

Mr & Mrs J Dudhee

# Cheam Cottage Nursing Home

## Inspection report

38 Park Road  
Cheam  
Sutton  
Surrey  
SM3 8PY

Tel: 02086422645

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 9 November 2016 and was unannounced.

At our last inspection on 16 and 21 June 2016 we found continued breaches of regulations in relation to person-centred care, dignity and respect and meeting nutritional and hydration needs. We served warning notices for these three continued breaches and asked the provider to make the necessary improvements by 31 August 2016. A warning notice is a formal way of saying to the provider that they were not meeting legal requirements and they needed to make improvements by a set date. We also found continued breaches of regulations in relation to safe care and treatment and good governance. For these two continued breaches, we continued with our action where we imposed a condition on the provider to carry out monthly audits of health and safety within the service and to send the CQC a monthly report.

However, we also found the service had made sufficient improvements in each of these areas for us to improve the rating from 'inadequate' to 'requires improvement' and we removed the service from special measures. The special measures framework is designed to ensure a timely and coordinated response where we judged the standard of care to be inadequate. The purpose is to use our enforcement powers and work with or signpost to other organisations within the care system to make sure providers significantly improve the quality of service they provide within a determined timeframe.

The purpose of this inspection was to check the improvements the provider said they would make in meeting legal requirements. We found that the provider had made all the necessary improvements to address the deficits we identified at our last inspection in relation to person-centred care and meeting nutritional and hydration needs and so had met the requirements of the warning notices. We also found that the provider had made the necessary improvements to address the deficits we found in relation to providing safe care and treatment and good governance. However, the problems we found in terms of treating people with dignity and respect required a longer period of time to address and we will look at this again at our next inspection.

Cheam Cottage Nursing Home provides residential and nursing care for up to 19 people who may be living with dementia. At the time of our visit there were 15 people using the service. There was 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.

Some staff communicated with people about what they were doing whilst carrying out care tasks but others did not, sometimes causing people to show signs of distress. Staff did not always give people who were disorientated or upset the reassurance and information they needed. When we observed staff speaking with people their conversations were task-focused and staff did not attempt to engage people in conversations

about themselves or their interests. However, the provider was in the process of addressing this problem. They had arranged relevant training and had been talking to staff in team meetings about treating people with dignity and respect.

Staff used age-appropriate language when speaking to and about people. They protected people's dignity by ensuring their clothing was appropriately arranged when using hoists to support them and they made sure people were wearing clean clothes. Staff were aware of how they should work to protect people's privacy.

The provider had taken action to ensure the environment was safe. The home was free of visible hazards and the environment was clean. Clinical waste was stored appropriately to reduce the risk of infection spreading. The provider had updated risk management plans so they contained personalised information about people's individual risks and how staff should reduce them.

People were offered a choice of nutritious food and regular fluids throughout the day. People were enabled to eat without assistance where possible because they had access to the adapted equipment they needed to do so. Staff provided assistance where people needed it and followed risk management plans to help prevent people from choking. Staff carried out malnutrition risk assessments to help them identify what action they needed to take to protect people from this risk.

The provider had made improvements in the provision of person-centred care. People were offered a choice of activities that met their individual needs, including religious and cultural needs. There was clear information about the signs staff should look for that indicated people with diabetes had dangerously high or low blood sugar levels. This included information about the acceptable blood sugar ranges and the action they should take if people fell outside this.

We noted that the environment was not always 'dementia-friendly' because of loud or clashing noises and heavily patterned carpets. These things could cause confusion or distress to people experiencing sensory disturbances as a result of dementia. The provider told us they would seek advice on improving the environment for people living with dementia.

People fed back positively about the manager. The manager kept people and their relatives informed about changes or improvements to the service. The provider had improved their safety and quality checks and audits to enable them to identify and address shortfalls more effectively. Although we found the provider was still in breach of the regulation in relation to dignity and respect, they were aware that they needed to do more work in this area and were in the process of taking action to address it, such as sending staff on relevant training courses. Because this is a continuing breach of regulations, the rating for the question, 'Is the service well-led?' will remain as requires improvement until this has been fully addressed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. The premises were free from visible hazards and the home was clean. Waste was stored hygienically.

