

Messrs A & M Desai - Desai Care Homes

Culverhayes Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Culverhayes Nursing Home is a residential care home providing the regulated activities personal and nursing care to up to 65 people. The service provides support to older and younger adults, people with dementia and mental health needs. At the time of our inspection there were 62 people using the service.

People's experience of using this service and what we found

People were supported safely. Staff had a good understanding of safeguarding and acted in people's best interest where necessary. People had clear guidance in their care plans and staff followed this to keep people safe.

Staff were recruited safely. There were enough staff to enable people to receive person-centred care. There were various types of activities available, including trips out and a combination of indoor activities, so people could choose which they would prefer.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a clear staffing structure within the service and staff were clear about their roles and responsibilities. Staff told us they worked well together using a "whole team approach." The service worked well with external health care professionals, and we saw referrals were made to specialist care services where appropriate.

Staff spoke highly of the leadership of the service; and described it as "10 out of 10." Staff told us there were opportunities for professional development. We received mostly positive feedback from relatives.

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

Rating at last inspection

The last rating for this service was Good (published 5 June 2023).

At the last inspection we recommended the provider review and monitor the management, auditing, and oversight of medicines, to ensure shortfalls, errors and omissions are consistently identified. We found the provider had made improvements at this inspection.

Why we inspected

The inspection was prompted due to concerns received about personal care and pressure area care. We were also informed of an allegation of physical abuse and neglect. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

People were supported safely.

Is the service well-led?

Good ●

The service was well-led.

Culverhayes Nursing Home

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors on-site. We used an Expert by Experience to make phone-calls to relatives following the site-visit. 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

Culverhayes Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Culverhayes Nursing Home is a care home providing nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was temporarily absent from the service, so the service was being led by an interim manager.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people that use the service, 5 relatives, 4 staff and the interim manager. 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 reviewed a range of records. This included people's care plans, daily records, recruitment files, medication records, complaints and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff knew how to keep people safe and understood their responsibilities in relation to safeguarding. One staff explained safeguarding as: "Making sure residents are free from harm, negligence and abuse."
- There was a clear procedure in place for staff to follow in response to incidents and accidents. For example, staff explained the actions to take if a person had a fall. We found the staff responses to be knowledgeable and consistent.
- People had clear information in their care plans to guide staff to support people safely. We found guidance in care plans was followed by staff.
- Relatives we spoke with felt their family member was kept safe.
- We saw safeguarding concerns were responded to appropriately and these had been reported to the local authority safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- We saw there were 2 rooms that were being refurbished during our inspection. The rooms had hazardous items in them such as paint cleaner and power tools. These rooms were left unattended and unlocked at points throughout our inspection, which could have presented a risk to people living with dementia. We raised this with the interim manager, who told us they would speak with the staff involved with these works. We inspected the rooms at a later point in the inspection and found action had been taken to keep people safe.
- The provider assessed individual risks to people and put plans in place to reduce these risks. For example, people at risk of pressure areas had clear information to guide staff to regularly re-position people. Staff followed people's risk management plans and we saw people were being regularly re-positioned. Where people had pressure relieving equipment such as air flow mattresses, we found these were being used appropriately.
- The service undertook regular health and safety checks such as legionella testing, gas safety and electrical safety checks.
- Equipment was regularly checked and serviced to ensure it was in good working order.
- Fire safety procedures were in place, this included regular fire drills and fire alarm checks as well as personal evacuation plans for everyone who lived at the service. Staff understood how to keep people safe in the event of a fire.

Staffing and recruitment

- Staff were recruited safely, and the provider had completed Disclosure and Barring Service (DBS) checks

for new employees, however we found these were not re-applied for at regular intervals, in line with best practice guidelines. The interim manager explained the company policy is to re-apply for employee's DBS randomly, and we saw this was being followed. However, it was not evident the risk of this had been considered.

- There were enough staff to support people safely. One staff told us: "I have never experienced a staff shortage, the manager will arrange cover if it is needed."
- Relatives told us there were enough staff. One relative told us: "There is a decent number of staff – there never seems an issue to find a member of staff."
- We observed staff had time to take part in activities with people, such as completing crosswords together.

