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Culworth House Care Home with Nursing

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 11May 2016.

Culworth House is registered to provide accommodation for persons who require nursing or personal care support for up to 35 people. On the day of the inspection 24 people were living in the home.

There was a registered manager in post at the time of our inspection. 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.

Staff had good relationships with the people who lived in the home. There were enough staff to ensure that people received the individual care and support that they required. Appropriate staff recruitment processes were in place; however there were occasions where some staff commenced working in the home, before all necessary checks had been concluded and some of these staff were not consistently supervised in line with their individual risk assessment. There were a range of induction and training programs in place; however training records available in the home were out of date and this made it difficult for the registered manager to assess staff compliance with training. They were taking steps to address the gaps in staff training.

Staff engaged with people in a positive way and people felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care. People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were able to choose where they spent their time and what they did. However there was a need to increase the level of stimulation and activities available to people and a staff member had been recruited with the aim of focusing on this aspects of peoples care and support.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to. There were systems in place to assess the quality of service provided however there was a need

to improve record keeping and to ensure that the auditing processes considered all aspects of the service provided.

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.

Staffing levels ensured that people's care and support needs were safely met.

Staff recruitment and supervision processes were in need of strengthening to ensure that all checks were completed prior to commencing work in the home and to ensure that new staff received the right level of supervision.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Individual risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

There were a range of induction and training programs available, however record keeping was inaccurate and it was difficult to determine what training individual staff had undertaken or who required refresher training.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Requires Improvement

This service was not always responsive.

Staff did their best to provide to provide social stimulation and activities however they did not always have the time to do this and there was a need to increase the level of stimulation and activities available on a day to day basis.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Requires Improvement

This service was not always well-led.

There were arrangements in place to monitor the quality of the service that people received, as regular audits were carried out by the service quality manager and manager.

The audit processes had not consistently identified areas where

improvement was required; training records were inaccurate, environmental risk assessments and some policies and procedures required reviewing.

A registered manager was in post and they were active and visible in the home. People living in the home and staff found them to be approachable and responsive to their feedback.

Culworth House Care Home with Nursing

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.

This inspection took place on 11 May 2016. The inspection was unannounced and was undertaken by two inspectors.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the home and spoke with twelve people who lived there and four of their relatives. We also looked at care records and charts relating to four people. In total we spoke with seven members of staff, including care staff and ancillary staff, the registered manager and the service quality manager. We looked at records related to staff training and recruitment as well as records relating to the quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

Staff recruitment processes were in need of strengthening. Records confirmed that all necessary recruitment checks were carried out in relation to staff working in the home; however some staff commenced working in the home before all checks had been completed. In these instances individual risk assessments had been completed and directed that the staff member should work under the direct supervision of experienced staff. We saw that this was not always happening and raised this with the manager; who took immediate action to ensure that the required level of supervision was in place.

At our previous inspection we identified issues with the way in which medicines were disposed of when no longer in use. At this inspection we saw the issues had been addressed and medicines were safely managed. One person said "I take my medicines every day, they [the staff] bring them to me and they've never missed any". People were encouraged to take their own medicine if they were able, for example, we saw staff give one person their inhaler and they were reminded how to use it and given encouragement to do so. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Suitable ordering and disposal arrangements were in place to prevent excess or inadequate numbers of medicines.

People were supported in a way that maintained their safety and they told us they felt safe; one person said "I'm well looked after; the staff treat me very well. I think there's enough of them and they come whenever I need them". The provider planned the staffing levels using a tool that was based on the dependency of the people living in the home. We observed that there were sufficient staff on duty to keep people safe and support them in a way that respected their choices. Staff were visible and available, particularly at mealtimes when there was always a member of staff present in the dining room. Staff were quick to respond to people in need; for example we observed staff support a person who was coughing, to ensure they were not choking and provide advice and reassurance.

Individual support plans contained risk assessments to reduce and manage the risks to people's safety. Staff demonstrated an understanding of risk assessments and the need to adapt the level of support they provided depending on the person's support needs and circumstances. For example one person chose to spend the majority of time in their room and they told us that staff regularly checked on their safety and well-being and spent time chatting with them to ensure they did not become lonely. Staff described how they followed the risk assessment in one person's care plan to reduce the risk that they would choke when eating and drinking. Individual risk assessments were in place, which minimised the risk of harm and where possible people had been involved in the development of these; where this was not possible their representative had been involved.

We saw there were plans in place for emergency situations such as an outbreak of fire. Appropriate checks of equipment and premises took place and action was taken promptly when issues were identified.

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and discussions with staff demonstrated that they knew how to put these

procedures into practice. Staff described to us how they would report concerns if they suspected or witnessed abuse. The registered manager had submitted safeguarding referrals when necessary, which demonstrated their knowledge of the safeguarding process.

