

Hamilton House Medical Limited

# The Cookham Riverside

## Inspection report

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26 November 2015

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This inspection took place on 20 and 26 November 2015. It was an unannounced visit to the service.

We previously inspected the service on 27 January 2014. The service was not meeting the requirements of the regulations at that time in one area of practice: assessing and monitoring quality of care. The provider wrote to us and told us what action they would take to make improvements at the home. We carried out a desktop review in September 2014, when we found the home was meeting the regulations.

The Cookham Riverside is a registered nursing home which provides nursing and personal care for up to 35 older people. Twenty seven people were in residence at the time of our inspection.

The service had a registered manager in post. 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 received positive feedback about the service. Comments from people included "They look after you pretty well," "They listen to any ideas or concerns," "Staff are lovely," and "They're very caring and friendly here."

Healthcare professionals told us the home referred people appropriately and staff were responsive to any advice or recommendations they made.

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. People received their medicines safely and in accordance with their prescriptions.

There were sufficient staff to meet people's needs. There was an on-going training programme to provide and update staff on safe ways of working.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs.

The building was well maintained and complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order.

The service was managed well. The provider regularly checked quality of care at the service through visits, audits and attending staff meetings.

We have made recommendations about the induction format for new staff, how people are assessed for hoist slings and the recording of complaints or any issues raised by people who live at the home.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was in relation to staff recruitment. You can see what action we told 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?

The service was not consistently safe.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk. However, people were not always assisted using the correct hoist sling and some slings were not in good working order.

People were not always fully protected by the recruitment procedures used at the home. This was because the full range of required recruitment checks were not undertaken.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People received safe and effective care because staff were appropriately supported through supervision and training opportunities. However, the induction format for new staff was insufficient to show they received a thorough introduction into good care practices.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests and in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and were referred to specialist services when needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported to be independent and to access the community.

**Good** ●

People's relatives and other visitors were made welcome at the home and could visit at any time.

People were treated with dignity and respect and their privacy was protected.

### **Is the service responsive?**

The service was not consistently responsive.

There were procedures for making complaints about the service. However, staff had not logged occasions when people had raised concerns about their care.

People were supported by staff who knew about their care needs and the level of support they needed.

People's preferences and wishes were supported by staff and through care planning.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led.

People's needs were appropriately met because the service had a registered manager to provide effective leadership and support.

People received care from a service with clear visions and values which staff promoted when they supported people.

The provider monitored the service to make sure it met people's needs safely and effectively.

**Good** ●

# The Cookham Riverside

## 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 20 and 26 November 2015 and was unannounced.

The inspection was carried out by one inspector on the first day and an inspector and a physiotherapist specialist adviser on the second day. The specialist adviser's area of expertise was manual handling.

Before the inspection, we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted five healthcare professionals to ask for feedback on the quality of people's care.

We spoke with the local authority to seek their views about the home.

We spoke with six people living at the home and three visitors. We had conversations with the registered manager and eleven staff members. We checked required records. These included three people's care plans, 13 people's medicines records, 3 staff recruitment files and training records for all staff.

# Is the service safe?

## Our findings

People were not fully protected by the recruitment procedures used at the home. We looked at three staff recruitment files. These contained most of the required documents such as a check for criminal convictions and written references. However, information had not been sought about any physical or mental health conditions which could affect the ability of staff to perform their duties.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of abuse. Staff received training to help them recognise and respond to safeguarding concerns. There were procedures for staff to follow if they suspected or were aware of any incidents. Staff told us they did not have any concerns about people's care but would report them if they arose. People we spoke with during the course of the inspection also told us they did not have any concerns about their safety or how they were cared for. Relatives and other visitors did not express concerns about standards of care.

People were protected from the likelihood of injury or harm during the provision of their care. Risk assessments had been carried out for a range of different situations. For example, people's likelihood of developing pressure damage, supporting people with moving and handling and the likelihood of falls. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, we observed two staff supported people who needed a hoist to reposition. This ensured they were supported safely.

People lived in a building which was well maintained. There were certificates to confirm the premises complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire.

We saw basic information was recorded about the amount of support and any equipment people would need to evacuate the premises during an emergency. Staff had been trained in fire safety awareness to be able to respond appropriately in the event of a fire.

We observed there were enough staff to support people. People's needs were met in a timely way and call bells were answered promptly. Staff managed busy times of the day well to ensure people's needs were met, for example, at meal times. People we spoke with told us staff were around when they needed them to provide assistance.

