

Vivo Care Choices Limited







Curzon House

Inspection report

Curzon House
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We visited this service on 29 October and 3 November 2014 and the inspection was unannounced on the first day. This was the first inspection of this service, which was registered with the Commission on 19 March 2014.

Curzon House is registered as a care home service without nursing. They provide a respite service for people in the local area, where people do not live permanently, but visit for a specified period of time. Curzon House provides personal care for up to 38 older people. The home is split into two areas, downstairs an 11 bedded

unit called the Saltney wing where people living with dementia stay and in the rest of the building 27 beds for people who require residential care. At the time of our visit there were 31 people staying at the home.

The registered manager had been the registered manager for 18 months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Some areas required improvement. We saw that staff did not fully understand the MCA and associated process and some training was not up to date. Therefore staff may not have the up to date knowledge and training to support people who were staying at Curzon House.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. From discussions with staff we noted they were not aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests. Applications to deprive people of their liberty had been submitted to the local authority but best interest meetings had not been held and people who used the service and their relatives may not have been involved in the process.

People told us that they were happy staying at Curzon House and they felt that the staff understood their care needs. People commented "They're very kind and caring", "Very courteous always treat me respectfully" and "Very nice."

We found that people, where possible were involved in decisions about their care and support. Staff made

appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone's health needs. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and thoughtful towards them and treated them with respect.

We found the home was clean, hygienic and well maintained in all areas seen.

We looked at care records and found there was detailed information about the support people required and that it was written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. We saw that all records were completed and up to date.

We found the provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw the provider had policies and procedures in place to guide staff in relation to safeguarding adults. Therefore staff had documents available to them to help them understand the risk of potential harm or abuse of people who were staying at Curzon House.

We found that good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. Therefore people who were staying at Curzon House could be confident that they were protected from staff that were known to be unsuitable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We saw that safeguarding procedures were in place and staff had received training in safeguarding adults. We saw that staff managed people's medicines safely.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



Is the service effective?

The service was not effective.

We saw that arrangements were not in place to ensure staff received Mental Capacity Act and refresher training. The service had not ensured that staff training was up to date. Therefore staff may not have the up to date knowledge and training to support people who were staying at Curzon House.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The home had policies and procedures in relation to the MCA and DoLS. From discussions with staff we noted they were not aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests.

People told us they enjoyed the food provided in the home. We observed activities over lunchtime and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

Requires Improvement



Is the service caring?

The service was caring.

We saw that people were well cared for. We saw that staff showed patience and gave encouragement when they supported people. Some of the people were unable to tell us if they were involved in decisions about their care and daily life activities due to them living with dementia. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone commented on the caring, kindness and gentleness of the staff team. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care. We saw that staff addressed people by their preferred name and we heard staff explaining what they were about to do and sought their permission before carrying out any tasks.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required.

People said they would speak to the staff or manager if they had a complaint or if they were unhappy. We looked at how complaints were dealt with, and found that when concerns or complaints were raised the responses had been thorough and timely. People were therefore assured complaints were investigated and action was taken as necessary.

Good



Is the service well-led?

The service was well led.

The home had a registered manager who had been registered with the Commission for 18 months. All people and staff spoken with told us the home was well managed and organised.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that any shortfalls identified were addressed

Good



Curzon House

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 inspection took place on 29 October and 3 November 2014 and was unannounced on the first day.

We spent time observing care in the dining rooms and used the short observational framework (SOFI) as part of this, which is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people’s bedrooms (with their permission) and the communal areas. We also spent time looking at records, which included three people’s care records, four staff recruitment files and other records relating to the management of the home.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service. Healthwatch is the new independent consumer champion created to gather and represent the views of the public. They all confirmed that they had no concerns regarding the service.

On the day of our inspection, we spoke with six people who were staying at Curzon House, two relatives who were visiting, two visiting professionals, the provider’s business development manager, the registered manager and seven members of the staff team.

Is the service safe?

Our findings

People who used the service and their families told us they felt safe and secure in the home. People who used the service said “I’m definitely safe here”, “I’m very, very safe here” and “I’m certainly safe here.” People said they could talk to a member of staff or the registered manager to raise any concerns about their safety. We observed interactions between people staying at the service and the staff and saw that there was a warm and friendly atmosphere.

We looked at staff rotas which showed the staffing levels at the service. We saw that one senior care assistant and six support workers worked during the day and were supported by a team of ancillary staff. The business development manager said these staffing levels currently met the needs of the people staying at Curzon House. The ancillary staff included cooks, general assistants, laundry assistants and a maintenance man. The registered manager was additional to the rota.

We saw during our visit that there were enough staff to support people when they required. Call bells were answered promptly and people’s needs were attended to in a timely manner. People commented, “Staff responded quickly to the call bells” and “They come right away.” Other people commented “It can take a few minutes”, “I sometimes have to wait a few minutes” and “I think the system needs updating.”

