

Xcel Care Homes Ltd

Consort House Nursing Home

Inspection report

35 Consort Close
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Plymouth
Devon
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Consort House Nursing Home provides care and accommodation for up to 58 older people who live with a physical disability or dementia. The service is on three floors, with access to the upper floors by a passenger lift or stairs. On the day of the inspection there were 51 people living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service overall remained Good but improvements were required in well-led.

Why the service is rated good:

People told us they felt safe. They also told us there were enough staff to meet their individual needs and support them with their social interests. Since our last inspection there had been improvements in the response time in answering people's call bells and to how people's medicines were managed. People lived in a clean environment, free from odour.

People were cared for by competent staff who knew how they wanted and needed to be supported. People told us the meals were nice, but people who required assistance sometimes had to wait for staff to become available. So following our inspection immediate action was being taken to enhance the overall dining experience for people and to review staffing levels at this important time. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and they and their families were encouraged to be involved in decisions relating to their care. People's privacy and dignity was respected. People were cared for and supported at the end of their life by compassionate and trained staff.

People received care which was personalised and they had access to external healthcare professionals to help promote their health and wellbeing.

People's complaints were used positively and as an opportunity to improve the service. The service was well led by a registered manager and provider who were open and approachable. People and staff chatted happily with the manager and had lots of opportunities to share their views. People's personal records were not always locked away; however at the time of our inspection the registered manager took action. The provider's quality monitoring systems were not always effective in identifying areas which required improvement; therefore the registered manager told us action would be taken to rectify this.

Further information is in the detailed findings below.

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 ●

The service has improved to Good because risks to people's care were now be managed safely.

People now benefited from improved responses when they rang their call bell.

People now received their medicines safely.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not well-led.

The providers quality monitoring systems were not always effective in identifying areas which required improvement.

Consort House 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 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.

We visited the care home unannounced on 6 and 7 April 2017. The inspection team consisted of one adult social care inspector, a specialist advisor of nursing care for older people, a pharmacy inspector and an expert by experience - this is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. We also contacted Healthwatch Plymouth and the local authority quality and improvement team (QAiT) for their views about the service.

During our inspection we observed how people spent their day, as well as people's lunch time experience. We also clinically pathway tracked three people. This is a process by which we follow a person's care experience through the service, to ensure their needs and preferences are being met in line with their care plan.

We spoke with 14 people who lived at the service, nine relatives, three nurses, the activities co-ordinator, the administrator and five members of care staff. We also spoke with the lead nurse responsible for clinical care, the registered manager, the provider and a visiting health care professional.

We looked at eight records which related to people's individual care needs and records about people's medicines. We also reviewed documentation pertaining to the management of the service. These included

auditing records, policies and procedures, accident and incident reports, training records, equipment and servicing records, and kitchen menus.

After our inspection we contacted a GP practice and a Parkinson's specialist nurse for their views about the service.

Is the service safe?

Our findings

At the last inspection we found improvements were needed to ensure people's call bells were answered promptly and that people received their medicines consistently and accurate records were maintained. At this inspection we looked to see if improvements had been made, and found action had been taken.

People told us they felt safe, commenting, "It's the environment and the atmosphere that makes me feel safe" and "I feel safe because of my relationship with the staff". To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the manager and were confident action would be taken to protect people.

People told us there were enough staff to meet their individual and social needs, with one person telling us, "There's always enough staff to look after me". The registered manager discussed staffing levels with nursing staff to ensure there were always enough staff to meet people's individual needs and that it was in line with people's care plans. Since our last inspection the registered manager made sure people's call bells were answered promptly by reviewing the call bell response times and taking immediate action when improvements were required. Staff said that overall, there was enough staff but felt people may benefit from additional staffing at lunch time so adequate time and attention could be given to people who required assistance and encouragement, as at present some people had to wait. At the time of our inspection, the registered manager took immediate action to speak with staff about this and to enable solutions to be found.

People had risk assessments in place in order to help protect them from risks associated with their care. One person was at risk of losing weight so their risk assessment provided guidance and direction for staff about what action to take to help prevent further weight loss. For example, regular weight checks, a high calorie diet and that any concerns should be reported to nursing staff. When we spoke with staff, they had an understanding of the person's needs and confirmed these actions took place. This demonstrated staff followed risk assessments to provide consistency for people and to help keep them safe.

People's medicines were administered by staff who had received training. Since our last inspection people's medicines administration records (MARs) were now completed accurately to demonstrate when people received their medicines. People received medicines reviews, and people's mental capacity in respect of taking medicines had been assessed when required.

Medicines requiring cold storage were monitored to check that temperatures were suitable for storing medicines. However, records showed that during March 2017 the temperature had been just above the recommended range on eight occasions and no action had been recorded to rectify this or to ensure that medicines would be safe and effective. This was brought to the attention of the manager who arranged for medicines to be moved, the supply of a new medicines refrigerator and additional staff training and supervision. This ensured that medicines were kept at the correct temperature to maintain their safety and effectiveness and staff knew what action to take if the temperature was out of range in the future.

People lived in an environment which was safe and kept clean and free from odour. Staff undertook training to ensure their ongoing understanding of infection control practices and an infection control audit was carried out to help promptly identify when improvements were required. Fire tests were carried out and equipment was serviced in line with manufacturers' requirements. People had personal emergency evacuation plans in place (PEEPs). These helped to give a summary of people's individual needs for the emergency services in an event such as a fire.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. One person told us, "There's no question about the staff knowing what they are doing, they're impeccable".

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and associated DoLS. Best interest meetings had taken place when required and the details and outcome of these meetings had been recorded in people's care plans. People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks.