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and nursing staff. Staff were allocated specific people to support on each shift. This helped to ensure everyone received the support they needed and that people received continuity of care during the shift.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on

best practice. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

Accidents and incidents were recorded appropriately at the home. Records showed staff had taken appropriate action in response to accidents. We saw the registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of a meeting held with staff following an incident of this nature, to determine what had happened and to prevent recurrence.

We observed nine moving and handling procedures. These met the minimum standards of good practice in moving people safely. However, there was an inadequate system for assessing the hoist slings people required. The sling was chosen by the nurse who assessed the person on admission. However, there was no evidence that staff had received specific training to undertake this task, to ensure people were provided with the correct sling. The system for checking and removing damaged slings was not sufficient; at least two slings in use had visible damage.

Two people were observed being hoisted using a sling for transfers from wheelchair to armchair. For one person, the use was appropriate; they had good upper body strength and understood how to work with the staff. For the second person, the sling was less appropriate as it was frayed, and the person, although able to work with the staff, was less able to hold their position if required. Both slings were too small.

There was one incident observed where staff caught the person's foot on part of the hoist and trapped their lap belt, which caused the wheelchair to tip. Staff responded quickly and appropriately to rectify the problem.

Hoists were generally in good condition and had been serviced within the last six months, as required under Lifting Operations and Lifting Equipment Regulations 1998.

We recommend staff undertaking assessments for hoist slings receive training in line with safe moving and handling practice.

## Is the service effective?

### Our findings

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people routinely attended appointments with, for example, GPs, dentists, opticians and hospital specialists.

People had access to specialist healthcare professionals when needed. We received positive feedback from healthcare professionals about how the home managed people's healthcare needs. They told us the home made appropriate referrals for specialist support. They said staff were prompt in providing information such as the person's notes and medical history and visits were very well organised. They added staff were very interested and open to suggestions to improve people's care. Healthcare professionals told us the home was good at following any recommendations they made.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes which were completed for each shift. There were verbal handovers to share information with the next shift. Shift allocation records were also maintained. These matched staff to service users so that care was planned and helped ensure continuity of people's care.

The Mental Capacity Act 2005 (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 to 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. We found the home had made appropriate referrals to the local authority. Staff had undertaken training to understand the principles of the MCA and DoLS.

People's nutrition and hydration needs were met. Each person had been assessed for the risk of malnutrition and their weight was monitored. People were referred to specialists such as the dietitian and speech and language therapist where there were concerns.

We received positive feedback about the standards of catering. Comments included "Food is excellent", "The food is good and there are plenty of drinks" and "There are choices at each meal." Several people told us Friday lunch was their favourite meal when fish and chips was on the menu.

Lunchtime was unrushed and gave people time to enjoy their food at their own pace. People could have their meal in their room if they wished. Assistance was provided by staff where necessary. We saw people were offered drinks and snacks outside of meal times, mid morning and afternoon.

People were supported by staff who had undertaken training to develop their skills and knowledge. There was a programme of on-going staff training to refresh and update skills. The training matrix for the home showed staff had completed courses on, for example, food hygiene, safeguarding, infection control and dementia care.

Staff received appropriate support to help them meet people's needs. Supervision meetings and appraisals took place with the registered manager to discuss ways of working and their development needs. Staff told us they had undertaken an induction when they first joined the service. We saw the induction record consisted of just one page with a tick list of areas to cover. In the files we read, none of these forms had been signed or dated.

We recommend the service considers current good practice in the development of its staff induction programme.

## Is the service caring?

### Our findings

We received positive feedback from people. Comments included "They look after you pretty well," "Staff are lovely, I can't fault them," "They're very caring and friendly here" and "Staff are good here." A healthcare professional told us staff were caring in their approach to people's care.

People told us staff were respectful towards them and treated them with dignity. We saw staff were mindful of using screens when hoisting people in lounges and other shared areas of the building. We heard staff speaking with people kindly and gently; they explained what they would like to do to assist them and sought their agreement before going ahead. Covers were placed over female residents' knees when being hoisted, to protect their dignity.

Staff supported people to take pride in their appearance. People had been enabled to wear co-ordinating clothes, wear jewellery and make up and have their hair and nails done. Men had been helped to shave, where they needed assistance.

