

Cookridge Court Limited

Cookridge Court

Inspection report

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29 July 2020

30 July 2020

04 August 2020

05 August 2020

17 August 2020

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13 October 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cookridge Court is a care home which provides personal care to people. At the time of the inspection the home was providing personal care to 59 people.

People's experience of using this service:

Following the last inspection in June 2019 the home have made improvements. People and their relatives told us the quality of care had improved and their needs were being met. There were enough staff in the home, and we found call bells were attended to in a timely manner. Medicines were managed safely. Although, we found some creams were not stored correctly this was immediately resolved.

The home had improved their governance systems and regular audits meant ongoing actions had been taken to improve care. Due to these improvements the home is no longer in breach of regulation. Whilst improvements had been made, we need assurances over a longer period that these improvements become embedded and sustained.

Following the last inspection care records and risk assessment records were now more detailed. However, we found some areas which still required improvement. Fluid charts had not always been completed to monitor people's fluid intake and completion dates for actions taken on audits had not always been completed.

Individual risks were being managed and actions immediately taken to prevent re occurrences. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. People were kept safe and protected from abuse and avoidable harm. Staff were knowledgeable about people's needs and this was reflected in care plans and risk assessments.

The registered manager and staff encouraged person centred care to ensure people were treated as individuals. The staff knew how people preferred to receive their care and support.

Infection control procedures were in place to prevent against infectious diseases. During the Covid-19 pandemic the home segregated a unit to provide support to those with suspected or confirmed cases to prevent against further spread of infection in the home. Staff wore the correct personal protective equipment when supporting people and this was available throughout the home.

People and their relatives said the registered manager was approachable and listened to their concerns. Staff had with regular meetings and supervisions to promote feedback and good communications with the management team. One staff member said, "The relationship between seniors and carers is good. You can easily raise your concerns with seniors, and it gets resolved. We ensure there is good quality of care given to our residents."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (Published 15 November 2019) and there were four breaches of regulation. We issued requirement notices, for regulation 9, person centred care, 12 safe care and treatment, 18 staffing and 17 good governance.

At this inspection the service had improved and were no longer in breach of the above regulations.

Why we inspected

We undertook this focused inspection in line with our current methodology in the COVID-19 pandemic, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, and well-led which contain those requirements.

Ratings from previous comprehensive inspections for those key questions were used in overall rating at this inspection.

The overall rating for the service has not changed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cookridge Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cookridge Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor 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.

Service and service type

Cookridge Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and also make arrangements to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the registered manager, staff and people who used the service.

Inspection activity started on 29 July 2020 and ended on 17 August 2020. We visited the service on 29 July 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke by telephone to six people living in the home and seven relatives. We spoke face to face with the regional manager, registered manager and three staff members. We also spoke with two members of staff, the deputy manager and one health professional over the telephone. We spent time observing the care and support people received. We reviewed nine people's medicines records.

After the inspection

We reviewed a range of records. We reviewed most of the documentation remotely by asking the registered manager to send us key information after our site visit. This included six people's care records. We looked at three staff records in relation to recruitment and reviewed the staff training overview. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We continued to seek clarification by telephone from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Risk assessments and care plans were detailed and informed staff of people's specific needs. These were regularly updated to ensure staff had information about people's current needs.
- Staff knew people well and were aware on how to reduce risk to keep people safe. For example, one person's challenging behaviours had increased however, due to limited communication ability the person was observed by staff on a one to one basis and found when they appeared to be in pain their behaviours increased. Staff contacted external health professionals and medicine changes were made which meant the persons behaviours significantly reduced.
- The registered manager carried out daily walk arounds observing staff practice. This enabled them to support staff to make immediate changes or improvements to the way they supported people.
- People's risks were minimised, and staff responded quickly when people's needs changed. One health professional said, "The staff are good at spotting pressure areas immediately to stop deterioration and this has helped. They are better at recognising if a person is deteriorating in health and informing us about this. The relationship with the GP has also improved in the last 12 months. I'm proud of how they have managed Covid-19 and the staff were amazing."
- Safety checks had been carried out on the environment. The electrical testing had been delayed due to restricted visitations however, this had been re arranged. Emergency evacuation plans were in place to ensure people were safe in the event of fire and regular fire simulations were completed.

Staffing and recruitment

At our last inspection we found the provider did not ensure there were sufficient staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- There were enough staff to support people's needs. Call bells were heard and very promptly answered by

staff. One person said, "I press the button and within 2 to 3 minutes they [staff] come along to see what I want."

