Leonard Cheshire Disability

# Cossham Gardens - Care Home with Nursing Physical Disabilities

## Inspection report

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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? | Good |

# Summary of findings

## Overall summary

Cossham Gardens is registered to provide accommodation and personal care including nursing care for up to 21 people with complex physical needs. At the time of our inspection 20 people were using the service.

The inspection was announced. The provider was given 48 hours' notice because we visited at the weekend and, we wanted to make sure people using the service, the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

At our last inspection in September 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not always ensured people's care records contained clear instructions for staff to follow.

At this inspection we saw the provider had taken the action they had identified in their action plan. As a result improvements had been made and the service was no longer in breach of this regulation.

At the last inspection, we rated the service as Good overall.

As a result of this inspection we found the service remained Good overall.

Why the service is rated good:

Overall, we found people received safe, individualised care that was usually provided by staff that knew them well.

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.

Staff understood their role and responsibilities to keep people safe from harm. Individual risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability to work with vulnerable people. Medicines were safely managed and people received their medicines as prescribed.

People received care and support from staff that understood their needs and knew them well. Staff received regular supervision and the training needed to meet people's needs. The service had systems in place to ensure they complied with the requirements of the Mental Capacity Act 2005 (MCA). Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was highly individualised. They were offered a range of group

and individual activities.

There was a clear and effective management structure in place. The registered manager and other senior staff provided good leadership and management and were themselves well supported by the provider. The safety and quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

## 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 remains Good.

### Is the service effective?

Good

The service has improved to Good.

People needs and how they were to be met were clearly documented and, records were maintained to evidence the care and support was provided.

People received care and support from staff who received the supervision and training required to meet their needs.

The service provided to people complied with the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People had access to a GP and other healthcare professionals when needed.

Staff ensured people had enough to eat and drink and, that their personal choices and preferences were catered for.

### Is the service caring?

Good

The service remains Good.

### Is the service responsive?

Good

The service remains Good.

### Is the service well-led?

Good

The service remains Good.

# Cossham Gardens - Care Home with Nursing Physical Disabilities

**Detailed findings**

## Background to this inspection

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

This comprehensive inspection took place on 25 November 2017 and was announced. The inspection was carried out by one adult social care inspector.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider had given us in their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We contacted five health and social care professionals involved with the service and were provided with a range of feedback. Following our inspection we exchanged correspondence with two further professionals regarding the service provided to people. We have incorporated views and comments shared with us by professionals into the main body of our report.

On the day of our inspection we spoke with four people using the service. Not every person was able to express their views verbally. Therefore we carried out a Short Observational Framework for Inspection session (SOFI 2) in a communal area of the home. SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We also spoke with

family members of two people visiting their relatives.

We also spoke with a total of eight staff, including the registered manager, two registered nurses, two team leaders and three support workers. Following our inspection we exchanged correspondence with a physiotherapist employed at the home.

We looked at the care records of six people using the service, training records for all staff, staff duty rotas, records relating to the contents of staff personnel files and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment and equality and diversity.

Good

# Is the service safe?

## Our findings

People told us they felt safe. They said; "Yes, I feel very safe here" and, "I am fine here, very safe and well looked after". Relatives also felt the service kept their family member safe. Comments included, "Oh yes, I think she's safe here" and, "He feels so safe here because he knows the staff. He's a people person and he has good relationships and banter with them". We saw people were relaxed and comfortable in the presence of staff and seemed to enjoy their company.

Staff knew about the different types of abuse what to look for and what action to take when abuse was suspected. They were able to describe the action they would take if they thought people were at risk of abuse, or being harmed. They told us they would report any concerns they had about a person's safety or welfare to the nurse in charge or the registered manager. They knew they could report directly to the local authority, the Care Quality Commission (CQC) or the Police. We saw managers and staff had appropriately raised safeguarding concerns in the 12 months since our last visit. Staff completed safeguarding training as part of the induction and on-going training programme. Staff knew about 'whistle blowing' to alert management to poor practice.

There were comprehensive individual risk assessments in place. Where people needed to be assisted to move from one place to another a safe system of work had been devised. This set out the equipment to be used and the number of staff needed to support people safely. Risk assessments were completed where bed rails were in use to ensure these did not pose an increased risk to the person. Where it had been determined that a person was at risk of choking a management plan was in place, healthcare professionals were consulted with and the catering staff were informed. The risk assessments and management plans in place contained clear guidance for staff and, detailed the staff training and skills required to safely support the person. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe. Assessments and management plans were regularly reviewed with the involvement of relevant professionals.