We spoke with the staff and business development manager about safeguarding procedures. These procedures are designed to protect adults from abuse and the risk of abuse. We saw the training records and spoke with staff who had undertaken the training, they were able to tell us the right action to take so that people were protected. The training matrix showed that all staff had undertaken safeguarding within the last four years, with nineteen out of forty-one staff having current training in place, in line with the services policy of updating this training each year. During discussions with staff we noted that they had the knowledge and understanding of what to do if they suspected abuse was taking place. We contacted the local authority safeguarding team and they confirmed they had no concerns regarding this service.

We looked at recruitment records of four staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant

checks had been completed before staff worked unsupervised at the service. This included taking up references regarding prospective employees and undertaking Disclosure and Barring Service (DBS) identity checks. We discussed the induction programme with staff members. We were told that it consisted of three days training in areas such as moving and handling; safeguarding adults; fire awareness; infection control; medication awareness; equality and diversity; and policies and procedures. Following this two days were spent “shadowing” other staff members. This showed that people were supported by staff that had received appropriate checks to ensure they were not unsuitable to work with vulnerable adults and had received induction training appropriate to their role.

We looked at three people’s care plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, falls, nutrition, pressure area care and continence. People who used the service and relatives confirmed they had been involved in developing their care plans. Staff confirmed that they had input into service users’ care plans which were on paper and are accessible to all relevant staff.

We saw the medication administration procedure for four people who were currently staying at Curzon House. People usually stayed at Curzon House for a short period of time and therefore medication was brought into the service from the person’s own home. Sometimes this was a monitored dosage system and other times it was in the original boxes or bottles. Medicines were stored safely in locked cabinets within each person’s bedroom. Controlled drugs and items which required refrigeration were stored in the clinic room. Records were kept of medicines received and disposed of. The Medication Administration Record sheets were correctly filled in, accurate and all had been signed and dated with the time of administration. People said about medication, “Staff give me mine every morning with my porridge”, “I don’t have to worry staff make sure I get it at the right time”, “One (staff) checks it out to see what I need” and “It’s kept in my locked cupboard in my room and staff monitor it for me.” We saw that the service had a policy on medication management and

Is the service safe?

administration which gave information on the safe practice of medication administration. This was available to the staff team. We spoke with three staff members regarding medication administration. Two people were satisfied with the training provided and had undertaken a competency assessment. They also commented that the system was easy to use and “quite good”. One person said they felt the training provided was not sufficient to meet their needs. They also said they concerned that when they were doing the medication they could be interrupted by having to respond to a service user rather than just concentrating on

the medication. This was raised with the business development manager and registered manager at the time of this inspection. They agreed to look into the concerns raised.

We found that the service was clean and hygienic. Equipment such as hoists, portable appliance testing and the fire alarm system was well maintained and serviced regularly which ensured people were not put at unnecessary risk. However, up to date gas safety certificate and electric hard wiring certificates were not available at the time of the inspection. The registered manager stated they were up to date and agreed to obtain copies.

Is the service effective?

Our findings

Some of the people who stayed at Curzon House could not tell us if they were involved in decisions about their care because they were living with dementia. However, we saw that people were involved in decision making in many aspects of their daily life. For example people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity. People commented on the support and activities available. They said, "A1 here, couldn't be better", "They listen to me, and do it my way, the way I like", "We can get up and go to bed when we want. If I want to have a lie in we can. Breakfast is available 'til 10am." People spoke of activities which they enjoyed which included sing songs, quizzes, memory quizzes and prize bingo. They also said sometimes we have concerts. Other comments included "They've appointed an activity lady who will start in the next few weeks" and "We have the hairdresser come in every Tuesday."

We had a discussion with the business development manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. The staff spoken with during the inspection did not understand the importance of the MCA 2005 in protecting people and the importance of involving people in making decisions. The staff completed the standard authorisation for all people who were staying on the Saltney wing which is where people who are living with dementia stay. However, the service had not undertaken any best interest assessments or meetings. The business development manager confirmed their understanding of the MCA 2005 and when an application should be undertaken. She said that they had made 11 applications recently for non-urgent DoLS and were waiting for a response from the local authority. We discussed whether urgent applications should have been undertaken given that most people only stayed at the service for a short period of time. The business development manager agreed to look into this and seek guidance from the local authority. Staff were unaware of why they were undertaking the standard application for DoLS, and thought the documentation was an authorisation for DoLS.

We recommend that the service explores the relevant guidance from the local authority on making applications for the deprivation of a person's liberty and best interest processes.

