by the service. One visiting health professional told us that communication with the care home staff had improved significantly over the last two years. They told us that staff knew the needs of the people they were caring for and identified and responded promptly to changes in people's condition.

We spoke with a recently appointed member of staff. They spoke positively about the induction programme they had attended. They told us they completed initial classroom based training before they shadowed other staff for two weeks. They then agreed with their supervisor they felt confident to work unsupervised. The member of staff commented, "I always felt there was someone to ask if I had any questions at all."

Staff told us they felt well supported and they received supervisions on a regular basis. A supervision plan was in place. Staff told us supervision meetings provided an opportunity to discuss their progress, receive feedback from their manager and discuss areas where further support or training was needed.

The registered manager had a staff training programme in place. This included essential training such as first aid, fire safety and moving and handling. It also included training specific to people's needs, such as Huntington's disease and managing seizures. The programme identified when staff were due for refresher and update training.

A member of staff told us they cared for people whose behaviour may be challenging to others at times. They told us they received, "brilliant support" from the nurse and also received challenging behaviour training. They told us they completed charts in relation to people's behaviour to help understand and more effectively provide support for people. The member of staff told us they would not restrain people. They told us about distraction techniques used for one person when they needed to support the person with their personal care needs.

Is the service caring?

Our findings

People and relatives were very positive about the care provided at the home. Comments from people we spoke with included "I am well looked after" and "they (staff) know how to help me". Another person told us the home was "fantastic" and "like a hotel". A relative told us "The staff here are just fantastic. They really do go the extra mile" and "They don't just look after my wife, they make sure I'm ok too and they look after me." In the lounge we observed that one person was demonstrating through their behaviours that they no longer wished to be in the room. Staff noticed promptly and asked the person where they would rather be.

The staff we spoke with discussed people in a kind, respectful and compassionate way. We spoke with staff who were able to describe how they made sure people's dignity and right to privacy was maintained. They gave examples of how they made sure people were covered when they provided personal care.

Our observations showed that staff had built positive and caring relationships with people in the home and were attentive to their needs. We saw one member of staff ask a person if they would like their hair brushed and the person said they would. The member of staff was caring and gentle. Another person told us they had their nails painted and had chosen the colour they wanted. All staff acknowledged people when they entered a room, saying hello and explaining what they were doing. Staff knocked on people's doors before entering to ensure their privacy was protected. People were addressed by their preferred name.

People were encouraged to maintain the skills they had and to be as independent as was possible. We saw that one person for example had access to specialist equipment that enabled them to operate items in the room such as the television, radio and telephone. Another person was being encouraged to be involved in the preparation of their breakfast.

People and their relatives told us that they were involved in decisions about their care and asked about their preferences. However, people's involvement wasn't always reflected in people's care files. A form that was used to show people's involvement was inconsistently completed.

People were able to maintain relationships that were important to them. We heard about one individual who had recently been supported to visit their relative at home. People were also able to receive visitors when they wished to. Two people told us about important friendships they had and that these people visited regularly. Information about important friendships was recorded in people's care files. We observed at the lunchtime meal that a relative was able to be involved and eat their meal together with the person they were visiting. Other people preferred to eat in their own room and this preference was supported.

People were supported in activities outside of the home. One person told that they had a trip planned to the cinema and were very much looking forward to it. Another person told us that one of their favourite things was to go outside in the gardens. This person told us that staff would always support them with this when they asked.

On the day of our visit, there was a member of staff at the home who was employed by the organisation to

spend time with people across services to listen to and represent their views and opinions. This person was clearly enthusiastic and passionate about their role and helped ensure that people's views were considered in the running of the home. One example we discussed was people wanting to be more involved in the meal planning. We were told that this had led to 'theme nights' so that people could experience different kinds of food in line with the chosen theme. This member of staff told that they were able to act as a channel of communication between people, relatives and the home.

Is the service responsive?

Our findings

People and their relatives were involved in assessments before they moved into the home. Individual personal support plans and health plans were then developed. These were reviewed and updated regularly to make sure they reflected people's current health status and care needs.

Care plans gave detailed information about the person's needs and preferences. There was information recorded about a person's life history and the people and relationships that were important to them. One person told us about the significant difference they had noted in their relative since they had been in the home and that they were no longer frequently being admitted to hospital. We saw in one person's care records that they liked to have money for themselves in the home to spend as they wished. This person told us "if I want to spend money I'm not restricted".

