Hamilton House Medical Limited

The Cookham Riverside

Inspection report

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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 7 and 10 October 2016. It was an unannounced visit to the service.

We previously inspected the service on 20 and 26 November 2015. The service was not meeting the requirements of the regulations at that time as we found a breach of one regulation. This was in relation to recruitment practice. We also recommended improvements were made to the staff induction process, to training for staff who assess people for hoist slings and to the recording of complaints.

The Cookham Riverside is a nursing home which provides nursing and personal care for up to 35 older people. Twenty four people were living at the service at the time of our visit.

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 "It's a good place; I'm very pleased with mum's care," "It's very nice indeed," "All the staff are very good; they're kind and caring" and "The food is excellent." Health and social care professionals spoke positively about standards of care. One told us "I always find the staff very approachable and welcoming. The staff are always very receptive to any feedback regarding the clients." Another said "I have always found Cookham Riverside extremely professional, friendly and welcoming in my dealings with them. I have used them frequently…and I recommend them to families very warmly. This home is the one I prefer to use above others in the area due to the smoothness with which the processes work and the feedback I have from families after their loved ones are admitted." A third healthcare professional told us "They are so attentive...I find them excellent."

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's medicines were handled safely and given to them in accordance with their prescriptions. Improvement had been made to moving and handling practice since the last inspection. Staff who assessed people for hoist slings had completed relevant training to make sure people had the right equipment to meet their needs.

We found there were sufficient staff to meet people's needs. People told us staff were around when they needed them at all times of day or night. Improvement had been made to the induction of new staff. Staff now completed the nationally-recognised Care Certificate. The Certificate consists of an identified set of standards that health and social care workers need to demonstrate in their work. Staff received the support they required through staff meetings, supervision and training.

The home had made an improvement since the last inspection to how they recruited staff. We saw information was now sought about health conditions, to make sure prospective staff members were fit to perform their duties. However, we found inconsistency regarding the level of screening for criminal convictions. In some cases a basic check had been requested, rather than an enhanced one. This meant checks of the full range of databases had not been carried out by the Disclosure and Barring Service.

Care plans had been written to document people's needs and their preferences for how they wished to be supported. People told us there were lots of activities arranged at the home, including trips out and visiting entertainers.

The building was well maintained and complied with gas and electrical safety standards. People had access to and looked out over a very well maintained garden. Equipment was serviced to make sure it was in safe working order.

Various audits were carried out to check the quality of care at the home. Improvement had been made to the recording of complaints. These were now documented with a note kept of actions taken. We found the home had not always notified us of important events which had occurred. For example, incidents to which the police were called. This meant we were not able to see in a timely manner the action taken by the service.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to recruitment practice. We also found a breach of the Care Quality Commission (Registration) Regulations 2009, as the service had not notified us of events which they were required to. 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?

Requires Improvement

The service was not always safe.

People were placed at risk of harm as robust recruitment procedures were not always used at the service.

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

Improvement had been made to moving and handling practice since the last inspection. Staff who assessed people for hoist slings had completed relevant training to make sure people had the right equipment to suit their needs.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training opportunities.

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, in accordance with the Mental Capacity Act 2005.

People received the support they needed with their healthcare needs to keep healthy and well.

Is the service caring?

Good

The service was caring.

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

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

People's wishes were documented in their care plans about how they wanted to be supported with end of life care.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in activities to increase their stimulation.

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

Improvement had been made to the recording of complaints at the service. From these records, we could see what action was taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The Care Quality Commission was not always told about reportable events which happened in the service. This meant we could not see what action had been taken in response to these events.

The quality of people's care was monitored, to make sure it met their needs safely and effectively.

People had access to the local community to maintain important links.

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 7 and 10 October 2016 and was unannounced. The inspection was carried out by one inspector.

