

Curzon Professional Services Limited

Curzon Park Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

We inspected this service on 12th and 14th January 2016 and the first day of the inspection was unannounced.

Curzon Park Residential Home is registered to provide accommodation with personal care for up to twenty five people living with dementia. It is a large detached property set in its own grounds consisting of twenty three single rooms and one double room. At the time of this inspection there were 23 people living at the home.

There is a registered manager in place at this service. 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.

A previous inspection undertaken in June 2013 found breaches of legal requirements around the maintenance of the environment and security of records. An action plan was received and further inspection in November 2013 found that the service met the regulations.

On this inspection we identified a number of concerns and a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to taken at the back of the full version of the report.

We found the registered provider had no quality assurance system in place and therefore many of the issues identified during the inspection had not been highlighted by the service. Medication audits were not robust and failed to highlight discrepancies in medicines management. There were no audits completed in regards to infection control, the environment or documentation relating to people who used the service.

People told us they were supported with their medication and commented that staff were "good with her tablets" and "on the ball with medication". The administration of medication was carried out safely however, there were concerns regarding some aspects of the recording of medication.

People told us that they felt safe at the service and that the staff understood their care needs. People commented "The staff are lovely", "The staff are very friendly and caring", "The home is small and homely" and "People here are happy and safe."

The staff team understood people's care and support needs, and we observed people were treated with kindness and respect. We looked at the care records of people who lived at the service and found information was person-centred, reflected people's needs and wishes and was up to date.

People told us the food was good. We observed the lunch time meal being served and saw that sufficient

staff were available to help people as required throughout the mealtime.

The registered provider had policies and procedures in place to guide staff in their day to day work, We looked at staff training and we saw that staff undertook a range of training in line with their identified roles. Staff had up to date supervision and appraisals and had the opportunity to attend relevant meetings. Good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people could be confident that they were protected from staff that were known to be unsuitable and that staff were competent in their roles.

The registered provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. Staff had received training in safeguarding adults and during discussions said they would report any suspected allegations of abuse to the person in charge. Policies and procedures related to safeguarding adults from abuse were available to the staff team. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at the service.

People lived in an environment that was clean and hygienic. However, parts of the building were tired and we considered that it would benefit from redecoration and refurbishment.

There was enough staff working to meet the needs of people. People who lived at the service said that staff were available when they needed them. We noted that an activities coordinator was employed at the service and that a range of activities were available to people to encourage social contact and stimulation.

People told us they would approach the staff on duty or the management team if they had a concern or complaint. The registered provider had not received any complaints over the last year, however, processes were in place should a complaint be raised and these showed they would be dealt with in a timely manner.

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.

Medication records were not accurate which meant that medication recording processes were not robust.

Safeguarding procedures were in place and had been followed by the service which meant that people who used the service were protected from abuse.

We found that recruitment practice was safe and policies and procedures were in place to ensure that unsafe practice was identified. People were protected from staff that were unsuitable to work with people who lived at the service.

Is the service effective?

Good 

The service was effective.

We found there was a choice of meals available and people told us that the meals were good.

People's rights were protected because the Mental Capacity Act (MCA) 2005 Code of Practice was followed when decisions were made on their behalf.

Staff undertook a range of training that was relevant to their role. Staff had up to date supervision and appraisals and had access to a range of meetings.

Is the service caring?

Good 

The service was caring.

People commented on the staff team saying they were very caring and showed dignity and respect for the people they supported.

We saw that staff encouraged people to make decisions on a day to day basis and staff were friendly and caring.

Is the service responsive?

Good 

The service was responsive.

Care plans were person-centred and regularly reviewed. This meant that information was centred around the individual and that people could be confident information was up to date and accurate.

We looked the complaints process and found that appropriate processes were in place and these would be used to deal with any issues raised.

A range of activities were available to people to encourage involvement and social stimulation.

Is the service well-led?

The service was not always well led.

The service had no quality assurance systems in place, in order to ensure that all areas of the service were assessed and monitored to protect the health and safety of people who used the service.