Personal emergency evacuation plans had been prepared for each person. These set out the level of support the person would need if the building needed evacuation. A schedule of regular checks of the safety of the environment and equipment was in place and these were carried out. These included fire safety checks, hot and cold water system checks and an assessment of any maintenance required. At the time of our inspection people and relatives reported water in one part of the home was not warm. We saw the provider had made arrangements to ensure people were able to access hot water when needed. The registered manager also confirmed the home's maintenance officer had arranged for this to be rectified. Following our visit we received confirmation this had been completed and that hot water was available throughout the home.

People were supported by sufficient numbers of staff to meet their needs. A call bell system was in place for people to request staff when needed. When activated these were answered promptly by staff. Staff we spoke with said there was enough staff to safely provide care and support to people. People, relatives and professionals also said there was enough staff. Although some expressed concern that agency staff when

used did not always know people and as a result were not as effective as permanent staff. We saw agency staff were used on occasions to cover staff absences. The registered manager told us they tried to ensure the agencies used sent staff who had previously worked at the home. They told us this was an area they kept under constant review, to try to ensure staffing was not only maintained at safe levels, but also ensure people were cared for and supported by staff who they knew.

We found that recruitment practices were safe and relevant checks were completed before staff worked in the service. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. The provider also checked to ensure that qualified nursing staff were registered to practice with the Nursing and Midwifery Council.

Clear policies and procedures for the safe handling and administration of medicines were in place. Medicines were securely stored and records of administration were kept. Regular auditing was carried out to ensure they were stored and administered safely.

When people were at the home medicines were administered by qualified nurses who received regular update training on administering medicines. Some support workers had received training to administer emergency medicines if people needed them when away from the home. This meant people did not have to stay in their home for a nurse to give them their medicines. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them, mainly for pain relief. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. Some people took their medicines through a percutaneous endoscopic gastrostomy (PEG) tube, where this was the case clear guidance was in place. There had been not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on action to be taken if an error occurred, this included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

Records of any accidents and incidents were completed and kept. These analysed what had happened before, during and after the incident or accident. Preventative measures to be taken to reduce the risk of reoccurrence were then identified. We saw a team leader had been given the responsibility of regularly reviewing these to identify any themes or trends. They told us additional oversight of these was undertaken by both the registered manager and staff at the provider's offices with responsibility for health and safety management.

People required assistance with moving and handling which involved the use of hoisting equipment. When these hoists are used, people require individual assessed slings of the correct size and type. These are then fitted to the hoist to keep the person safe. It is important that people are assessed to ensure they have the correct size and style of sling. This ensures they are safe and comfortable when being moved. These slings can also pose an infection control risk if shared between people. People had their own identified sling used only by them.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Those we spoke with had a good understanding of how to prevent infection and control its spread. Cleaning materials were stored securely to ensure the safety of people. The home was safe, clean, well maintained and odour free.

Good

# Is the service effective?

## Our findings

At our previous inspection in September 2016 we found the provider had not always ensured people's care records contained clear instructions for staff to follow.

At this inspection we found significant improvements had been made.

Each person's needs had been assessed with plans then drawn up giving guidance on how their needs were to be met. Staff told us they found care plans contained the guidance they required to provide effective care and support. We saw staff provided care and support in accordance with these plans. For example, where people required monitoring of their blood sugar levels to manage diabetes, clear plans were in place to assist in identifying if these were too high or too low. Guidance was then provided on the action required if this was the case. Some people required the use of suction equipment to maintain their airways. Other people needed assistance when experiencing a medical emergency as a result of epilepsy. Clear guidance was in place describing when and how this was to be provided. Support workers told us they were familiar with the content of these plans and, we found they were able to describe the care and support people required.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the MCA and DoLS. Care plans contained assessments of people's capacity to make specific decisions relating to their care.

Where people had been assessed as having the capacity to make particular decisions these were respected and promoted by staff. Staff actively promoted people making their own day-to-day choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind.

Where people lacked the capacity to make particular decisions we saw a process of best interest decision making had been followed. This ensured that decisions taken on the person's behalf were considered by the most relevant professionals and individuals advocating on the person's behalf. These best interest decisions

were clearly recorded.

Some people in the home had a DoLS authorisation in place. The registered manager had informed CQC as required when DoLS applications had been authorised. The dates of applications were submitted and authorisations received expired were monitored by the registered manager. This meant they were able to review if and when a new application needed to be submitted.

