Ashmere Care Group

Codnor Park Care Home

Inspection report

88 Glass House Hill
Codnor
Ripley
Derbyshire
DE5 9QT

Tel: 01773741111
Website: www.ashmere.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 and 28 November 2016. The service was last inspected on 17 January 2014 when they were compliant in all areas inspected. The first day of our inspection visit was unannounced. We found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Codnor Park Care Home is a 40 bed residential home. At the time of our inspection, there were 29 people living there.

The service had a registered manager at the time of our inspection visit. 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 were not kept safe from the risks associated with poor infection control or equipment which had not been checked as safe to use. The provider had systems to monitor and review all aspects of the service, and these were undertaken regularly. However, the systems did not identify issues with infection prevention and control, or equipment safety.

People's care needs were assessed and recorded and risks identified. However, risk assessments and care plans did not consistently identify steps staff should take to reduce the risk of avoidable harm, and were not always up to date.

People had medicines available when they needed them and in accordance with prescribing instructions. People were happy with staff who provided their personal care, and felt safe living at Codnor Park Care Home. They were cared for by sufficient staff who were suitably skilled, experienced and knowledgeable about people's needs. Staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

The provider took steps to ensure checks were undertaken to ensure that potential staff were suitable to work with people needing care. Staff received supervision and had checks on their knowledge and skills. They also received an induction and training in a range of skills the provider felt necessary to meet the needs of people at the service.

Appropriate arrangements were in place to assess whether people were able to consent to their care. The provider met the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS).

People felt cared for by staff who treated them with kindness, dignity and respect. The support people

received was tailored to meet their individual needs, wishes and aspirations. People, their relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care. The provider had a complaints procedure to ensure that issues with quality of care were addressed.

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 safe.

People were not kept safe from risks associated with equipment use, or from the risk of infection. People were kept safe from the risk of potential abuse. People's medicines were managed safely and in accordance with professional guidance.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and experienced to provide their personal care. The provider was working in accordance with the Mental Capacity Act 2005 (MCA). People were supported to access health services when they needed to.

Is the service caring?

Good

The service was caring.

People felt supported by staff who provided care in a dignified and compassionate way. People felt staff listened to them and their views mattered. People were supported to spend private time with their friends and family if they wished.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's individual care needs and preferences. People and their relatives were happy with the variety of activities offered. People and relatives felt able to raise concerns and knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's system for auditing the quality of care did not identify risks associated with the use of equipment or infection prevention and control measures. People, relatives and staff felt

able to make suggestions to improve the service, and raise concerns if necessary. People and relatives felt the service was managed well.

Codnor Park Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 28 November 2016. The first day of our inspection visit was unannounced. The inspection visit was carried out by one inspector, a specialist advisor in older person's nursing care, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of our inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. This was returned to us by the service.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection we spoke with six people who used the service, and two relatives. We spoke with seven staff and the registered manager. We also spoke with the provider's area manager. We looked at a range of records related to how the service was managed. These included six people's care records (including their medicine administration records), three staff recruitment and training files, and the provider's quality auditing system.

Not all of the people living at the service were able to fully express their views about their care. 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.

Requires Improvement

Is the service safe?

Our findings

People were not kept safe from risks of infection. The overall system to ensure equipment was kept clean was not effective. We saw a number of hoists and other equipment that were not clean. For example, there was a shower chair in a bathroom which had ingrained dirt in the plastic of the seat. The daily cleaning schedules did not make any reference to when equipment should be checked and cleaned. Records showed staff were told on 6 April 2016 to ensure equipment was cleaned on at least a weekly basis to ensure the prevention of infection. However the provider's policy on general hygiene stated hoists should be cleaned daily. The registered manager confirmed there were no records to ensure that equipment, for example, hoists, slings and wheelchairs, were regularly checked and cleaned. The slings that were used to support people to use the toilet were not cleaned between use and people did not have their own individual slings for using the toilet. Staff confirmed this was the case.

The sluice room was not kept clean. A sluice room is where used disposables such as incontinence pads and bed pans are dealt with, and reusable products are cleaned and disinfected. One of the sluice rooms contained a mop left in a bucket of cold water, and there was no lid on the bin for soiled continence products. Surfaces were visibly dirty. This placed people at risk of infection.