A registered manager was in place that was supported by care and ancillary staff. We saw the registered manager had an open door policy.

We observed a culture of openness and a friendly and warm atmosphere amongst the people who were living at the service.

Requires Improvement ●

Curzon Park Residential Home

Detailed findings

Background to this inspection

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

We inspected Curzon Park Residential Home on 12 and 14 January 2016. The inspection was unannounced on the first day. The inspection team consisted of one adult social care inspector.

During the inspection we observed staff supporting people who used the service. We spoke with four people who used the service, three relatives, the registered manager, and six staff members. We spent time in the office looking at records. These included three people's care and support records, two staff recruitment files and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals, complaints and any other information from members of the public. Before the inspection we examined notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority contracts and safeguarding teams for their views on the service. None of these people had any concerns about this service. Healthwatch had visited the service in May 2014 and they stated that "The home was well led, people were well cared for but some areas were in need of refurbishment." Healthwatch is the new independent consumer champion created to gather and represent the views of the public. The infection control team visited in November 2015 and they stated that "The staff engaged well with them and that some areas were in need of refurbishment." They confirmed that issues raised on the action plan had been addressed.

Is the service safe?

Our findings

People who lived at the home and their relatives told us they felt safe. Comments included, "I am safe here", "[name] feels safe here", and "[name] has settled well here."

Relatives said that there was always staff about when they visited and that they were very welcoming to visitors. One person commented "It's a very stable staff team here." People confirmed there was staff available when they needed them. We looked at the staffing rotas and noted there were staff available throughout the day and night. The registered manager explained that she used two local agencies for staff and currently they were supporting the current staff team to cover two long-term sick posts. The registered manager said that they ask for staff who had previously worked in the home whenever possible. We spoke with one of the agency staff who had worked at the home on a few shifts. During discussions they stated that the staff were great and that there was a "homely" feel to the place. The registered manager confirmed there were no staff vacancies at this time and that staff turnover was low.

We looked at the recruitment files of two staff members. Staff had completed an application form and two references had been taken which included the staff member's previous employer where applicable. Identity checks had been completed which included a Disclosure and Barring Service (DBS) check. A DBS check is undertaken to ensure that staff were suitable to work with people who may be deemed vulnerable. A contract of employment which included information on their terms and conditions of employment at the home was included in each file. The checks made and information gathered during the interview process meant that people could be confident that a robust recruitment process had been undertaken with staff before they were employed at the home.

We spoke with staff about how they would keep people safe. They gave us explanations of types of abuse and were aware of how to report concerns. Staff were aware of the safeguarding policies which were kept in the office and they felt confident they would report any concerns appropriately. Staff had received training in protection of adults and training records confirmed this.

Risk assessments were completed for people who lived at the home and included a range of activities such as moving and handling, falls, nutrition and pressure area care. We found these were well documented, up to date and had been reviewed on a regular basis. However, there was a tumble drier was in situ in the quiet/activities lounge. The registered manager explained that it was not used unless a member of staff was present at all times in the room. We visited the lounge on two separate occasions to find the machine on and no staff in the room. There was no risk assessment was in place to ensure the safety of people who lived in the home whilst this was in use. We discussed this with the registered manager and she agreed to move the tumble drier to an area of the home not used by people who lived there. On the first floor we found that "child gates" were used across parts of the corridors. The registered manager explained that the gates were used as a safety measure at night. When people had been assessed as possibly "wandering" at night, sensor mats had been placed in the bedroom and the "child gates" gave staff the opportunity to get to them before they arrived at the top of the stairs. However, no risk assessment was in place for their use and the registered manager assessed people for first floor rooms to ensure they were "safe" to use the stairs. The registered

manager agreed that the "child gates" would be removed as soon as possible and would not be used. Following the inspection the registered manager confirmed that the gates had been removed.

