

Coumes Brook Home Limited

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Inspection report

1 Cockshutts Lane
Oughtibridge
Sheffield
South Yorkshire
S35 0FX

Tel: 01142862211

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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

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 17 October 2016. The home was previously inspected in August 2014 and was meeting the regulations we looked at.

Coumes Brook is a care home for older people, providing accommodation and personal care for up to 25 people all on one level.

The home had a registered manager. 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.

We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding vulnerable people and were able to explain the procedures to follow should an allegation of abuse be made.

People's needs were assessed and care, and support was planned and delivered in line with their individual support plan. The individual plans we looked at included risk assessments which identified any risk associated with people's care. The plans of care were being reviewed at the time of our visit to ensure they were more person centred.

Systems were in place to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role. However, we identified some improvements could be made.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding of the requirements.

People were supported to eat and drink sufficient to maintain a balanced diet and snacks were available in-between meals. People we spoke with who used the service told us they liked the food and could choose what they wanted and when they wanted to eat.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. However, the dependency tool used did not the detail hours required to meet people's needs. The registered manager was looking at new tools to be able to determine this.

Staff were provided with appropriate training, support and supervision to help them meet people's needs.

Systems were in place to assess and monitor the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing

complaints, safeguarding concerns, and incidents and accidents were managed well. Management took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

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 safe

Systems were in place to make sure people received their medications in a safe and timely manner.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained to enable them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

People received nutritious food which promoted good health and reflected their specific needs and preferences.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us the staff were always patient and kind. We saw people were treated with respect, kindness and compassion.

Staff ensured the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

We saw people had health, care and support plans. These were regularly reviewed and updated, and reflected people's changing needs. Care plans also reflected people's choices, wishes and decisions, and showed involvement of the person.

There was a range of activities on offer at the home. These were enjoyed by people.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

Quality monitoring and audits took place to ensure policies and procedures were being followed.

The provider asked people, their relatives and other professionals what they thought of the service to ensure improvements, if required, could be made.

Staff we spoke with felt the service was well led and they were supported by the management team who were approachable and listened to them.

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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 inspection took place on 17 October 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service including the 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 also looked at notifications sent to the Care Quality Commission by the registered manager.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with eleven people who used the service.

During our inspection we spoke with three support staff, two senior support staff, the cook, the domestic and the registered manager. We also looked at records relating to staff, medicines management and the management of the service. We also spoke with a visiting health care professional.

Is the service safe?

Our findings

People who used the service told us they felt very safe. One person, who we asked if they felt safe said, "I am definitely safe here, the staff are lovely." Another person said, "We are all kept safe."

Interactions we observed between staff and people using the service were inclusive and we saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure people used the correct mobility aids to ensure their safety.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures are designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. One staff member told us, "I would report any incident or suspected incident immediately to the manager." Staff also knew how to recognise and respond to abuse correctly. The training records showed that staff received training in safeguarding people from abuse.

On the day of the inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs. However, the tool they were using identified if people had low, medium or high needs, but did not actually show the staffing hours required to meet those needs. The registered manager was looking at using a new dependency tool that worked out the hours required to be able to evidence there was adequate staff on duty to meet people's needs. Staff we spoke with confirmed that there was always enough staff on duty. People we spoke with said there was always staff available, one person told us, "Staff are always there when you need them you don't have to wait long for assistance."

People's health was monitored and reviewed as required. We spoke with a health care professional who was at the service on the day of our inspection. They told us the staff were able to identify risks and put measures in place to ensure they were managed. They said, "Staff will always call us for advice if there is something they are not sure about, to ensure people are safe." We also saw other risks had been assessed for individual people and measures were in place to ensure their safety.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for five people.

Medicines were stored safely, at the right temperatures. However, the room thermometer used was not a minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The registered manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently to ensure medicines were kept at the correct temperatures.

We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed. However, we saw carried over amounts were not always recorded and hand written entries were not signed by the staff member writing the medication, or by the staff member who checked them. The registered manager told us stock amounts were recorded on a stock sheet

and a running total sheet, but they would ensure these were also recorded on the MAR.

We saw people were prescribed medicines to be given 'as and when required' (PRN). For example, pain relief. Staff were able to explain how they supported people appropriately to take these medication and that they were aware of signs when people were in pain, discomfort, agitated or in a low mood, to ensure they received their medication when required. However, the protocols in place that gave details of the PRN medication did not give sufficient detail if a person was unable to verbally communicate when they were in pain. The registered manager acknowledged this and told us this information would be added to the protocols.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

People we spoke with told us the staff were very good. One person said, "I am really very lucky, couldn't be better cared for." Another person told us, "We are well looked after."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Staff were also aware of the legal requirements and how this applied in practice. The registered manager had previously submitted DoLS applications, but told us no one was subject to an authorised DoLS at the time of our visit.

We saw evidence that decisions were made following best practice guidance where a person who used the service lacked capacity to make a certain decision.

People were offered a nutritious and healthy diet which was based on their preferences and dietary requirements. We saw snacks and drinks were available throughout the day. We asked people if they enjoyed their food and they all commented positively. One person said, "If we ask the cook for something we get it, a really nice cook." Another said, "There is no shortage of food, it is always alright."

We observed lunch and found staff offered choice and respected the person's decision. People were assisted with their meal where appropriate and this was done in a kind and caring manner.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored if they were assessed as at risk of not receiving adequate nutrition. This was monitored and professional advice obtained if required.