- Some relatives and people commented that they sometimes had to wait but this was not for long periods of time and their care needs were being met. Completion of call bell response time audits ensured call bells were answered in a timely manner.
- Staff were recruited safely. Pre-employment checks were carried out to protect people from the risk of unsuitable staff working in the home.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff were aware of their responsibilities to safeguard people and had made referrals to the local authority and submitted notifications to CQC as required by law.
- Safeguarding incidents were used to identify any areas of learning, so action could be taken to reduce the risk of reoccurrence.
- People living in the home told us they felt safe and were protected from possible harm. One person said, "I feel safe, I need time to know what's happening and that I'm doing alright."

Using medicines safely

- Medicines were safely managed. Medicine administration records (MARs) showed people received their medicines as prescribed. Where people were prescribed medicines to take 'as and when required' information was readily available for staff on when to administer them.
- Most medicines should be stored at room temperature to ensure they remain effective. We found prescribed creams in people's rooms which had not been locked away and no room temperatures had been taken to ensure they were stored at the correct temperature. This was immediately corrected by the registered manager.
- Medicines were only administered by staff who had received appropriate training and an assessment of their competency had been completed.
- People told us they received their medicines at the correct prescribed times and any concerns regarding medicines were immediately resolved. One relative said, "[Name] used to hide their tablets under their tongue and spit them out later, but once they [staff] realised this they are now more vigilant."

Preventing and controlling infection

- Staff had received infection control training and we observed staff wearing personal protective equipment at all times. There was also good access to equipment throughout the home.
- An infection control policy and procedure was in place which provided details about how the spread of infections could be reduced.
- A strategic risk assessment for Covid-19 was in place which indicated that the risk was adequately controlled.
- The home was clean and clear from clutter. Following the Covid-19 pandemic enhanced cleaning schedules had been implemented to prevent against the possible spread of infection.
- During the Covid-19 pandemic the home had closed one unit to support those people with suspected or confirmed Covid-19 cases to prevent this spreading to other units within the home.

Learning lessons when things go wrong

- Accidents and incidents were reported by staff and fully investigated by management.
- Where people were at risk this was monitored, and actions taken to minimise these. One person had three falls over a period of time. The home had made appropriate referrals to external health professionals for further support and the person had a sensor mat in their room to alert staff should they need support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant, whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that safe care was consistently provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider did not have effective systems in place to assess, monitor and improve the quality, resulting in a lack of stability and consistency in the home. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Although governance systems were now more robust, we found recording issues in some areas of practice which needed further improvement. For example, food and fluid charts were not always completed and there was no evidence recorded of people's individual fluid target. Action plans did not always have a completion date recorded. The registered manager said this would be actioned immediately
- Quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement within the home. A range of audits were carried out and the area manager also visited regularly to carry out a secondary line of auditing, this ensured the provider was aware of any issues in a timely way.
- The home had a central action plan, in place that was regularly reviewed by the registered manager and actions taken when possible with current restrictions.
- Clinical governance and head of department meetings were held regularly. Weekly home reports showed the provider had oversight of the home's incidents, medicines management, staffing, complaints and training.
- The registered manager had regular meetings with staff to ensure effective communications about important issues in the home, such as changes in people's needs.
- Complaints were managed effectively and responded to in a timely manner. One relative said, "[Registered managers name] is professional and polite. The manager is approachable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

At the last inspection the provider did not design care and treatment with a view to achieving people's preferences and to ensure their needs were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- People told us they received a quality service and spoke highly of staff and the management team. One relative said, "I'm delighted that [Name], is here, they were on 'end of life' care, but they have flourished and is now better than they have been for a long time."
- During the Covid-19 pandemic people said their care had continued and regular contact was made with relatives. Relatives said, "I couldn't be more delighted, I was apprehensive about putting [Name] in a home, but everyone is very friendly, it's like 'home from home'", "The staff are caring, they go over and above what's needed. Staff arranged FaceTime calls during lockdown" and "Barchester have sent a lot of emails and updates lately due to the virus. There is opportunity to raise any concerns."
- Meetings were held with people and their relatives to discuss activities, visits to the home and care people wanted to receive. Staff meetings and supervisions also took place to provide support and gather their views.
- There was a variety of activity for people. This was tailored to meet people's needs during the current Covid-19 pandemic. We observed activity coordinators going around the communal rooms with music singing along. We observed people singing and smiling as they entered the room. Distanced gatherings were held in the garden where dedicated areas had been put in place for families to get together and see their loved ones. We were told people had been moved downstairs so they could have window visits to help their wellbeing.
- Surveys had not yet been completed but the registered manager said they were in the process of developing these for people, relatives and staff.

Working in partnership with other

- The registered manager worked collaboratively with different organisations to support improvement of care within the home. Some of these included links with the local authority and safeguarding team.
- The home worked in partnership with people, relatives and health professionals. One health professional commented, "I've been working with Cookridge Court for about two years. We now work more closely with the home. We have monthly meetings to discuss people's needs and any issues. I have seen a massive difference which has been good in the home."