We sent the provider 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. The PIR was requested at the same time as our visit, therefore the provider did not have sufficient time to complete this before we visited. We therefore asked what the home did well and about plans for future improvements as part of the inspection visit and gave the registered manager opportunity to submit any other information after we left.

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 seven health and social care professionals to ask them about standards of care at the service.

We spoke with the registered manager and three staff members. We had conversations with two relatives and eight people who lived at the home. We checked some of the required records. These included three people's care plans, five staff recruitment and development files, records of audits, complaints and compliments and ten people's medicines charts.

Requires Improvement

Is the service safe?

Our findings

People were not always protected by the recruitment procedures used at the service. We checked recruitment files of four members of staff. In two files we found only a basic level criminal records check had been applied for and received back. Staff who work with vulnerable adults are required to have an enhanced level check. This meant checks of the full range of databases had not been carried out via the Disclosure and Barring Service.

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

When we inspected the service in November 2015, we asked the provider to take action to improve the way staff were recruited. This was 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.

We found the home had made improvement in this area since the last inspection. Information was now sought about health conditions and was contained on personnel files.

We also made a recommendation about moving and handling practice following the last inspection. On this occasion, we saw improvement had been made. Staff who assessed people for hoist slings had completed relevant training to make sure people had the right equipment to meet their needs.

People we spoke with told us they felt safe. We saw the service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff and people who lived at the service did not have any concerns about abuse.

People's care plans contained risk assessments. These assessed the likelihood of people experiencing injury or harm and how to reduce significant risks. Assessments included the likelihood of developing pressure damage, malnutrition and the risk of falls. Appropriate measures were in place where required, such as pressure relieving equipment and bed rails, to minimise potential harm.

People were cared for in safe premises. The building was well maintained and maintenance staff employed by the service were on site on both days of our visit. There were certificates to confirm the building complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. This included checks of call points and fire drills. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Equipment to assist people with moving had been serviced recently and was safe to use.

There were enough staff to meet people's care needs. Staffing rotas showed shifts were covered by an appropriate number of care workers and nurses. People told us there were staff around when they needed them. One person told us they liked to spend most of their time in their room. They said "Staff keep an eye

on me." We saw staff answered call bells and attended to people promptly.

People's medicines were managed safely. Appropriate records were maintained to show when medicines had been given to people. Medicines which required additional controls because of their potential for abuse (controlled drugs) were stored appropriately. When a controlled drug was administered, the records showed the signature of the person who administered the medicine and a witness signature. We checked the records and balances of six controlled medicines and found these balanced in each case.

Accidents and incidents were recorded appropriately at the home. We read a sample of three recent accident and incident reports. These showed staff had taken appropriate action in response to accidents, such as when people had fallen.

Good

Is the service effective?

Our findings

People received their care from staff who had been appropriately supported. When we visited the service in November 2015, we made a recommendation about staff induction. On this occasion we found improvement had been made. New care workers now completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. Staff were observed and assessed as part of the process to ensure they met required standards of learning.

There was a programme of on-going staff training to refresh and update skills. Records showed staff had attended numerous courses such as moving and handling, dementia care, safeguarding and infection control. Posters were displayed on the office wall to remind staff about refresher training. We could see training had been kept up to date, to make sure staff had the right skills and knowledge to meet people's needs safely.

Staff also had opportunities to attend further training. For example, three members of staff were undertaking Qualifications and Credit Framework (QCF) level three courses in health and social care. The registered manager told us all other care staff had achieved National Vocational Qualification (NVQ) level three in health and social care. Activity staff had completed training on activity provision, two had completed NVQ and a third was currently undertaking an equivalent course.

Staff received regular supervision from their line managers. Records in staff development files showed staff met with the registered manager to discuss their work and any training needs. This meant staff received appropriate support for their roles. Appraisals were also undertaken to assess and monitor staff performance and their development needs.