People had good access to healthcare services. We spoke with a visiting health care professional who told us the service was very good at seeking advice and guidance. They told us staff were very vigilant and when there were any concerns or issues they contacted them immediately to ensure people's needs were met. They said, "Sometimes the staff are over cautious, but we would prefer this so things can be identified early. Can't fault this home, it is one of the best homes I visit, if a relative of mine had to go into care I wouldn't hesitate to place them here."

We saw some people's food and fluid intake was being monitored to ensure they received adequate nutrition and hydration. The charts were completed, however, we saw these did not detail the amount served so when staff put they had eaten half or a quarter it was not possible to determine what amount was eaten. The registered manger told us these would be reviewed to ensure it was clear how much the person

had eaten to enable staff to effectively review and evaluate the risk and ensure their needs were met.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included moving and handling, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported.

Staff told us they felt supported by the registered manager and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued. Staff told us they worked well as a team and supported each other.

During our inspection we looked around the home. We found the environment was well maintained and the standard of cleanliness was good. People bedrooms were personalised and individual, many people had bought in possessions from their homes and their bedrooms were all very homely. However, we identified that the home had a combined laundry and sluice, this room was very small and cramped. There was no flow for dirty to clean laundry and there was a sluice sink and toilet basin also in the room. The toilet was used to empty commode pots, and the sink to clean the pots and for the domestics to access water for cleaning. The multi-use and lack of space meant it posed a risk of cross infection. We discussed this with the provider who had a few ideas on how to resolve this and they assured us this would be actioned and resolved as part of their maintenance and renewal plan.

Is the service caring?

Our findings

Everyone we spoke with was positive about the staff and the management team. People told us staff were considerate, kind and caring. One person said, "I am very fortunate, the staff are lovely and look after all of us very well. " Another person said, "Nothing is too much trouble for staff."

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and compassionate. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together.

We spoke with staff and found they knew people well. They explained how they would maintain people's privacy and dignity by closing doors and curtains when attending to personal care.

We spent time observing staff interacting with people who used the service. Staff were supportive and caring in nature. Staff consistently offered choices to people and ensured people were happy with the option selected.

We looked at people's care plans and found information that told staff their likes, dislikes, choices and preferences. People we spoke with who wanted to be involved in their care plans told us they were aware of what staff wrote in the plans and could be involved in reviews if they wished. During the review staff discussed what the person liked, disliked, what they wanted to achieve and how they were feeling. Following the reviews any action or changes were addressed to ensure people's choices and decisions were achieved. The registered manager told us they were also looking at improving the care plans to make them more person centred. This means the person is an equal partner in planning their care, which involves developing a care plan to suit each individual.

We spoke with a health care professional who told us the staff were very good, understood people's needs and improved people's quality of life.

Is the service responsive?

Our findings

We found from talking with staff they were knowledgeable on people's needs and how to best meet people's needs. People we spoke with told us the staff understood them and helped them. One person said, "Staff are wonderful, they look after us very well."

We checked care records belonging to two people who used the service at the time of the inspection. We found that care plans identified people's needs, setting out how to support each person so that their individual needs were met. The registered manager told us they had recently had a visit from the Clinical commissioning Group (CCG) and they had identified some areas for improvement in the plans of care and were currently working on the improvements. The improvements would mean the care plans would be more person centred and individualised.

Care plans were regularly assessed to ensure that they were up to date and captured any changing needs. The registered manager told us that the GP's from the practice where people were registered visited the home each week to hold a surgery. It meant people's changing needs could be regularly reviewed and had cut down on emergency calls requesting visits by the GP.

Records showed that people's care was reviewed regularly to ensure it met people's needs. We saw people who used the service were involved in the reviews if they wished.

There was no dedicated activities coordinator employed but care staff provided activities and there were many activities held. For example exercise sessions, entertainers and trips out.

We observed some activities during our inspection, people were participating in an exercise group, this was enjoyed by people who took part. People told us they enjoyed the activities and something was organised most days. We could hear laughter and banter during the activity all people were joining in and were happy giving people a good sense of well being.

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We asked people if they would tell staff if they had a worry and they said they would. We had no concerns raised by anyone during our inspection. We checked records of concerns and saw the registered manager although did not keep records of all issues raised, was able to explain how they would deal with any issues no matter how minor and how these would be resolved. The registered manager told us they would improve the record keeping of concerns and complaints to ensure there was evidence people who used the service were listened to.

People who used the service and their relatives were encouraged and supported to make their views known about the care provided by the service. There were regular meetings giving opportunity for people to contribute to the running of the home. The provider also sent out quality questionnaires to seek people's views. These were sent to people who used the service, their relatives and health care professionals. We saw

a number of completed questionnaires these all gave positive feedback. People felt they had a voice and they were listened to.

We spoke with a visiting health care professional who told us the service was very responsive to peoples changing needs and always identified things early to ensure care could be reviewed to meet peoples changing needs.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission and managed the service since it was registered 20 years ago.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the registered manager and the senior staff were approachable and listened to their concerns and ideas for improvement.

Staff we spoke with felt the service was well led and they were supported by the management team who were approachable and listened to them.

Staff told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the senior care staff and the registered manager. The senior care staff and the registered manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety, medication and care plans. We saw a variety of audits and it was clear from talking with the senior care staff and the registered manager that any actions identified were addressed. However, there was no formal process or system to document this, the senior care staff we spoke with explained they would implement this in order to see easily where actions were required to improve and that staff were addressing them.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. There were also meetings involving the people who used the service, which ensured people had opportunity to raise any issues or concerns, or just to be able to talk together communicating any choices or requests.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Systems were in place for managing complaints and safeguarding concerns. From discussions with staff it was evident that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