Accidents and incident were recorded and copies kept. A log of these was also kept and the registered manager said that she reviewed these every six months. The log showed a brief description of the incident, number of incidents within the six months and an analysis of events. This meant that the service was not reviewing accidents in a timely manner in order to identify themes or trends and to minimise the risk of further harm. We discussed this with the registered manager and she agreed to the timeframe of her analysis and to add in factors such as the time and location of incident and any actions taken. The registered manager explained that when falls increase they reviewed the person's medication; footwear; put a sensor mat in place if appropriate and speak with the person's GP. However this process was not documented in the person's risk assessment plan.

The registered provider had an emergency arrangements policy in place which included actions to be taken in the event of a serious incident, such as disruption to the service, electrical failure or evacuation. We found that some of the information was out of date and the registered manager agreed to update this policy.

People told us they were supported with medication administration and relatives confirmed that support was given as required. Comments from relatives included "My relative is supported, they use a blister pack system", "Yes, they are on the ball with the meds" and "They come with the medication at certain times each day, they are good with [name] tablets." We looked at the Controlled Drugs (CD) procedure. We reviewed two peoples medication and saw that with one the CD count was in error, there was one tablet more in stock than recorded in the CD book. Another person's medication was still recorded as being in the home, however, they were in hospital and had taken their medication with them. We asked the care manager about audits of the CD book and they stated it was audited every eight weeks, however, there were not medication audits recorded. Medication was stored securely and appropriately. A monitored dosage blister pack system was in place which meant that people's medication was dispensed by the pharmacy into blister packs to assist the service in the administration of medication. Three Medication Administration Record (MAR) sheets showed the medication prescribed and was signed by the staff upon administration. It also included a photograph of the person, their medical diagnosis and any known allergies.

People told us the home was kept clean and free from unpleasant smells. Relatives commented that the home was always "clean and fresh" and "homely". One person who had recently moved into the home said "I looked at four homes, and this one was definitely the best" and "First impressions are excellent".

We toured the building, including the communal areas and a range of bedrooms. We noted that the home was clean and free from unpleasant odours. We were told that plans were in place to build an extension which would incorporate a new kitchen, laundry, communal areas and bedrooms. However, a start date for this had not been given.

We observed that in many areas the décor and general environment was tired and dated and refurbishment throughout would be of benefit to people who lived there. We noted that many of the outside window frames had peeling paint and on some were down to bare wood. Reviewing, repairing and painting these should also be considered. The registered manager agreed to discuss all these issues with the registered providers and to ensure that a maintenance and refurbishment plan was produced.

We saw that safety checks were in place for the gas and electrical safety and that other environmental checks had been undertaken and were up to date. The fire alarm and nurse call systems were regularly checked and serviced. An up to date fire risk assessment was in place and personal evacuation plans were

included in people's care plans. Also a summary of the personal evacuation plan was kept near to the front door, for easy access to this information in the event of an emergency. This meant that good systems were in place to ensure that the home was safe.

Is the service effective?

Our findings

People told us that they enjoyed the food and that choices were available. Comments included "The meals are nice", "The food seems ok" and a relative said "I have shared a meal here and it was fine." We spoke with the cook on duty who explained that there was a choice of meals each day. However, we noted that on some days there was only one choice of meal, such as a roast dinner, beef casserole and gammon. The cook said that most people liked these meals but if they wanted something else then it would be provided. They said at present they catered for a number of specialist diets. We observed the lunchtime meal on the first day of our inspection and saw a choice of sausages or fish fingers offered to people. A range of cold drinks were offered to people during the meal time and hot drinks were provided following the dessert. People said the meal was "nice" and that they had "enjoyed it".

The cook told us that people who were at risk of malnutrition had supplement drinks prescribed and that they also added full fat milk and added butter to the meals to help to increase people's weight. Records were kept and seen on fridge, freezer and hot food temperatures. There was a cleaning schedule was in place for the kitchen area. Freezers were stored in an outbuilding next to the laundry room. There was instructions on different freezers to what the contents should be but we noted that some items had not been stored in the correct freezers. We brought this to the attention of the registered manager who said they would address this.

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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity and had submitted standard authorisations to the local authority for people who lacked capacity. None of these had been authorised to date. The registered manager explained that they were waiting for them to be authorised but the local authority had informed them that there was a bag log at present. Staff told us they had received an introduction to Mental Capacity which included deprivation of liberty safeguards, however on discussion with the staff team their understanding was not clear and further training may be of benefit.