We received positive feedback from community professionals about how the home managed people's healthcare needs. One healthcare professional told us "The staff are always receptive to any feedback regarding the clients I am working with including embracing client specific training on the use of splints and equipment to help enable the independence or comfort of their residents." Another healthcare professional said "My experience of carers at Cookham Riverside is positive in relation to care giving. My client experienced significant anxiety and agitation in relation to her dementia which has been treatment resistive and not receptive a lot of the time to therapeutic intervention…They (staff) were dynamic and attentive when trying to minimise her distress and ensuring her needs were met." Another healthcare professional said "They are so attentive and they follow advice to the letter. I find them excellent."

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes written in people's care plans and in a handover record.

People's nutritional needs were met. We received positive feedback from people about the meals at the home. Comments included "The food is excellent," "Food is always good" and "The food is good." The lunch time meal was well presented and smelled good. People told us they had enjoyed it and had been served a

sufficient helping. There were choices of food at each meal time. A cooked breakfast was available. Staff followed guidance from the speech and language therapist regarding appropriate consistency of food for people. This reduced the risk of people choking. People's food and fluid intake was monitored where necessary.

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 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. Records were kept where decisions had been made in people's best interests. These involved consultation with appropriate parties, such as family members and the GP.

Good

Is the service caring?

Our findings

We received positive feedback from people. Comments included "All the staff are very good. They're kind, caring and helpful when they can be," "It's very good here, I've not got any worries" and "I'm very pleased with mum's care. It's a good place." Comments from a healthcare professional included "I observed staff to be consistently patient and caring in their interaction." Compliments received at the service described staff with words such as "patient" and "understanding" and that they treated people "with compassion and kindness."

People's care was not rushed. The atmosphere within the home was calm. People were assisted to get up when they wished to, to suit their preferences. Staff protected people's privacy during the provision of personal care. Staff knocked on doors before they entered and kept them shut when they assisted people.

People told us staff were respectful towards them and treated them with dignity. Interactions between staff and people were gentle and respectful. For example, we heard staff asked a person if they would like a drink in a cup or beaker rather than assuming the drink was to be served in a beaker. Despite providing drinks for the person on many occasions, they asked if they would like sugar and how many spoonsful.

People appeared happy and contented. They had been supported to look well groomed. Good care was taken of people's laundry.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. The home was supporting people with end of life care at the time of our visit. We saw people were kept comfortable and their dignity was promoted; for example, their bedclothes were kept clean and staff had made sure people's hair was combed. We saw people's friends and family were able to sit with them as they wished. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.

Staff were knowledgeable about people's histories and what was important to them, such as family members and previous occupations. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit.

People's bedrooms were personalised and decorated to their taste. People had been encouraged to bring in items to make their rooms look homely. This included pictures, ornaments, plants and small pieces of furniture. People said their rooms were comfortable.

People could spend time where they chose. As well as the main lounge, there were additional seating areas where people chose to sit. These included the library and an area near the entrance, which overlooked the garden and river. Some people chose to be in their rooms for all or part of the day.

People's independence was promoted. Risk assessments were contained in people's care plan files to support them with daily living tasks. We observed people went out during the two days of our visit. This

included people being supported to go shopping, to healthcare appointments or out with family members.

Staff showed concern for people's well-being in a caring and meaningful way and they responded to their needs quickly. For example, one person told us they needed their inhaler as their chest felt tight. We told staff, who quickly came with the inhaler. They sat with the person and rubbed their back and spoke gently and calmly with them. They only left after they had checked the person had recovered and placed the call bell beside them. They encouraged the person to use it if they needed to.

Good

Is the service responsive?

Our findings

When we visited the service in November 2015, we made a recommendation about complaints practice. On this occasion, we found improvement had been made to the recording of complaints. We saw a note was now kept of any complaint received about the service and any action taken. We saw the registered manager took appropriate action. For example, they referred a complaint about a wheelchair to the occupational therapy department in order for the person to be assessed.

The home had also received compliments from people and their relatives, which thanked staff for the care provided.