People were not kept safe from the risks associated with the use of equipment. There was no system in place for regularly inspecting slings. These are used with hoists to assist people to transfer safely, for example, from a wheelchair to a chair. These should be checked regularly to ensure the equipment continues to operate as intended, and risks associated with wear or deterioration are avoided. We found a number of slings stored in a cupboard under a sink. Staff said these were not in use. There were no markings or labels on them to indicate this and no records associated with them. There was a risk these slings could be used when they had not been checked as fit for purpose. We found another sling which showed signs of fraying. Staff did not know when it had last been checked, and there were no records associated with it. We spoke with the registered manager, who confirmed there was no system to check or clean slings, and they removed the slings from the service. People were at risk from avoidable harm caused by lifting equipment, specifically slings, that were not regularly checked and maintained.

People who used pressure relieving mattresses were at risk as these were not always being used correctly. For example, one person, who weighed 45.6kg, had their air mattress set for a person weighing 140kg. Staff confirmed that they did not have training in setting or checking the pressure of mattresses, and they relied on external health professionals to do this. There was no system in place to ensure mattress pressures continued to be suitable for people's individual needs. This put people at risk of skin breakdown as the equipment to relieve pressure was not suitable for their needs.

People's care records did not always include up to date information about risks to their safety and how to protect people from the risk of avoidable harm. One person had specific recommendations from their dietician, but this information had not been incorporated in the risk assessment and associated care plan. The same person had several health conditions and they needed help to monitor these. There was no specific guidance for staff on what they needed to monitor, what the risks were, and what action they should

take to mitigate these. Staff did not always record when they had checked people's skin condition. One person's risk assessment and care plan said their skin should be checked regularly, but there were no records of staff doing this. Staff confirmed this was the case. This put people at risk of skin breakdown because staff could not demonstrate regular checks were being done.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives had mixed views about staffing levels at the service. People felt staff responded quickly when they needed support. A person said, "There are plenty of staff," whilst another said, "Could do with more staff in the morning and night-time." One relative said, "I don't think there's ever enough staff," whilst another commented, "The amount of support is pretty good. It can only be improved by more [staff]." We saw people had varying times to wait when they needed assistance. For example, one person became agitated, and staff noticed quickly. They identified with the person what they needed and assisted them in a timely way. However, another person who was uncomfortable and trying to attract staff attention waited 13 minutes before staff noticed their non-verbal communication. Staff had varied views about staffing levels, and identified key times of the day where people would benefit from additional staff. For example, early mornings and at mealtimes. The provider used a dependency tool to help the registered manager establish how many staff were needed for each shift. We saw this, and the registered manager said they could bring in additional staff if needed. There were enough staff available to provide the care people needed.

People were kept safe from the risk of potential abuse. They felt safe, and were confident to tell staff if they were concerned about anything. One person said, "Safety is very good. Staff put their head round the door and check I'm alright." Another person said, "I know the place. It feels safe [here]." Relatives also felt their family members were safe living at Codnor Park Care Home. Staff knew how to identify people at risk of abuse and were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission with concerns if this was needed. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people from the risk of avoidable harm and this was recorded in training records we were shown.

Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents. For example, one person had protective measures in place to reduce the risk of falls. Advice had been sought from health professionals.

Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to care for people they were supporting. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed permanently. This helped reassure people and their relatives that staff were of good character and were fit to carry out their work.

People's medicines were managed safely and in accordance with professional guidance. People felt staff supported them to manage their medicines safely, and confirmed that staff recorded this. One person said, "Medicines are easy to take. I'm happy with that." Staff told us and records showed they received training and had checks to ensure they managed medicines safely. Staff told us and records showed they knew what action to take if they identified a medicines error. The provider had up to date guidance for staff which was accessible for staff who dealt with medicines. We saw all medicines were stored, documented, administered

and disposed of in accordance with current guidance and legislation. Staff took time to explain to people what their medicines were for, and checked that people were happy to take their medicines. This meant people received their medicines as prescribed.

People's files contained emergency information and contact details for relatives and other key people in their lives. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and experienced to provide their personal care. All staff had a probationary period before being employed permanently. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. The provider had an induction for new staff which included training, shadowing experienced colleagues, being introduced to the people they would be caring for, and skills checks. Staff told us they received an induction when they started work which they felt gave them the skills to be able to provide personal care for people.

Staff undertook training in a range of areas the provider considered essential, including safeguarding, medicines, nutrition and supporting people with dementia. Staff told us, and records showed that they received refresher training areas of care the provider felt necessary to meet the needs of people at the service. Staff also confirmed they could ask for additional training.

The provider held meetings for staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor to discuss their work performance, training and development. However, we found this was not occurring in accordance with the provider's policy, and records were not always available to confirm the supervision meetings had taken place. We spoke with the registered manager and they accepted this was the case. They assured us that improvements would be made in this area.