People had personalised risk management plans to enable staff to keep them safe from foreseeable harm.

We could not improve the rating for 'Is the service safe' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff carried out malnutrition assessments to identify people who were at risk and took action in response.

People had a choice of nutritious food and adequate fluids. They were provided with equipment and staff support to enable them to eat their meals.

We could not improve the rating for 'Is the service effective' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring. Although some staff communicated with people about what they were doing during care tasks, this was not always the case.

Staff did not always provide people with information or reassurance when they needed it. They did not converse with people about their interests or other things that were important to them. The provider had arranged staff training as part of their plans to address this.

Staff used age-appropriate language when speaking to and about people and made sure people's privacy was respected.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive. People were offered a choice of activities that met their cultural needs.

Care was planned to meet the specific needs of people with diabetes, including information about signs staff needed to look for and what action they should take.

Some aspects of the way staff used the home environment were not dementia-friendly and the provider said they would address this.

We could not improve the rating for 'Is the service responsive' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led. The provider carried out regular checks of the safety and quality of the service. Where there were shortfalls, they were able to demonstrate work in progress to address these.

The registered manager regularly kept people and their relatives informed about changes or improvements to the service.

We could not improve the rating for 'Is the service well-led' from requires improvement because to do so requires consistent good practice over time and because we found a continuing breach of one regulation. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Cheam Cottage Nursing Home

## **Detailed findings**

### Background to this inspection

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

We undertook an announced focused inspection of Cheam Cottage on 9 November 2016. The inspection was carried out by one inspector. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 16 and 21 June inspection had been made. We inspected the service against all of the five questions we ask about services: is the service safe, is the service effective, is the service caring, is the service responsive and is the service well-led. This is because the service was not meeting some legal requirements.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, reports the provider was required to send us about work they had done to meet legal requirements, and statutory notifications. These are notifications that providers are required by law to send to us about significant events that occur within their services.

During the inspection, we observed how staff interacted with the people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people who used the service, one relative of a person who used the service and two members of staff. We looked at three people's care plans and other records such as the provider's audits and records of activities.

# Is the service safe?

## Our findings

At our last inspection we found a continued breach of regulation in relation to safe care and treatment. Risk management plans were not personalised enough to address people's individual risks. Cleaning was not thorough enough to ensure the home was kept free of unpleasant odours and clinical waste was not stored safely, meaning people were at risk of acquiring infections. There were some additional safety risks, including hazardous debris in the garden and an item with cracked glass in a person's bedroom.

At this inspection we found the provider had taken further action to address risks to people's safety and a relative told us, "I haven't seen anything unsafe here." Records showed no significant accidents or incidents had occurred since our last inspection. The home was at an appropriate temperature and hot water we tested in two bathrooms and a bedroom was within the safe temperature range. The premises, including the garden, were free of debris and other visible hazards.

The home was free of unpleasant odours and when we arrived domestic staff were working to maintain cleanliness. We saw the provider had obtained pedal-operated waste bins, which reduced the risk of infectious material being transferred via handling. Clinical waste was stored in a locked sluice room before being transferred to a locked bin outside the building. Staff demonstrated an appropriate awareness of the precautions they needed to take to prevent the spread of infection. This helped to reduce the risk of people acquiring infections from poor hygiene or inappropriately stored clinical waste.

People's risk management plans had been updated since our last inspection. Moving and handling risk assessments were reviewed monthly to ensure they were kept up to date with people's changing needs. Each person had a log of any falls they experienced and these were used to inform their falls risk assessment, which included a risk management plan to help prevent falls. People also had risk assessments and management plans about things that were specific to them, such as the use of bed rails. Care records showed that staff followed people's risk management plans, for example completing actions to prevent them from developing pressure ulcers. This helped to ensure staff knew how to keep people safe from foreseeable harm and took appropriate action to do so.