People had information available to them including a service user's guide in their room. This explained the aims of the home and the services that people could expect whilst living at The Cookham Riverside.

Relatives and other visitors told us they were made to feel welcome. We saw staff chatted with them and offered drinks. Visitors said they could come to the home at any time, as there were no restrictions on visiting.

People's preferences and wishes were taken into account in how their care was delivered. For example, how they wanted to be supported with end of life care. Information had also been obtained about people's personal histories so that staff had an understanding of people's backgrounds and what was important to them.

People had been enabled to personalise their rooms to make them homely and have familiar items around them.

Staff knew about people's individual communication needs. For example, one person with hearing loss was provided with a wipe board so staff could write down what they needed to say or ask them. We saw this method worked well.

People could move freely around the home and choose where to spend their time. Staff respected people's choices to be in their rooms if they wished. They and their visitors made use of quiet areas in the building, such as the library and chairs near the entrance.

The service promoted people's independence. We observed people going out during the two days of our visit. This included people being supported on a one to one basis to go to healthcare appointments and a small group to a local lunch club.

## Is the service responsive?

### Our findings

People were supported to maintain their independence and community involvement. People had their needs assessed before they moved to the home. Information had been sought from the person, where possible, their relatives and other professionals involved in their care. Information from the assessment had informed the care plan.

Care plans took into account people's preferences for how they wished to be supported. Where people were unable to contribute to their care plans, their next of kin had been consulted and had signed the documents. There were sections in care plans about supporting people with areas such as their mobility, oral health, nutrition, preferred day and night time routines and management of their medicines. Care plans had been kept under review, to make sure they reflected people's current circumstances. This helped ensure staff provided appropriate support to people.

A healthcare professional told us staff seemed quite responsive and were able to talk to them about people's needs. Another said staff were always responsive and welcoming of support.

Throughout the inspection, the registered manager and other staff were able to tell us about people's care needs and the level of support people needed.

People's religious needs were taken into consideration. People told us they were supported by the home to attend local church services each week.

The service supported people to take part in social activities. The home had two organisers who arranged a variety of activities and social events. Some people told us they would like more daily activities they could take part in.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. Relatives and people's friends visited the home throughout both days we were present. The registered manager and other staff had established good rapport with visitors and understood the importance of people keeping in contact with them.

There was a procedure for making complaints about the service. There were no complaints recorded in the log book. We spoke with the registered manager to check whether this was accurate. They said there had not been any formal complaints but there were occasions when people who lived at the home had raised issues with staff. Additionally, one of the people we spoke with told us "They listen to any ideas or concerns" and provided an example of when staff had taken action to improve their care. However, there were no records to log these complaints.

We recommend staff follow good practice in the recording of any complaints or issues raised by people living at the home, to show what action was taken.

## Is the service well-led?

### Our findings

People were cared for in a service which was well-led. The service had a registered manager in place. We received positive feedback about how they managed the service. People told us the registered manager was approachable and friendly.

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. Staff meetings were held at the home to discuss practice and improve ways of working.

The service had a statement about the vision and values it promoted. These were noted in the service user's guide which people had copies of. Values included treating people with respect, dignity and preserving their privacy. We saw staff adhering to these values throughout the time we were at the home. For example, in how they spoke with people.

The home had links with the local community, for example, the local church and a lunch club run by the Salvation Army. People told us they enjoyed going out to these places.

People were protected through the upkeep of appropriate records. Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, confidentiality, missing persons and fire safety. Staff had signed to show they had read these.

The home made appropriate changes where errors or accidents had occurred. For example, taking external advice into account and updating risk assessments to prevent further occurrence.

People could be certain important events were reported to external agencies when necessary. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken.

The provider regularly monitored quality of care at the service and attended staff meetings. Staff told us the provider visited the premises on an almost daily basis and spoke with them and people who lived at the home.

A range of audits had been carried out. These included audits on accidents and incidents, first aid boxes, medicines expiry dates and equipment used at the service.

People's views about their care had been sought in a residents' satisfaction survey for 2015. A joint residents' and relatives' meeting was held in June this year; a further meeting was due to take place in December 2015.

We saw the home had produced an improvement plan for this year, which was being worked through. This included upgrading of parts of the building, for example, bathroom flooring and redecoration.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	People were not fully protected by the recruitment procedures used at the home because information had not been sought about any physical or mental health conditions of prospective staff members, which could affect their ability to perform their duties.
Treatment of disease, disorder or injury	