Some people we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. On looking at people's care plans we noted there was information and guidance for staff on how best to monitor people's health. We noted records had been made of healthcare visits, including GPs, and the practice nurse. We saw that people stayed with their own GP where possible. If they were "out of area" then they would be registered as a temporary visitor with a local GP. People said, "I had a chest infection and they called the doctor for me" and "They even called the doctor in the middle of the night, they're very good." One person said that the support with their health and medical needs was "good." Other comments included "The staff are very good if someone needed to see the doctor", "The doctor was very responsive when they called him for my wife", "I had a fall one day and the doctor came to see me" and "The doctor comes to visit me here." A relative said "They monitor mum's Parkinson's well."

We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people's needs across the day and provided current information about people's support needs. One person explained prior to arriving at the service they had suffered major weight loss. They have now been given protein drinks and staff were carefully monitoring their weight which was creeping up.

Staff received training, which included moving and handling, fire safety, safeguarding, health and safety, infection control and food hygiene. Staff spoken with confirmed the training provided was relevant and beneficial to their role. Some staff undertook a range of other training in areas including medication; dementia awareness, dignity and respect; equality and diversity and proactive approach to conflict. However, we noted that refresher training in many areas was not up to date.

Staff undertook National Vocational Qualification (NVQ) training in levels two and three. This is a nationally

Is the service effective?

recognised qualification and showed that people who used the service were supported by staff that had good knowledge and training in care. During our visit we observed staff were efficient and worked well as a team.

Most staff spoken with told us they were not provided with regular supervision. These provide staff with the opportunity to discuss their responsibilities and to develop in their role. Staff said that they had received supervision but that it didn't happen on a regular basis. The registered manager confirmed that staff received supervision in a number of ways across the year. This included individual supervision; group supervision; staff meetings and observations. Staff confirmed they were invited to attend regular staff meetings. One staff member commented that she didn't attend any more as they felt "It's a waste of time." Staff confirmed how handovers were conducted. We were told that information is verbally passed on between night staff and day staff. This helped to ensure staff were kept informed about the care of the people who were currently at the service. We spoke with seven staff that were part of the care team. They were knowledgeable about the people in their care and the support required to meet their needs.

We observed the care and support provided at lunchtime. On the Saltney wing where people who are living with dementia stayed, we saw the tables were laid with cutlery, glasses, condiments and napkins. People were offered a choice of drinks and these were replenished throughout the meal. In the other dining area the atmosphere in the dining room was pleasant. The tables were laid nicely and napkins were provided.

On both units the meal was well served by the staff team. Attention had been paid to people having a choice of meal

which had been checked with them the day before. We observed that staff on lunch duty were very attentive to people's needs, some of whom needed assistance with eating. They talked to people in a friendly manner as they served the food. People we spoke with were complimentary about the food. People said "The food is good, "The food is O.K.", "It's good plain food, very good", "We have choices which is good we just let them know in advance", "If there's nothing I like on the menu they make a special meal for me", "If I'm hungry staff will get me something to eat", "I can always have a snack when I want one" and "At supper time we can have what we want to drink like Horlicks or tea." One person commented "Everything tastes the same." People also said "If I don't want to come to the dining room they'll bring a meal on a tray to my room" and "They keep an eye whilst I'm eating. If I struggle cutting my meat they ask if I'd like some help."

We found the food looked appetising on the day of our visit and all people told us they had enjoyed their meals. People were offered three meals a day and were served drinks and snacks throughout the day. We saw staff being available to attend to people's needs and offering drinks and interacting with them. We saw in the care plans that risks associated with poor nutrition and hydration were identified and managed as part of the care planning process. The menu showed the meal of the day and alternatives available which included fish, salads, sandwiches, and jacket potatoes. The chef had a good knowledge of people's likes and dislikes and any special dietary requirements. The business development manager explained that dietary preferences included vegetarian, diabetic, gluten free and soft and pureed meals.

Is the service caring?

Our findings

We spoke with six people who were staying at the home and two visiting relatives and asked them how they and their relatives preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff at Curzon House. Five people and three visitors described the staff as “kind and caring.”

People told us their dignity and privacy were respected when staff supported them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person’s own bedroom, en-suite or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and asked people if it was alright before carrying out any intervention. This meant people who were staying at Curzon House were treated with dignity and respect by the staff that supported them.

During our observations we used a short observational framework for inspection (SOFI) to gather information about the experience of care from the point of view of people who used the service, alongside other information we would usually gather during an inspection. As part of this we also spent some time in the dining rooms and lounge areas. We saw good staff interaction with people. Staff were caring, kind and gave people time to make decisions for themselves. One person commented “They treat me as an individual.”

We saw that staff showed patience and understanding with the people who lived at the home. We saw good interactions throughout the day and all the staff we observed maintained people’s dignity and showed respect. People who were staying at Curzon House said about the

staff, “They help me with my independence but provide more help if I need it”, “They ask if I want a shower but don’t pressure me” and “If I try to walk they ‘hook’ me under my arm and help to support me so I don’t have to struggle.” Other comments included “They’re very kind and caring”, “Very courteous always treat me respectfully” and “Very nice.”