People were cared for by staff who had received the training required to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training which included; first aid, infection control, fire safety, food hygiene, moving and handling, equality and diversity, safeguarding vulnerable adults and mental capacity. Staff told us the training they received had been effective in assisting them to meet people's needs.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

Staff received the support required to effectively carry out their roles. The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

Care records showed people's nutritional needs were assessed and kept under review. People's care records contained information about people's nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met. We noted where people's intake of food or fluid was being monitored the charts were completed accurately by staff. Menus choices were balanced with a choice of fresh meat, fish and fruit and vegetables. We observed a variety of drinks and snacks were available for people throughout the day. Some people were unable to take food and drink by mouth. They took fluid and nutrition through a percutaneous endoscopic gastrostomy (PEG) tube. Records of this were well maintained.

People's care records showed relevant health and social care professionals were involved with people's care and support. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle. People were registered with the local GP surgery. People were supported to visit the GP's surgery wherever possible. However, a GP visited the home every Monday to see people unable to visit the surgery.

Cossham Gardens is a purpose built facility completed around 17 years ago. The home has wide corridors allowing space for people using wheelchairs. The home had a number of communal areas including lounges, dining areas, activities rooms and a sensory room. Individual rooms are fitted with ceiling track hoists for people to be easily moved from beds to chairs. Each person's room was highly individual with decorations and pictures reflecting their tastes and interests.

Good

# Is the service caring?

## Our findings

People told us staff were caring. They said, "The staff are kind. I am treated very well" and, "The care here is very good. The staff are kind and helpful". Relatives also confirmed staff were kind, caring and compassionate.

Whilst at the service we saw people were treated in a kind, caring and respectful way by staff. Staff were friendly, sensitive and discreet when providing care and support to people. They knew people well and clearly respected them. They were able to tell us about people's hobbies and interests and individual preferences.

We observed a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Staff spoke about people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, care plans contained information on people's first language when it was not English, their religious preferences and how these were practiced, the preferred gender of their care staff and how their sexual orientation and where relevant same sex partnership was celebrated. Staff were able to tell us about people's needs in these areas and we saw examples of these plans being positively implemented. One person told us how staff helped them engage with their religion. Each member of staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. People and their relatives said they were involved in decision making regarding care arrangements. This was reflected in people's care plans. Relatives and friends were encouraged to visit and join in with activities and specific evenings were held for them to discuss events or ideas they might have. People were encouraged to invite family and friends to the Christmas Day lunch. Staff said they felt it important to help people to keep in touch with their families. The need for independent advocacy had been identified and sought for some people.

The service operated a named nurse and keyworker system. These roles had been established to encourage and enhance a personalised approach. The keyworker role provides a link between the service, the person and their family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way.

Promoting people's independence was a theme running through people's care records and our discussions with staff. Guidance was in place for staff on how to work alongside people providing coaching to carry out activities themselves. Staff told us they saw this as a key part of their role.

People were treated with dignity and respect. Staff knocked on people's doors and sought permission before they entered people's own rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout. Staff carefully sought people's views. This was achieved by observation of people's reactions and where possible discussion with keyworkers and regular care plan reviews which were clearly recorded.

Staff we spoke with said they felt the care people received was good and, when asked, all said they would be happy for a relative of theirs to use the service.

Good

# Is the service responsive?

## Our findings

People received care and support that was flexible and responsive to their needs.

Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes. They had been developed using a range of person centred planning tools. Person centred planning tools are methods that help people think about and plan their life, ensure their needs are met and identify and achieve their goals. These plans were regularly reviewed on set dates or when people's needs changed. Relevant health and social care professionals were involved where required. Professionals told us their advice was listened to and acted upon by staff.

A range of individual and group activities were offered to people based upon their hobbies and interests and, likes and dislikes. These were carefully planned and included activities both outside and within the home. Staff told us it was important for people to be active and have opportunities to engage in their hobbies and interests. The service employed an activities organiser and an assistant. At the time of our inspection two occupational therapy students were on placement at the home.

Activities were varied and provided throughout the home. We saw the activities room was well supplied with craft and other items. The home had also successfully raised a significant amount of money to provide additional equipment in the sensory room. People were supported to go on trips and activities within their local community. The home had a number of adapted vehicles for people's use. People and relatives told us there were enough activities offered to them.