Staff told us and evidence showed they kept daily records of key events relating to people's care. Information about people's care was recorded and staff shared key information with colleagues throughout the day and at shift handover. This meant that staff knew what action was needed to ensure people received care they needed.

The provider was working in accordance with the Mental Capacity Act 2005 (MCA). The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 procedures for this in care homes and hospitals are 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.

People and their relatives confirmed that staff sought permission before offering personal care. One person said, "[Staff] always ask," and another person commented, "[Staff] ask permission before helping me." Staff understood the principles of the MCA, including how to support people to make their own decisions. Staff understood what the law required them to do if a person lacked the capacity to make a specific decision about their care. Where people had capacity to consent to their personal care, this was documented. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA to ensure

best interest decisions were made lawfully. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to provide restrictive care that amounts to a deprivation of liberty. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately for a number of people. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

People were supported to access health services when they needed to. One person said, "My GP is local, just around the corner. He comes regularly." Relatives confirmed that they were happy with the way people were supported to access health services in a timely manner. Staff told us, and records confirmed people were supported to access health services when needed. For example, staff were monitoring one person's weight and regularly contacted the dietician for advice. Records also demonstrated how staff recorded any concerns or action needed in relation to people's health. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

People said they liked the food and were offered choices. One person said," The food is marvellous." Another person said, "I eat most of my dinner – I think I can say that. We get a choice, and I'm happy with the hot drinks and juices." People were offered regular drinks and snacks throughout the day. People were provided with adapted cutlery and equipment to enable them to eat and drink independently. People who needed assistance to eat were provided with support in a discreet way. Staff knew who needed additional support to eat or had special diets, for example, fortified diets or appropriately textured food and thickened drinks. People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals. This meant people were supported to have sufficient to eat and drink.

Good

Is the service caring?

Our findings

People felt supported by staff who provided care in a dignified and compassionate way. One person said, "They [staff] are caring by the way they treat you. Always friendly and come quickly if I call for them. Nothing is too much trouble." Another person said, "Staff listen, understand, and give me the care that I need." Relatives were positive about staff being kind and caring.

Throughout our inspection visit, staff supported people in a caring, friendly and respectful way. They ensured people were comfortable and took time to explain what was happening around them in a patient and reassuring manner. Staff spent time with people who appeared anxious or agitated. For example, one person who was agitated during a meal responded well when staff spent time with them. This reduced their agitation and they were able to continue to eat their meal.

People felt staff listened to them and their views mattered. One person commented, "I got a care plan – they have discussed it with me. I got the chance to say what I wanted." People's care plans recorded preferences about how they were supported. For example, one person's care plan contained information about their preferred morning and evening routines. Staff were familiar with these, and supported the person in the way they wanted.

People and their relatives had mixed views about being involved in planning and reviewing their care and support. Staff told us people were supported to express their views and wishes about their daily lives. However, the records we viewed did not always identify whether people had been involved in reviewing their own care. We spoke with staff about this, who confirmed they tried to involve people, but they did not always want to discuss their care needs in detail. Staff acknowledged that this could be recorded more clearly in future.

People were supported with their medicines and care needs in a dignified way. One person said, "I have privacy in my room. I feel respected – I can tell by the way [staff] approach you and care for you." Staff understood how to support people with dignity and maintain their privacy. For example, when people were supported to the toilet, staff did this in a way that maintained people's privacy and dignity. During our inspection visit we saw staff demonstrate that they provided care in ways that protected people's dignity and privacy. This demonstrated dignity and respect for people receiving personal care were central to the staff's values.

Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately. Care staff had access to the relevant information they needed to support people on a day to day basis. Records relating to people's care were stored securely. This showed people's confidentiality was respected.

People were supported to spend private time with their friends and family if they wished. One person told us, "I have six regular visitors every week. They can come when they want." Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. This showed people's right

to private and family lives were upheld and their human rights respected.

Good

Is the service responsive?

Our findings

People who used the service felt listened to, and that staff responded to their needs and wishes. Staff were knowledgeable about people's individual care needs and preferences. They also demonstrated they knew about people's life histories and what was important to them. For example, one person we saw was paying close attention to their clothing, and to other people's clothing. Staff spoke with them about this, and it was clear that this was related to the person's previous employment. Staff and the person then discussed the quality of clothes, and it was clear the person was enjoying the conversation. Staff later confirmed it was important to the person to reminisce in this way, so they supported them to do it.