The registered manager and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were provided with appropriate information about the home, in the form of a service user’s guide. We saw a copy of this located in the reception area. The service user’s guide ensured people were aware of the services and facilities available in the home. Information was also available about advocacy services. These services are independent and provide people with support to enable them to make informed choices. None of the people staying at the home were in receipt of these services at the time of the inspection.

There were policies and procedures for staff about the aims and objectives of the service and the code of conduct the service expected from the staff team. These helped to make sure staff understood how they should respect people’s privacy, dignity and human rights in the care setting. The staff spoken with were aware of the aims and were able to give us examples of how they maintained people’s dignity and privacy. 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

During our visits we saw a member of staff engaging with the people who were staying at the home. We saw six people and a staff member who was discussing old photos which resulted in two people talking about their experiences during the war. Another care assistant moved around speaking to different people asking if they were o.k. and if they wanted to do anything. The interactions appeared pleasant and respectful. We also noticed some cards “Let’s Talk” which were used as prompts to get people chatting. It was obvious the staff knew the people well and there was a good relationship between them. People commented “We have sing songs, bingo and quizzes. We also do a memory quiz. Sometimes we have a concert” and “We’re going to have a person who will organise the activities soon.” Other comments included “They seem to know what I need before I know myself”, “I’d recommend it here” and “Can’t speak well enough of them.”

People we spoke with said they were satisfied with what they do each day and the care they received. One person said “We don’t have to get up by a certain time, we can have a lie in if we want to.” People who were staying at the home and one relative said they were satisfied with the care and facilities in Curzon House and people said they thought they were given sufficient information about their care and treatment.

We looked at three care plans and other care records for people who were staying at Curzon House. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan, risk assessments and daily record sheets which we saw were up to date.

Visitors and people who lived at the home told us they would feel confident in raising issues with the registered manager if they needed to. None of the people we spoke with had made a complaint. They didn’t know there was a complaints procedure but they were satisfied that if a complaint was made it would be dealt with. We saw that a copy of the complaints procedure was available in the office. This contained details of how to make a complaint about the service. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We looked at how complaints were dealt with, and found that when concerns or complaints had been raised in the past that the responses had been thorough and timely. We have not received any concerns about the service since its registration.

We saw a number of cards and letters complimenting the service during the visit. Comments included “Thank you to all the staff who looked after my relative”, “Many thanks for your support, kindness and dedication” and “Thank you to all the staff.”

Is the service well-led?

Our findings

At the time of our inspection visit the registered manager had been registered for 18 months. We spoke with the registered manager during the second day of this visit and during discussions we found she had a good knowledge of people's needs.

We spoke to staff about the support they received from the management team. Staff described the manager as "Supportive." We also spoke to people who were staying at the home and visitors. Three people and one relative said they knew who the manager was. They all thought she was approachable. One person said "I'd go to her if I couldn't sort something out." Another person said "If I had a problem I'd talk to one of the staff. I'm sure they'd help but if not I'd speak to the person in charge." Staff and visitors also reported the manager as "Accessible" and "She keeps her eye on things."

People commented about the atmosphere at the home. They said its "Very good, the company's good, and conversation, it's pretty good altogether." One visiting professional described the atmosphere in the home as "Happy" and "The staff work well with difficult and challenging situations."

We contacted the local safeguarding team and local authority contracts team. They both confirmed they had no concerns about this service. We also contacted Healthwatch and they had no concerns about Curzon House. This showed that no concerns had been raised with the agencies we contacted.

We had been notified of relevant incidents since the last inspection. 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.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities. A relative said staff were good in communicating with the family "If mum's not well they let us know." A visiting professional we spoke with said the staff worked well and the service was good.

We saw the service had a new system in place to monitor and review the service provided. This was a self-inspection of the service which was undertaken twice a week. It included information on admissions and discharges; soft furnishings; customer care; menu choice and equipment. Action plans were produced and timescales were also included to ensure issues were dealt with in a timely manner. We saw copies of these audits which also showed emerging trends within the service.

A record was kept of all accidents and incidents that occurred within the service. Serious incidents were reported to the local authority. Other incidents were informally audited by the service and where trend were found action was taken. For example when a person had two falls in close succession this was highlighted by the staff and the registered manager then took appropriate action in contacting their GP and social worker.

Staff spoken with said team meetings were held about six monthly however, we saw that staff meetings were usually held on a monthly basis. The last meeting was held in September 2014. Minutes were kept of meetings and during each meeting standard areas were discussed. These included activities, paperwork, medication, absences, safeguarding, complaints, compliments and supervision.