However, there was still some generic information in risk management plans that did not apply to every person. For example, there were instructions to reposition people every two hours to prevent pressure ulcers but the registered manager confirmed that two people we asked about did not require this as they were mobile and able to reposition themselves. The registered manager told us they would remove the unnecessary information to prevent any confusion about the care and support each person needed.

We judged that the provider is now meeting the legal requirements they were previously breaching in relation to safe care and treatment.

## Is the service effective?

### Our findings

At our last inspection we found a continued breach of regulation in relation to meeting people's nutrition and hydration needs. People's preferences in relation to food and drink were not explored sufficiently to ensure they were offered foods they liked. Malnutrition risk assessments were not completed accurately, meaning some risks may have been overlooked, and people were not offered the support or equipment they needed to assist them with eating and drinking.

At this inspection, people and their relatives said they were happy with the food provided at the home. One relative said their family member's meals were presented nicely even though their food had to be pureed. They told us, "He seems to enjoy the food." We observed people eating their lunch and saw some people were using plate guards and adapted cutlery, which meant they could eat without staff support, were able to eat without spilling their food and could eat more quickly so their food remained hot while they were eating it. However, staff still regularly checked that people were managing on their own and asked if they needed any help. We saw staff cutting or mashing some people's food where they needed this to reduce their risk of choking. This helped to ensure people's nutritional needs were met in a safe way.

There was a board displaying menu choices for that day. We saw evidence that staff had discussed the new winter menu with people at a meeting the month before our inspection. This enabled people to know what their choices were and to choose what they wanted to eat. Records showed that people received a variety of nutritious food and adequate fluids.

We observed staff offering hot and cold drinks to people throughout the day and checking people's preferences. For example, staff asked people how much sugar they wanted in their tea. People's care plans had more detailed information about their food likes and dislikes. Staff gave examples of catering to people's specific needs and preferences, such as one person who liked eating porridge late at night and was able to have this.

We saw that malnutrition risk assessments had been completed correctly, which reduced the risk of staff overlooking signs of malnutrition. Staff monitored people's weight on a monthly basis to help them identify any significant changes in people's weight. Where people were at risk of malnutrition or dehydration, staff recorded what they ate and drank and there was evidence that people received nutritional supplements where needed to help protect them from the risk of malnutrition.

We judged that the provider is now meeting the legal requirements they were previously breaching in relation to meeting people's nutrition and hydration needs.



## Is the service caring?

### Our findings

At our last inspection we found a continued breach of regulation in relation to dignity and respect. Staff did not always support people to maintain their dignity by wearing suitable clean clothing or by using their preferred names. Conversations between staff and people were task focused and staff did not engage people in conversations about subjects that were meaningful to them. People did not always receive the reassurance they needed when they were feeling upset or anxious and sometimes the language used about people, either verbally or in care plans, was not respectful or person-centred.

At this inspection, we noted that staff did not respond consistently to people when they were distressed or confused. One person asked staff, "Where am I?" several times during the day. On some of these occasions staff did not respond and another time when the person said, "What is this place? Do you know?" the member of staff responded, "Yes" without looking at the person, which meant the person did not receive the information or reassurance they needed. Another member of staff later told the person they were at Cheam Cottage but the person responded, "what's that?" and the member of staff did not elaborate further. These inconsistent responses to people experiencing problems with orientation could result in people becoming unnecessarily upset. We discussed this with the registered manager, who said they would look into ways of reflecting this in care plans and also seek advice from an organisation specialising in advice and support for providers of care for people living with dementia.