Using medicines safely

- At the last inspection we recommended the provider review their auditing processes around medication, particularly around identifying where medicines were not stored at safe temperatures and stock balances of medication. We found improvements had been made in these areas.
- People were supported to receive their medicines safely.
- People had detailed PRN protocols in place which were regularly reviewed. We saw medications were discontinued where these were no longer appropriate.
- Where people were on medicines which required additional checks such as regular blood tests, these were being carried out.
- People received their medicines as prescribed.
- Medicines were stored safely.

Preventing and controlling infection

- We saw some areas of paintwork were chipped and in need of repair. This presents an infection control risk as it prevents these areas from being cleaned effectively. We raised this with the manager who told us the maintenance works were ongoing in the service and the paintwork would be addressed as part of that.
- The home was clean and tidy.
- The service had recently received a '5' rating from the food standards agency, this meant that hygiene practices around food preparation and storage were done in a way that minimised the risk of food related infections.
- Staff were trained in infection control procedures and infection control audits took place regularly.

Visiting in Care Homes

- People were able to have visits from their friends and family at any point throughout the day. There were no restrictions on visiting times.
- We observed people having visits with friends and family during our inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and reviewed by the interim manager. We saw incidents had been acted on appropriately and where possible, actions had been taken to reduce future risk.

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 MCA 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 with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Staff had a good understanding of the Mental Capacity Act. One staff member told us: "Dementia doesn't mean [people] don't have capacity, sometimes [people] are capable of making decisions," and, "Sometimes [people] may not be in their best possible capacity, so sometimes we act in their best interest."
- People's care and support plans contained detailed information for staff regarding people's capacity to make decisions. We observed mental capacity assessments and best interest decisions were carried out where appropriate.
- We saw people were supported in line with the Mental Capacity Act. We observed staff offering people choices, such as a choice of activity.

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 our last inspection we rated this key question Good. At this inspection the rating has remained the same.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was a positive and open culture within the service. Staff described the service as a "whole team process" which worked well.
- People received person-centred care. There were different types of activities available such as 1:1 trips out, group activities and 1:1 activities at the service.
- The service had recently appointed well-being co-ordinators which focussed on improving the well-being of people living at the service and staff. We observed 1 well-being co-ordinator purchasing a card and gift for a person moving into the service.
- Staff told us the supervision process was regular and effective. One staff told us: "We can understand all the things we need to re-learn and we can improve things." Another staff told us: "[Supervisions] tell us where we need to concentrate."
- Staff told us training was effective and robust. Staff told us this was a combination of face-to-face training and e-learning. Staff were happy in their roles.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Statutory notifications were submitted to CQC in line with regulatory requirements.
- There was a clear staffing structure within the service and staff told us they were clear about their roles.
- Audits were effective in identifying shortfalls.
- The service had received 1 complaint since our last inspection. This had been investigated and responded to appropriately.
- Staff spoke highly of the management, and explained there were lots of opportunities for professional development. Staff told us management were approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they were not always involved in the care planning process or care plan reviews of their relative. We raised this with the interim manager, who told us: "The placement and care plan review happens on a pre-arranged basis. The social worker or the placement officer arranges the meeting with the family. This happens 4 weeks after the admission, once the placement is confirmed it is reviewed yearly. As part of the Cedar Care policy, we review our care plans monthly, as well as when a resident's condition changes. The family are informed and encouraged to attend the meetings." The provider informed us they have held a meeting with relatives to ensure they are aware of the care planning and review process.

- There were regular meetings for staff, and staff told us these worked well.
- We saw there were opportunities for relatives to give feedback at monthly 'family and friends' meetings.
- The interim manager told us they had recently received some feedback in one of these meetings, from a relative about them finding it difficult to spend time with their loved one due to their diagnosis of dementia. Therefore, the service has arranged 'dementia awareness' training for relatives.
- At the last inspection, the registered manager discussed their plans for improving the care provision in the service, such as refurbishments and plans for increased community access. At this inspection, we observed refurbishments taking place and observed community visits were taking place regularly

Working in partnership with others

- The provider worked in partnership with others. We saw the service was visited regularly by the general practitioner (GP) and saw that concerns were escalated where appropriate.
- Staff followed guidance from external healthcare professionals, such as a tissue viability nurse.
- We saw referrals were made where appropriate. For example, we saw one person was referred to occupational health for a suitable chair, to enable the person to access communal areas more easily.