People's consent to care and treatment was recorded in their care records, however when a person did not have the mental capacity to consent to sign this form, it had been signed by a nurse and not by the person's legal power of attorney or representative. The registered manager told us she was aware documents had been signed by staff, but confirmed that families had been contacted and been asked to complete the necessary documentation.

People told us they enjoyed the meals, telling us, "The food is very good, it's better than a restaurant", "We get plenty of snacks and drinks" and "I really enjoy the food, it's delicious". The chef told us, "We always try to accommodate people in every way we can". Staff monitored people's food and drink intake to ensure they received enough nutrients in the day. Staff regularly consulted with people and their families about what type of food they preferred to help ensure the food available met people's diverse needs. One person told us, "I'm a vegetarian and they cater for me very well". The registered manager carried out a quarterly observational audit of meal times to ensure people were supported correctly and received high quality meals. The registered manager had already identified where improvements were required, such as changing the format and display of the menu. However, following our inspection the registered manager told us she would be consulting with people, their families and staff about how to enhance the overall mealtime experience for people. This was because we had identified people who required assistance sometimes had to wait for staff to become available and people who required specialist equipment were not always provided with it, such as plate guards.

People were able to access external health and social care professionals to maintain their ongoing health and wellbeing. For example, one person's care records detailed when dieticians had been contacted because of concerns regarding weight loss; and a nurse specialist had been asked to visit when concerns had been raised regarding the condition of one person's skin.

Is the service caring?

Our findings

The home continued to provide a caring service to people. People told us, "The staff are amazing" and "You can't say anything bad about anybody". Relatives were also complimentary of the staff commenting, "Staff take time to talk to dad", "I know a member of staff that stayed late, after their shift had finished, when my husband was ill", "My Dad's face lights up when he sees the staff" and "I have peace of mind when I'm at home knowing my relative is being cared for".

Throughout the inspection there were kind and friendly interactions between people and staff. Staff knew people well and were able to communicate effectively with everyone. One person told us, "They know I love birds, so they put a bird bath outside my room so I can watch them". People's care plans contained information about their previous occupations and achievements which helped enable staff to have meaningful conversations with people.

People's privacy and dignity was respected, staff knocked on people's bedrooms prior to entering and people were called by their preferred name. People's confidential information was not always protected because their personal care records were not always locked away and information was displayed. The registered manager was responsive to our feedback and told us immediate action would be taken to address this.

People and their families were involved in decisions regarding their care. People's care plans were reviewed on a monthly basis to ensure the content was reflective of people's wishes and preferences. Relatives told us, "The home involves the family in everything" and another relative explained, "I know that the care attention [person's name] received is brilliant, and that if there are any issues, I am informed of these, they are communicated with professionalism and kindness".

People were supported to keep in touch with friends and family. People's families were able to visit at any time; one relative told us staff were always "welcoming".

People were supported at the end of their life by staff who had received training in palliative care. This meant people were cared for by staff who had the competence to assist people with a pain free and dignified death. People had care plans in place which detailed their wishes prior to and after death so staff knew what people wanted. Thank you cards and letters received by the service showed the gratitude towards the staff during such times, with one family commenting "I hardly know where to start to express the since gratitude of our entire family for the loving, wonderful and caring way you looked after our [relative].

People's equality, diversity and human rights were respected. People's care plans reflected their religious preferences and visiting clergy visited the service.

Is the service responsive?

Our findings

The service continued to be responsive. People had care plans in place which provided guidance and direction to staff about how to meet their individual needs. People's care plans were reviewed to ensure they were reflective of people's current care needs.

People told us, "The staff always give me quality time" and "It's just like home from home". People's independence was encouraged with one relative telling us, "My relative is more mobile than when she was at home".

People's social needs were met, people told us "I like to borrow films from the library and watch them in my room", "There's always plenty to do, but if you don't want to join in you don't have to" and "The sing a longs we have are great, nothing better than a good sing song".

People's complaints were responded to positively and used to help improve the service. For example, there had been a complaint about the laundry service, so action had been taken to make changes to staffing. Communication amongst staff had also been criticised by some families, so the registered manager was taking action to introduce a new staff key worker system which they hoped would help by giving families a named staff member to liaise with.

Is the service well-led?

Our findings

Aspects of the service were not well-led.

The registered manager was passionate about driving and assuring quality care and to assist with this had introduced a comprehensive system of audits to help identify if improvements were needed. These audits had helped to change the service, for example an audit had identified staff required training updates, staffing levels had been reviewed and the laundry service had been adapted. However, these audits had not always been effective in identifying when improvements were needed in respect of fridge temperature monitoring, the meal time experience, and the storage of confidential information. At the time of our inspection the registered manager told us she would be taking prompt action to rectify this by improving the content and quality of some audits.

The provider visited the service on a monthly basis and carried out an independent review of the quality of service, this included speaking with people, visitors and staff. Feedback was provided to the registered manager and when required, action plans were put into place and their completion followed up. However, the provider's quality monitoring systems had failed to highlight the areas requiring improvement.

The registered manager was highly thought of, by people, relatives and staff. People told us, since the registered manager had been in post they had seen positive changes and a change to the culture of the service. Staff told us they felt confident about raising concerns, and that they knew action would be taken as a result. People were comfortable and relaxed speaking with the registered manager, whose office was located in the centre of the home and during the inspection people and staff freely chatted.

The provider encouraged open communication with people, relatives, staff and external professionals to help develop the service and improve the ongoing quality. Meetings took place on a monthly basis, questionnaires were distributed and the results collated and displayed with action plans shared.

The registered manager told us they felt well supported by the provider and confident to raise any organisational issues. On the day of the inspection the provider attended the inspection to support the registered manager and to participate in the inspection.