Requires Improvement

Is the service effective?

Our findings

Staff training was provided through a mixture of face to face sessions and computer based on line training. However, training records were out of date and the manager did not know whether staff were up to date with their training or whether they required a refresher; the manager had recognised these issues prior to our inspection and had commenced a series of audits and was taking steps to support staff to complete their training.

Staff received an in house twelve week induction that involved shadowing and learning from experienced staff and mandatory face to face training in manual handling and fire safety. During the induction staff read information on policies and procedures specific to their role in the home. One member of staff told us that they had been able to extend the period of time they were shadowing experienced staff, as they did not yet feel ready to work on their own.

People's needs were met by staff who felt supported by the manager and we saw evidence that regular supervision was taking place. One new member of staff told us that the manager had discussed supervision with them as part of their induction and that there was a plan in place for supervision meetings to take place.

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. The manager and staff were aware of their responsibilities under the MCA and DoLS code of practice. Staff understood the need to gain consent from people and what to do if a person does not have the capacity to consent. Care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of the practice. For example one person had required their mental capacity to be assessed and this resulted in a best interest decision being made. It was evident that the person's relatives had been involved in the assessment and decision.

People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. One person told us "I get a good breakfast lunch and tea. I've no complaints". We observed that there were a variety of options available at breakfast and lunch and people were encouraged to eat as much as they were able to at their own pace. Menu boards were displayed to inform people what was on the menu that day and jugs of cold drinks were available in bedrooms as well as communal areas. On member of staff said "We're really good at encouraging people to have fluids throughout the day. Most people have access

to a drink all the time, it's important. We don't have set times for drinks; they're just encouraged all day".

Care records contained information about people's dietary preferences, how they liked their meals served and the support they required with eating and drinking. People that required pureed or soft food were provided with this, and those that required support with their meals were given support to have items cut up in to manageable pieces, or to have staff support them with eating their meal. Care records contained information on who was at risk of malnutrition and we saw that these people were monitored and action had been taken to increase peoples' nutritional intake. For example: some people were prescribed nutritional supplements.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. Regular GP visits and medical reviews took place. One person told us "If I'm ill, the doctor comes out". We saw instances in people's care records where staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health. Staff also supported people to access a range of healthcare professionals; one person's relative told us how staff were supporting their family member to access audiology services. Chiropody was regularly accessed for people who required it and referrals to speech and language therapists had been requested when needed.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One person said "I couldn't be better looked after, everybody is so kind here". People told us that their family could visit whenever they liked and one relative said "[Name] is very comfortable and alert here. Visitors are well looked after and we can come when we want. For [name's] birthday lots of the family came here for a little party and we had our own room. The staff had even arranged for the hairdresser to come the day before. It was really nice."

Staff engaged well with people and spent time talking to them, people appeared very comfortable when interacting with staff. One person said "The staff are very good, they spend time talking to me". We observed staff supporting one person transfer from their wheelchair to a lounge chair. Staff explained what was happening to the person and offered reassurance. They maintained eye contact and made sure the person understood how they would be moving. Staff offered gentle and reassuring touch to people whilst they were providing assistance, or as they were having conversations with them. We saw that people enjoyed having a joke with staff and interactions were light hearted and happy, one person said ""I always have a laugh with [staff]"

Staff knew about people's life histories and the people and things that were important to them. We saw people chatting with staff who supported them to reminisce about their past lives and people gained a lot of enjoyment from this. We met one person who was unable to verbally communicate with us. Staff understood their communication methods using hand gestures and body language. The person appeared comfortable and content at the home and with staff. People's photos and the things that were special to them were displayed on their bedroom doors; these pictures reflected their hobbies and interests. There was information in people's care plans about their past life, including their past employment, hobbies, proud moments and important events. Staff were knowledgeable about people's backgrounds. For example, one person had a history of dancing and staff initiated conversations about this.

People were encouraged to express their views and make choices. There was information in people's care plans about what they liked to do for themselves. People told us that staff respected their choices to do some things for themselves and to choose where they spent their time. One person said "I always chose my own clothes, but they [staff] help me to dress". The registered manager was aware of how to access advocacy services on behalf of people and information was available regarding people who had a lasting power of attorney or an advocate in place.

People's dignity and right to privacy was protected by staff. One person said "They [the staff] help me have a bath, I don't like showers. They keep me all covered up until I'm in the bath and respect my privacy". Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. For example, one member of staff described how they encouraged people to do what they could for themselves and involved people in what was happening by talking to them. They understood the need to be sensitive when supporting with personal care and described how they always knocked the door before entering a bedroom. We observed that staff

knocked on people's bedroom doors and waited to be invited in before entering the room. One member of staff said "It's their home; we're guests in their home".