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans were personalised and detailed daily routines specific to each person. Staff were able to describe to us the support needed for the people they cared for. 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.

Care plans included information which enabled staff to monitor the well-being of people. Where a person's health had changed it was evident staff worked with other professionals, such as the GP, speech and language therapist and physiotherapist.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

The service supported people to take part in social activities. There were three activity staff, who covered the home seven days a week. People told us there were always activities available. One person said "There's lots of entertainment. The 'noodle tennis' was very funny. It's so important to be able to laugh." We saw a poster which advertised the activities for the current month. These included a singer, poetry reading, quizzes, baking, a shopping trip and making craft for Halloween. A hairdresser also visited the service each week. We saw several people had newspapers delivered each day. These were taken to them promptly. Photographs were displayed which showed people engaged in activities. These included a trip to Royal Ascot in the summer. Activity staff had looked at ways to engage people of all abilities. For example, raised planters had recently been purchased so that people could take part in gardening. The home had its own transport which could accommodate people who used wheelchairs.

People were encouraged and supported to develop and maintain relationships with people who mattered to them and avoid social isolation. For example, partners and family members were able to spend time with people and join them for meals if they wished.

Staff took appropriate action when people had accidents. For example, records showed people's care plans and risk assessments were reviewed and updated. People were also referred to the physiotherapist where

required.

Requires Improvement

Is the service well-led?

Our findings

People were cared for in a service which was not consistently well-led, to meet the requirements of the regulations. 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. There are required timescales for making these notifications. The registered manager had not informed us about all incidents of this nature. For example, we came across records at the home which related to two occasions where the police were called to the home. The first occasion was following theft of a staff handbag, the second was an argument between two visitors which the registered manager felt could get out of control. There was also an occasion where one person who used the service verbally abused and harassed another person. In each of these cases, we were able to see that appropriate actions had been taken in involving relevant agencies. However, notifications had not been made to the Care Quality Commission.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had notified us of other occurrences, such as deaths, serious injuries and the outcome of applications made to the local authority to deprive people of their liberty.

People were cared for in a home which supported staff to meet their needs. Staff were supported through induction, supervision and received appropriate training to meet people's needs. We observed staff, visitors and people who use the service were comfortable approaching the registered manager.

The home had links with the local community, for example, churches. Four people were regularly supported to go to churches of their choice to worship. People were offered trips into town on a regular basis to do their shopping. Some people attended a Salvation Army lunch once a month. We saw the home had also invited the community in. For example, it provided placements to student speech and language therapists from the University of Reading this year.

Staff were advised of how to raise whistleblowing concerns through training. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

There was regular monitoring of the service. For example, audits were carried out for a range of topics. These included trends with accidents and incidents, checks of first aid boxes, medicines practice and infection control practice. Action was taken where any issues had been identified. For example, cleaning took place straight away where stains were noted as part of the infection control audit.

We found there were good communication systems at the service. Staff and the registered manager shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

We identified there were some issues with staff recruitment records. Other records were generally well

maintained at the service. Minor issues were raised with the registered manager at the time of the inspection. For example, an assessment to evaluate the risk of someone's likelihood of developing pressure damage had not been completed. From the person's health conditions, they were likely to be at high risk. However, all required measures were in place at the home, such as the necessary equipment and repositioning.

Staff had access to general operating policies and procedures on areas of practice such as safeguarding, missing persons and safe handling of medicines. These provided staff with guidance on providing safe and appropriate care to people.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission without delay of the incidents specified in paragraph (2) which occurred whilst services were being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity. (e) any abuse or allegation of abuse in relation to a service user. (f) any incident which is reported to, or investigated by, the police. Regulation 18 (2) e, f.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use the service were not protected against the risks associated with unsuitable workers, as enhanced criminal record certificates had not consistently been applied for and obtained for staff who worked with vulnerable adults. Regulation 19 (3) a.