The service made good use of volunteers. These included corporate groups. This involved the provider arranging with employers to visit the home and help people and staff carry out specific activities. Examples included; redecoration of communal areas of the home and gardening work. This, in addition to the varied activities people participated in, helped in reducing the risk of social isolation.

A physiotherapist was employed at the service. The current post holder had only recently started work, having replaced the previous physiotherapist. They were assisted by a physiotherapy assistant. People, relatives and staff all said they were looking forward to this person providing further guidance on exercises and rehabilitation programmes.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required.

One person was experiencing a worsening of a specific health condition that had resulted in significant changes to their needs and behaviours. Staff told us they had found this very challenging. We saw the registered manager had involved a specialist nurse who was providing staff with training and guidance on how to respond. Staff told us this had been very helpful and allowed them the opportunity of sharing their concerns and learning how to better care for the person.

Another person had benefitted from intensive input from the home's physiotherapist and staff, who had liaised with other agencies including; speech and language therapy, specialists in neurology from the Brain Injury Unit the GP and their family. This resulted in the removal of a tracheotomy tube as they no longer required this to breathe safely and, them being supported to eat small amounts of pureed food. As a result they had been able to spend time at the home of a family member on special occasions such as birthdays and Christmas.

Daily recordings were well maintained and gave a good picture of the care and support they received. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers. We observed a staff handover on the day of our visit and saw this provided incoming staff with the information required.

Some people had pressure relieving mattresses on their bed. These help minimise the possibility of sore areas developing. To work effectively these must be set according to the weight of the person using them. We saw these were correctly set and regularly checked by staff.

Care had been taken to identify how people were to be cared for if they became unwell as a result plans had been developed to provide guidance for staff on what to do if this occurred. These had been completed with people's relatives and included details of when people wanted to be admitted to hospital and when they preferred to stay at the home. These included details on decisions people had made on hospitalisation and where appropriate a DNACPR. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse. Some staff had attended end of life care training provided by a local hospice.

The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainant. Three complaints had been received in the 12 months leading up to our visit. We saw each had been investigated thoroughly and feedback provided to the complaint. People and relatives told us they felt able to raise any concerns they had and, were confident they would be taken seriously with action taken to resolve their concern. This showed the provider and staff took complaints seriously and saw them as a way of improving the service provided to people.

Good

# Is the service well-led?

## Our findings

People benefitted from receiving a service that was well led.

Staff we spoke with understood the vision, values and culture of the service and were able to explain them. We saw there was a person centred culture and a commitment to providing high quality care and support. Staff provided us with any information we requested promptly and were available to answer any questions we had. The registered manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

The management structure was clear and understood by staff, relatives and health and social care professionals. The registered manager was assisted by a deputy, three team leaders and 11 registered nurses. In additional to holding a professional health care qualification the registered manager had also completed their level five diploma in the leadership and management of health and social care.

Staff told us the registered manager had been in post for many years and knew people well. They said this meant they were able to ensure the service met people's needs. Without exception we were told the registered manager was supportive and approachable. Comments included; "We gave a good team and a great manager", "The support from (Registered manager's name) has been great, particularly with recent difficulties caring for one person" and, "(Registered manager's name) is brilliant, really professional and supportive". People and their relatives said the manager regularly spoke with them and checked on whether they were happy with their care and support. Comments included; "(Registered manager's name) is an excellent manager and a good listener", "I can talk to her anytime" and, "If we have any concerns we can talk to her, she is always available". Staff told us they were able to raise any concerns regarding poor practice with them or other senior staff and were confident these would be addressed.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

The provider operated an on call system for staff to access advice and support if the manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed.

Comprehensive systems were in place to check on the standards within the service. These included regular planned checks on areas such as; medication, equipment, care records, activities, answering of call bells and infection control. The provider had put in place a quality assurance programme which included; the registered manager completing an audit based upon CQC's key lines of enquiry (KLOES) a senior manager audit and surveys of the views of people using the service. We saw all of these audits had been completed and that actions identified that could not be immediately rectified, had been incorporated into an

improvement action plan.

Staff had been delegated lead roles. The registered manager explained this allowed them to develop their expertise and ensure this was cascaded to relevant staff. These lead roles included; infection control, health and safety, personalisation and medicines management.

A planned schedule of staff meetings was in place and we saw these were held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. One staff member told us how they appreciated the detailed pregnancy risk assessment carried out with them.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

A copy of the most recent report from CQC was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessment of the provider's performance.

At the end of our inspection feedback was given to the registered manager. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.