People and relatives told us they thought staff had sufficient training to meet people's needs. One relative said "They seem to know what to do" and another person said "Yes, they seem to have enough training." We saw the staff training matrix and saw that a range of training certificates were held on staff recruitment files. These included training completed during the induction process. We saw that most staff had completed National Vocational Qualification level 2 and/or 3. An NVQ is a nationally recognised qualification and

showed that people who used the service were supported by staff that had good knowledge and training in care. Staff explained they had undertaken a range of training and had recently completed protection of vulnerable adults (POVA), first aid, fire awareness and medication awareness. Staff confirmed they had undertaken NVQ 2 and one staff member said they were currently undertaking NVQ level 3.

Staff told us they received regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. Staff were also invited to attend regular meetings. We saw the minutes of meetings which were held regularly. This meant that staff had the opportunity to discuss their work and the service with the management team. Discussions showed that staff had a good understanding and knowledge about the people in their care and the support required to meet their needs.

We discussed the induction programme with the staff team. Staff had worked at the home for a number of years and said they had undertaken an induction process which had included shadowing an experienced staff member for a couple of shifts. We were told that a basic induction was carried out on the first day with a checklist and copies of this were seen on staff files. Following this staff would undertake the Skills for Care workbook of standards. Once completed this would lead to the Care Certificate being issued. This meant that staff had received induction training appropriate to their role.

The environment had not been adapted to meet the needs of people living with dementia. The signage, design, layout of the building and décor did not help people's independence or assist in meeting their needs. For example there were no signs for people to follow to show where bedrooms and toilets were around the building, this could make it difficult for people with memory problems to navigate around the home. Consideration needs to be given to adapting the environment to meet the needs of people living with dementia.

Is the service caring?

Our findings

We saw a range of cards and letters complimenting the service. Comments included "Thank you for all the care you gave Mum", "We appreciate everything you do", "Thank you for your care and kindness" and "A heartfelt thank-you to you all."

People and relatives told us about how they or their relative preferred to receive their care and that they spoke to staff about their preferences. The registered manager and staff carried out a pre-assessment visit and asked people about their needs and wishes and these were documented at the time. People's likes and dislikes of food were seen on the wall in the kitchen and other preferences were noted in the care planning documentation. One relative commented that "[name] likes creamy and sweet things, and the staff know this".

People said the staff were kind and caring in their approach. Relatives said "[name] needs are being met", "It's important to get good care, and you do here" and "People here are happy." The interactions between staff and people during our visit showed that staff knew each person well. Staff were happy and supportive in their manner. Throughout the day we saw that staff were friendly in their manner towards people. People were at ease with the staff team and the atmosphere was a happy and relaxed one. We saw staff supporting people with a range of activities in a caring and sensitive way. One relative explained "My relative can be quite aggressive at times and the staff have found that if three people support them, then they feel safe and are calm." People told us staff encouraged them to be independent and helped them only when they needed it with getting up from the bed or chair, for example.

During the lunchtime meal and saw that staff were very attentive to people's needs. The cook knew people well as they were also a senior care assistant and was covering as the cook for the day although they had covered regularly as the cook is currently off work. A range of portion sizes were given to people and people's preferences were met.

People were provided with appropriate information about the service. People said they had received a copy of the service user guide either prior to, or on admission. The service user guide contained good information on what to expect from the service and included facilities and services, staffing details; the environment; other general information and details of how to raise a concern or complaint.

People told us that their needs and wishes were respected. There were policies and procedures for staff which included confidentiality, dress and appearance, code of conduct, privacy, dignity and human rights and professional boundaries. These helped to ensure staff understood how they should respect people's privacy, dignity and human rights. The staff we spoke with were aware of these policies and were able to give us examples of how they maintained people's dignity and privacy, for example by using a towel to cover a person whilst supporting them with personal care. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

Is the service responsive?