Requires Improvement

Is the service responsive?

Our findings

Staff did their best to engage people in activities but they did not always have time to ensure that there were things for people to do. We observed staff engaging with people throughout the day, sharing magazines with people and discussing the articles they were reading. One person said "They [the staff] treat us pretty good. I like going out in the garden when it's hot. I could sit there for hours." However people's relatives told us that they did not think there was enough activities available in the home. One person's relative said "I feel strongly that there are no activities; [Name] might not always join in but she does enjoy baking, planting, mixing. There's no stimulation".

The registered manager told us that they arranged for outside entertainment to visit the home every month; however acknowledged that an on-going staff vacancy had impacted on the level of activities available to people on a day to day basis. They confirmed that a new staff member was starting the day after our inspection and outlined plans to provide more activities and stimulation for people.

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. One person's relative told us "The manager came and met [name] at her previous home to see if they could meet her needs. We were able to come and have a look round here and see what we thought. Then we met the manager and talked about what [name] might need as she can't talk. We answered lots of questions for the care plan and the manager took responsibility for a smooth transition into the home and made sure [name] was settled".

Care and support was planned and delivered in line with people's individual preferences, choices and needs. The assessment and care planning process considered people's hobbies and past interests as well as their current support needs. Person centred care plans were up to date and contained information about people and their preferences. They covered areas such as personal care, eating and drinking, mental capacity and skin integrity. People were involved in planning their care as much as they were able and people or their representatives had signed their care plans to consent to care and support. Relatives were contacted promptly if staff had concerns about the wellbeing of the person.

Care plans and risk assessments were reviewed regularly and updated as required, people or their relatives were involved in this review. For example, we saw that after a fall, the falls risk assessments and wound management plans were reviewed. The care plan was then updated and on-going monitoring of the wound took place.

Staff were knowledgeable about the content of people's care plans and they followed the care plans in practice. For example one person's care plan stated that they needed to sit on a pressure cushion to protect their skin and we observed that staff consistently supported them to do this.

Staff responded to people in a person centred way that respected their choices and met their needs. People told us that they were able to make choices about how they lived their life. One person said "It's lovely here. I like my bed and I can get up when I want, and go to bed when I want".

People and their relatives were aware of who to complain to if they had any concerns about the home. There was a complaints log in place; however no complaints had been recorded this year. Staff were knowledgeable about how to respond to complaints, one member of staff said "If someone wanted to make a complaint I would help them with it if they needed help. Then I would speak to the manager and they would investigate."

Requires Improvement

Is the service well-led?

Our findings

The systems in place for monitoring the quality of the service delivery were not always used effectively and record keeping needed improvement.

There were arrangements in place to monitor the quality of the service that people received as regular audits were carried out by the service quality manager and manager. We saw that actions required as a result of these audits were usually taken in a timely manner. The service quality manager also spoke to people, their relatives and staff to ask their opinion of the home as part of their audit process.

However these processes had not consistently identified areas where improvement was required. We saw that staff training records were collated remotely and that the information held in the home and available to the registered manager was out of date. The training matrix showed gaps in staff training and not all staff were on the training matrix. For example, the manager told us that they had completed all of their mandatory training; however the training matrix showed numerous gaps.

Quality assurance audits had not highlighted that environmental risk assessments had not been regularly reviewed and although policies and procedures were in place for the service however some of these also required reviewing.

People said that the manager was approachable and they felt confident to talk to them about all aspects of the care provided in the home. People felt comfortable to come into the manager's office to speak to them; we observed one person come in to ask a about a planned appointment and the manager was able to reassure them that all was in hand. One relative said that when she had spoken to the manager she had seen improvements in the areas discussed. She said that there had previously been issues around bathing and support to access the toilet regularly for her relative and this had improved since she had discussed her concerns with the manager. Staff said that they found the manager was willing to listen to any ideas that they had for improvement. For example, a new member of staff said that the manager had agreed they could make a list of people's drink preferences, so that that whilst they were getting to know people, they would not continually be asking them how they liked their drinks.

The manager demonstrated an awareness of their responsibilities and expressed a desire to continually improve the service and understood the need to work with staff to ensure that this was achieved; they said "If I can learn and pass things onto to the staff I will". The manager had recently written to people's relatives to invite them to activities in the home, informing them that she had an open door policy, and inviting them to contact her if they had any concerns.

Staff were familiar with the philosophy of the home and the part they played in delivering the service to people. One member of staff said "I really enjoy what I do. It's not institutionalised; people can come and go as they please. We're the guests [staff]. They're [people] the ones that matter".