The provider ensured people had their personal care needs reviewed, and relatives were involved with this where people consented. Reviews of care were not always clearly dated. We spoke with the registered manager about this and they said they would work with staff to improve recording. People's care plans contained information about their likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, staff asked family members to provide information they felt was important about people's lifestyle choices.

The provider employed an activity coordinator. People and their relatives were happy with the variety of activities offered. One person said, "We get talks and games. I also like to read and watch TV." Another person said, "I like the games and bingo. I try chair exercises as I can't move much." People also told us that while they were encouraged to take part in activities, they did not have to. People told us, and we saw, they had individual support to do activities and hobbies. For example, we saw staff supporting one person read a newspaper. Evidence showed there were regular trips out and activities within the home to suit people's preferences. Staff said they always asked people if they wanted to join in, or if they wanted an alternative activity and records supported this. Staff also said they would ask people and relatives for ideas and feedback about activities. Forthcoming activities were advertised throughout the home. For example, there was a variety of external entertainers booked throughout December 2016, including a pantomime and carol singing with a local school. The provider offered a range of group and individual activities that met people's preferences. This meant people were supported to remain active, and to participate in activities that interested them.

People and relatives we spoke with were not aware of any opportunities to provide feedback on the quality of their care. However, we saw the provider held meetings for people and relatives to talk about the quality of the service. The most recent meeting was on 2 November, where issues about the planned redecoration of the service were discussed. People and staff told us, and records confirmed there was a recent survey about the menu choices. This had resulted in changes to food choices for people. The provider also sent people and their relatives a newsletter. This contained information on what was happening in the service, any feedback they had received and what actions they planned to take to improve the service. This demonstrated the provider listened to people's views and suggestions to improve the quality of care and took action.

People and their relatives felt any issues or complaints would be handled appropriately by the provider.

They felt able to raise concerns and knew how to make a complaint, but were not all aware the provider had a complaints procedure to support this. The provider had a complaints policy and procedure in place, which recorded the nature of the complaint, what action was taken and who had responsibility for this. Seven formal complaints had been dealt with since our last inspection, and we could see where action had been taken as a result. The provider also looked at complaints on a regular basis to see whether there were any themes they needed to take action to improve. This meant the provider had a responsive system to resolve concerns and complaints.

Requires Improvement

Is the service well-led?

Our findings

The provider's system for auditing the quality of care did not identify risks associated with the use of equipment or support staff to take steps to reduce the risk of avoidable harm. Systems designed to ensure that equipment was clean and safe to use were not robust, and they did not follow their own policy in this respect. For example, we found a mattress in use and other equipment that was visibly dirty. The provider did not ensure that the service was kept sufficiently clean to reduce the risk of infection. Systems to ensure that equipment used to lift people safely was fit for purpose were not always effective. People's risk assessments and care records did not consistently contain up to date information about their current needs, and what steps staff should take to mitigate the risk of avoidable harm. This meant the provider's governance systems were not consistently able to identify areas where action needed to be taken to improve the safety of the service for people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's statement of purpose. A statement of purpose (SOP) is a legally required document that includes a standard set of information about a provider's service, including the provider's aims, objectives and values in providing the service. During our inspection, staff were open and helpful, and demonstrated knowledge of people's needs.

People and relatives felt the service was managed well. One person said, "It [the service] runs pretty smoothly." Another person commented, "Everything is well managed here." A third person said, "She [registered manager] is approachable and friendly." Staff spoke positively about their work and the support they received from the provider and from each other. They felt confident to raise concerns or suggest improvements. The provider had an "employee of the month" award, where people, relatives and staff could nominate a staff member they felt demonstrated excellent care skills. This showed that the provider had a way of identifying good care and encouraging all staff to develop their skills to improve the service.

People, relatives and staff felt able to make suggestions to improve the service, and raise concerns if necessary. The provider also regularly sought people and relatives' views about the service, responded to comments and complaints, and investigated where care had been below the standards expected. This assured us people, relatives and staff were able to make suggestions and raise concerns about care, and the provider listened and acted on them.

The provider appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required.

The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed. The provider had also ensured the service had established links with the local community. For example, activities were

arranged with a local history group to support people to reminisce and share memories.

The provider had policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service, and gave staff clear guidance on the standards of care expected of them.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1) (2) (e) and (h) The provider did not provide care in a safe way. They had not ensured equipment used for providing care was safe or used in a safe way. They had not ensured the risks associated with the prevention, detection and control of infections were managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) (2) (a) Systems and processes were not operated effectively. They did not ensure they assessed, monitored and improved the quality and safety of the service.