At our last inspection we noted that staff did not speak to people during mealtimes, except about the tasks they were completing. At this inspection, the registered manager told us speech and language therapists (SLT) had advised staff not to speak with one person during their meal because this increased their risk of choking on food. They explained this was why staff did not converse with the person during mealtimes. However, when we checked the person's care plan we did not find any evidence that this was the case. Although there were clear guidelines from SLT about the support the person needed at mealtimes, there was no mention of speaking to the person and the care plan only stated that staff should supervise the person while they were eating. This meant there was a risk that the person was not receiving the support they needed, either because the SLT guidelines had been misinterpreted or because some of their recommendations were not included in the person's care plan. We observed a mealtime for 20 minutes and aside from one comment about the weather, we only heard staff speak to people about what they were doing or what support they needed to eat. We observed that conversations were still task focused and staff did not engage people in conversations about their interests or experiences. We saw staff playing a tabletop game with people before lunch, but they did not converse with people during the game and only spoke to remind people when it was their turn. This meant people's social and psychological needs were at risk of not being met.

Some staff did not always communicate with people about what they were doing. On one occasion, we saw a member of staff approach a person and attempt to remove a clothing protector they had been using for a meal without speaking to the person. The person was visibly upset and held onto the clothing protector until the member of staff said, "Let's take it off."

Although we found significant improvements in this area, the provider was still in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because the improvements the provider needs to make in order to address this breach require a longer period of time, we will follow this up again at our next inspection.

Although staff sometimes did not communicate effectively with people during care staff, this was not always the case. We saw many occasions when staff spoke with people and checked that they were comfortable. When people required staff to assist them with hoists, staff spoke with people about what they were doing, checked they were comfortable throughout the transfer and made sure people's clothing was adjusted when needed during the process to preserve their dignity. We saw evidence that there was a discussion about treating people with dignity and respect at a staff meeting the month before our inspection. This included respecting people's cultural and religious needs and some staff had booked to attend a training course about dignity in care while others had already attended. This helped staff gain an understanding of how to care for people in a way that promoted their dignity and met their needs.

People were wearing clean clothes that were in good condition. Although at one point we saw a person had a large amount of dirt on their jacket sleeve, staff quickly supported them to change into clean clothes. We also observed staff offering one person a clean cloth to wipe their hands and asking the person if they wanted to keep the cloth until they finished their snack. People's care plans for eating and drinking contained information about how to support them in a dignified manner during mealtimes. Staff were able to demonstrate an understanding of how to promote people's dignity and ensure their privacy was respected.

We saw that the provider had installed a bedroom door for one person that was designed to look like the front door of a house. This was designed to provide reassurance to the person that this was their home and that their bedroom was their own space. The registered manager told us it had been a useful tool for promoting the person's privacy and said they planned to install more doors like this for other people's bedrooms.

Care plans had been updated and the language used was person-centred, discussing people in a respectful manner. We heard staff using age-appropriate language when they spoke to people and they used people's preferred names when addressing them.

## Is the service responsive?

### Our findings

At our last inspection we found a continued breach of regulation in relation to person-centred care. Although the provider had taken action to collect information about people's interests and life histories, this was not always used in practice to deliver person-centred care. Staff did not always have an adequate awareness of people's diverse needs in relation to culture and religion and some people's care needs were not adequately set out in their care plans, particularly around how to support people with diabetes to maintain their health.

At this inspection, a relative told us their family member was "offered everything" in terms of activities. The registered manager told us about activities they had organised that met people's needs in terms of preferences and interests. We saw photographs of people engaging in appropriate outings and activities. For example, at our last inspection we noted that one person's care plan stated they liked going to the pub but the service had not supported them to do so. At this inspection we saw recent photographs of the same person drinking at a pub. We also saw evidence that people had received support to attend church services. Care records showed that people had received visits from religious leaders to meet their spiritual needs. We saw evidence that the provider had considered people's religious and cultural needs in long-term planning of activities for the year, such as events around religious festivals. Staff were aware of people's diverse cultural backgrounds and gave examples of how they met people's individual needs in this area.