Our findings

People and relatives told us that they didn't have any concerns or complaints about the service. They said they were confident they could speak to the registered manager or care manager if they had a concern. Comments included "I have no concerns", "If I had a concern I would speak to a member of staff" and "I would speak to the manager if I had a problem." There was a comments, suggestions and complaints policy in place. Details of how to make a complaint were also included in the service user's guide. The policy detailed how a complaint would be investigated and if a person was not satisfied with the outcome from the service who they could contact. The service had not received any complaints since the last inspection. CQC had not received any complaints or concerns regarding this service.

We looked at three care plans and other care records for people who lived at the home. The pre-assessment form gave staff the opportunity to gather information about the person prior to admission and this was detailed and covered all areas of care and support required. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Information on people's mental health was included in the care plans and throughout the care plan documentation information on how to support people with decision making was evident. For example when helping one person to dress, the plan suggested showing the person two different outfits, from which they would choose the preferred one for the day. Each person's file contained a copy of the care plan, risk assessments and daily record sheets which were up to date. Care plan reviews were undertaken regularly. One relative said "[name] has settled well and seems happy." Details of health care visits were recorded in the care plans and included visits from the GP, district nurse, optician, chiropodist and Speech and Language Team (SALT). We saw details on one person's plan where the SALT had visited and advised a pureed diet to custard consistency for one person and we noted that the kitchen staff had been made aware of this advice.

Documentation was available to record the life histories of people who lived at the home. A "getting to know you" pack and hobbies and interest list were available but out of three plans only one had been completed. This meant that information which could assist staff in supporting and caring for people who lived at Curzon Park was not documented. We discussed this with the registered manager who agreed to address this and ensure that the documentation was completed.

We saw that the service employed an activities co-ordinator and had a plan of monthly activities in place which were detailed on the noticeboard. These included beauty care, old time music, crafts, piano playing, hairdresser, games, movement to music, domestic activities and a beer with the men. People had the option of taking part in Holy Communion each Sunday morning, when a local lay person visited the home. The care manager explained that people go out with relatives or the activities co-ordinator on a one to one basis. A bi-monthly newsletter was also produced and showed forthcoming events and general information about the service.

Is the service well-led?

Our findings

The registered manager had worked for the registered provider since September 2014 and had been the registered manager at the service since February 2015. People said they knew who the registered manager was and said that she was available and "very approachable" and "very nice". Staff said the registered manager was supportive and that the service was well led by her.

The registered manager did not undertake any formal audits of the service. They had designed an audit system for the care plans which had not yet been implemented. An audit of the environment had not been undertaken and therefore areas requiring improvement had not been identified. We were told that informal audits of the medication system were undertaken but there was no evidence of this and errors in the medication recording we found showed that this system was ineffective. The registered provider did not have a system in place to ensure compliance.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider failed to ensure that systems were in place to regularly assess, monitor and improve the quality and safety of the service.

People told us their views were sought through discussions with staff and surveys. The surveys are completed each year and were completed in January 2015. The overall feedback from the survey was positive, with comments included "Very happy with [name] care", "I think you do an excellent job providing good care for the residents with difficult and unpredictable disease" and "Very happy with the care of our relative." A copy of the survey was available on the noticeboard in the hallway and once completed copies were available near the front door for people to take a copy. Following the survey the registered manager sends letters to all relatives to inform them of the outcome of the survey and details of the survey were included in the newsletter produced by the service.

The registered manager said that she had regular contact with the registered providers via the phone or email and that they gave her general support with the business. She explained that they usually visited the service once or twice a year.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

Staff told us that regular meetings took place, usually every two months. They said "I usually attend the meetings" and "If you don't attend the meeting the minutes are displayed on the noticeboard so you can read them." Two meetings were held at each one, to enable different issues to be discussed with the day and night staff, when appropriate. The last meetings took place in December 2015 and information regarding the recent fire system inspection, training, activities and communication was discussed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found that the registered person failed to ensure that systems were in place to regularly assess, monitor and improve the quality and safety of the service. Regulation 17 2 (a)(b)</p>