We checked the equipment for one person who used a pressure relieving mattress. The pressure relieving mattress required setting according to the weight of the person. The setting was not correct. When the person was last weighed, in July 2016, they weighed 64kgs. The pressure relief mattress was set for a person with a weight of between 90-120kgs. This meant the person may not have received the pressure relieving support they needed specific to their individual needs.

We checked the records for a person who had a catheter in place. A clear and detailed care plan recorded details about the catheter, including the daily care interventions. The care plan provided detail about the potential signs and symptoms should an infection develop. This meant the person could be confident that staff knew how to provide care and support if their condition changed.

People's own rooms reflected the information that was held in their care records about what was important to them. One person enjoyed music and they had their own selection of music in their room along with photographs of family and activities they enjoyed. This person told us they were able to play their music as they wished. Another person told us that they had been involved in decisions about how to redecorate their room.

There was a procedure in place to respond to complaints. We saw from examples recorded that acknowledgment letters were sent as soon as a complaint was received and this was followed by a letter informing the complainant of the outcome of the investigation in to their concerns. We also noted that people who made a complaint were invited in to a meeting to discuss their concerns with the manager. People in the home and their relatives confirmed that they felt able to raise any concerns or issues they had. On occasions when concerns had been raised, people told us that the registered manager listened to and responded to them. This meant that people could be confident that if they were concerned or worried about any part of the service they received, their concerns would be investigated and listened to.

People were able to take part in activities in the home as well as having opportunity to go to places such as the cinema. One person told us they enjoyed going to the swimming pool on a regular basis. On the day of our inspection, people took part in a game together in the lounge. It was evident that people were enjoying

and engaged in this activity, which had been adapted to suit the physical needs of people in the home.

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service provided. This included audits completed by the provider. We saw an audit report from August 2016 which had generated an action plan of points to improve. Action points included ensuring that (medicine) stock is checked against MAR charts at regular intervals, all risk assessments are reviewed and the frequency of recording is maintained. We also saw a 'health and wellbeing audit' which had also generated an action plan. One action was to ensure there was information about allergens available in relation to the meals provided. We saw that there was an allergen chart completed and on display on the wall outside the dining room. Other actions arising from this audit had been dated to show they had been completed.

Further monitoring took place through 'out of hours' visits by the provider. From the record of one such visit, we saw that this looked at staff conduct, the environment and general observations about the care that people received.

We found that the monitoring systems had identified the majority of shortfalls we found during our inspection. For example, we found that risk assessments were not always reviewed according to the suggested timescale for the person concerned. One of the actions on the home's plan was 'Nurses to ensure frequency of recordings stated is maintained such as weight, waterlow and Must'. For another person we found that a decision about their health had not been fully documented. In the action plan, recording of decisions had been identified.

People in the home and staff were positive about the registered manager and the support they provided. People told us that the registered manager visited them regularly and they felt able to raise any issues or concerns with them. This provided the opportunity for the manager to gain first-hand experience of the home and any issues that occurred. One member of staff who visited the service regularly as part of the wider organisation to gather the views of people, told us that the manager was always open to feedback from their visit and interested in new ideas. We were given examples of when feedback had been acted upon such as in relation to the food provided. This encouraged a culture of continual improvement in the home.

The staff were able to describe the values of the organisation and told us they were proud to work for the organisation. Comments relating to the organisations values included; " We want to make service users as independent as possible and give as much choice as we can" and "promoting independence and choice and for people to live as they would like to live."

We saw that staff were interviewed by the registered manager to discuss aspects of the service such as whether they knew where to access the policies and procedures relating to the service, and whether staff were able to describe appropriate safeguarding procedures. Action points had arisen from the discussion. We also saw that interviews were carried out with people who used the service. In one record of discussion we read that the person had said they were very happy with the service they received and said they felt like they "matter". During the interview it was also clear that the person was asked about whether they felt involved in the care planning process and whether they felt able to raise a complaint if they had one. This

interview process allowed the manager to gain direct feedback from people as a further means of monitoring the quality of the service. This also promoted an open and transparent relationship between the organisation staff and people in the home.

The registered manager was aware of their responsibility to notify the Commission of certain events, and we saw from our records prior to the inspection that notifications had been made.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (2) (c) of the Health and Social Care Act 2008 (regulated activities) regulations 2014. Good governance People were not always fully assured of receiving effective care and treatment because recording was inconsistent. Records didn't always provide clear instructions for staff to follow in relation to people's care needs.