We observed staff supporting one person to listen to relaxing music from a music box and another person with a jigsaw puzzle while other people participated in a musical group activity. When the person who was offered the jigsaw puzzle did not seem interested, staff offered them a drawing and colouring exercise to do instead. The person's relative later told us they were particularly interested in colouring because it was relevant to their former employment. This showed how people had opportunities to participate in a variety of activities that met their individual needs.

However, we also noticed that when several activities were taking place, this created a noisy environment that may have been distressing or confusing especially to people living with dementia who may experience sensory processing difficulties. In one communal room, a person was listening to a music box while different music was playing on a radio and because the door was open, live music taking place in a different room could also be heard. One person was visibly distressed and attempting to pick at the heavily patterned carpet, saying they could see a child on the floor. Floor coverings with large or bold patterns can be confusing for people experiencing sensory disturbances as a result of dementia. We discussed this with the registered manager, who told us they would look into ways of making these things more dementia-friendly.

We looked at the care records of a person who had diabetes and found staff had logged when the person had received insulin and what they had eaten. There was information for staff about how to identify signs of hypoglycaemia (low blood sugar) and what the acceptable blood sugar range was. This was designed to enable staff to identify any problems with people's blood sugar levels so they could take appropriate action quickly. Staff we spoke with had received training in caring for people with diabetes, understood what signs they needed to look for and knew what action they should take in response.

We judged that the provider is now meeting the legal requirements they were previously breaching in relation to person-centred care.

## Is the service well-led?

### Our findings

At our last inspection we found a continued breach of regulation in relation to good governance. Although the provider had taken action to improve their systems to assess and monitor the safety and quality of the service, we found a number of shortfalls in this area. We found risks to people's safety that the provider's health and safety checks had failed to identify. Records were not sufficiently detailed for the provider to check that people were receiving their care as planned. The provider was not working in a proactive way to improve the quality of the service.

At this inspection, people told us the registered manager "works very hard" and had been doing a lot of work to meet requirements since our last inspection. A relative said the manager was "very focused" on making improvements and told us, "The care is superb here. I can talk to the manager any time or ask any of the staff about anything." Staff told us the provider had made significant improvements to the safety and quality of the service over the last year and said the registered manager was always working to improve things.

We saw evidence that the registered manager used residents' meetings to keep people informed about events that were due to take place, such as day trips. They also held meetings for relatives and staff to discuss improvements they could make to the service, such as appointing champions to take the lead in areas such as nutrition. This helped staff to focus on providing better care for people in these areas.

The provider carried out monthly spot checks and comprehensive safety checks to ensure the environment was safe and clean. There was also a three-monthly environmental check the provider used to look in more detail at hygiene and safety practices. They had improved these checks since our last inspection, adding items that we had identified as missing. There were also monthly checks of complaint handling, involving people (for example, by holding residents' meetings), safeguarding, pressure area care, care plan audits, medicines management and staffing. This helped the provider to identify shortfalls in the quality of the service. The registered manager told us this had helped them make several improvements to the service since we identified that they were failing to meet legal requirements. Although we found during this inspection that there were still some issues that needed to be fully addressed, notably with dignity and respect, we saw evidence that the provider had been working to address these through staff meetings and additional training.

We discussed with the registered manager how they were working to improve the service after we identified several areas of concern at our last two inspections. One action they had taken was to communicate regularly with an organisation specialising in advice and support for providers of care for people living with dementia. Some of the improvements they had made since our last inspection were carried out as a result of information and guidance they received from this organisation. This enabled the provider to develop the service in a way that helped them meet people's needs.

We judged that the provider is now meeting the legal requirements they were breaching in relation to good governance. However, the rating for the question, 'Is the service well-led?' will remain as 'requires improvement' until the provider has demonstrated that they have fully addressed the continuing breach in

relation to treating people with dignity and respect.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider did not ensure that service users were always treated with dignity and respect. Regulation 10(1).

### **The enforcement action we took:**

.A warning notice was issued.