Culwood House Limited

Culwood House Residential Care for the Elderly

Inspection report

130 Lye Green Road
Chesham
Buckinghamshire
HP5 3NH

Tel: 01494771012
Website: www.culwoodhouse.co.uk

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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

This inspection took place on 25 and 26 May 2016 and was unannounced.
The service was previously inspected on 3 and 8 April 2014. During this inspection it was found that records were not maintained accurately. The provider had since put a robust system in place to ensure people's records accurately reflect the care given. The follow up inspection carried out in June 2014 found the provider to be fully compliant.

Culwood House was established as a residential care home for the elderly in 1988. It is a two story-Victorian building situated in the beautiful countryside of the Chilterns. The home is registered to accommodate19 people who require nursing or personal care.
All the bedrooms are en-suite; people are able to personalise their rooms by bringing in their own pieces of furniture, bedding and pictures. People had access to a communal lounge, dining room and conservatory as well as a large garden and two summer houses (one of which doubles as a relatives room so relatives can stay overnight if required). There are two specialist bathrooms where people may be assisted with equipment such as hoists to enable them to bath safely.
Visitors are welcome at any time within reason also well behaved pets at the management's discretion.

At the time of our inspection there were 16 people living in the home. There was a registered manager in place. 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.

People said they felt safe living in the home. One person said, "There's someone in and out all the time". A visiting relative said "Its family run and it's all about the people living here".

Prior to admission people were assessed to see if the home can meet the needs of the person. Once it has been established that the home can offer the care necessary, a care plan was put in place. Each care plan was individualised to meet the needs of the person receiving care. Care plans were reviewed monthly and updated every three months or sooner where necessary.

People were cared for by an established, motivated and well trained staff team.
The full and part time staff consists of a team of 16 care staff one cook, and one administrator. All new care staff were expected to complete a 'Care Certificate' as part of their induction and this is usually completed within three months from the start of their employment.

Culwood House provided a range of leisure and social events for people. Staff supported and encouraged people to engage with a variety of activities and entertainments available within the home.

The service had a complaints policy for people to view when they were given the service user guide on admission. People were invited to give their opinions at all times and at a monthly resident's forum. Feedback was invited once a year by way of a resident questionnaire. This was extended to relatives, staff and medical professionals.

There were services available for people including a GP, district nurses, chiropodists, dentists and opticians. A hairdresser visits on a weekly basis.

Professionals who visited regularly at the service told us, "I like coming here, it's clean, and tidy with lots going on I have no concerns".

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 was safe.

People benefitted from having sufficient numbers of staff to meet their needs.

Risks had been appropriately assessed as part of the care planning process.

Medicines were managed in accordance with best practice.

Is the service effective?

Good

The service was effective.

Staff were highly motivated, well trained and effectively supported.

Induction procedures for new staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

The staff team provided support with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

People's end of life care had been discussed.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed personalised and contained

information to enable staff to meet identified care needs.

A wide variety of activities were available within the home.

People were able to make meaningful decisions about how they lived their lives.

Is the service well-led?

Good

The service was well led.

The registered manager provided staff with appropriated leadership and support.

There were effective quality assurance systems in place to monitor the quality of care provided and drive improvements within the service.

The manager and staff were open and willing to learn and worked collaboratively with other professionals to ensure people's health and care needs were met

Culwood House Residential Care for the Elderly

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 26 May 2016 and was unannounced. The inspection team consisted of one inspector and one specialist advisor. A specialist advisor is someone who has particular experience in a specific area. Their area of experience was in older people's mental health.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who use the service, three relatives who were visiting, five members of staff, the managing director, the registered manager, and one healthcare professional who regularly visits the service. In addition we observed staff supporting people throughout the home and during the lunch time meal. We also inspected a range of records. These included five care plans, four staff files, two Medication Administration Records, training records, meeting minutes, audits of care plans and the services policies and procedures.

Good

Is the service safe?

Our findings

People spoke positively about living in the home. One person told us, "There's someone in and out all the time". Staff told us, "People are safe and well cared for". A visiting relative said "It's all about the people living here". Professionals who regularly visited the service told us "It's very well run, I have no concerns".

Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. All the staff we spoke with were able to explain the procedures in relation to the safeguarding of adults.

People's care plans included detailed information and risk assessments. These were individualised and provided staff with a clear description of any identified risks. People were supported to take risks to retain their independence. For example, during our visit we observed people preparing vegetables for the lunch time meal. One person said "I love helping with the vegetables". We saw that staff were nearby when people were preparing the vegetables, to ensure people were safe.

There were appropriate emergency evacuation procedures in place. Staff received fire training every year, fire drills were carried out every six months and a fire risk assessment was carried out annually. Fire alarms were tested weekly. The service had plans to erect a new external fire escape to create more space and to also help people evacuate faster in the event of a fire. The fire escape was planned to be in place by June this year.

There were sufficient staff available to meet people's care needs. We found four staff were on duty throughout the day with two staff available during the night. We observed the director and registered manager provided additional support during our two day inspection. We observed staff were not rushed and were able to spend time with people. For example, we saw staff sitting and chatting with people whilst they were waiting to be accompanied to the hairdressing room.

People were cared for by suitable staff because the provider had followed robust recruitment procedures. Disclosure and Barring service (DBS) checks had been completed before staff were appointed to positions within the home. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or vulnerable adults.

People received their medicines safely. The Medication Administration Records (MAR) had been correctly completed. All staff who administered medicines had received appropriate training and there were robust procedures for the investigation of medicines errors within the home. The home had a daily checking system in place of MAR records so any errors could be identified immediately. The daily checking system involved another member of staff who had been trained in administering medicines inspecting the records to identify

any omissions.

During our visit we noted the home stored medicines in the food pantry. This was a busy area and in constant use. We spoke with the registered manager about the suitability of the current storage place. They confirmed they will locate a more suitable storage place.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included "My [family member] is incontinent; they [staff] always keep them clean and dry".

Staff told us they had the training and skills they needed to meet people's needs. Comments included, "I understand what the needs of the people are".
People's needs were met by staff who had access to the training they needed. We inspected the home's training matrix used to manage training needs of staff. The training matrix accurately recorded details of the training staff had completed. These records showed staff had completed training in relation to the safeguarding of adults, manual handling, infection control, and food hygiene. Three members of staff had completed a level three diploma in end of life care led by the local Hospice.

The service encouraged staff to attend courses outside of mandatory areas such as falls prevention, Parkinson's disease and challenging behaviour. All new staff were expected to complete a 'Care Certificate' as part of their induction and this was usually completed within three months from the start of employment. The Care Certificate is a set of standards that social care and health workers use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

People were supported by staff that had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us they felt supported by the manager and they would be able to speak to them openly about any issues or concerns they may have. They told us, "I know I can speak to them at any time".

People's consent to care and treatment was sought in line with legislation. 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 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 taken on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made applications to the supervisory body.

People were supported to have a meal of their choice by organised and attentive staff. People's dietary needs and preferences were documented and known by the chef and staff. The service identified risks to people with complex needs in their eating and drinking. For example one person had diabetes and this was controlled but their diet. We observed homemade fresh food was cooked on the premises with many of the fresh ingredients sourced from the local town market, butcher and baker. People had a choice of meals and beverages and snacks were available throughout the day.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. One person had requested to see a dentist due to sore gums. This was identified by staff and they were in the process of arranging an appointment during our visit. On the first day of our visit a district nurse was visiting attending to a person's nursing care needs.

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Good

Is the service caring?

Our findings

People and staff were happy in the home. We witnessed numerous examples of staff providing support with compassion and kindness. Everyone we spoke with complemented the staff who supported them. People's comments included "Congratulations to the manager and her team for such a happy home". Other comments included "I can never thank the staff enough for all the kindness and care".

People received care from staff who had got to know them well. The relationships between staff and people receiving care demonstrated dignity and respect at all times. For example, we saw that a person had spilled their drink and it had marked their clothing, a member of staff immediately offered the person a change of clothes. People's care was not rushed enabling staff to spend quality time with them. On the first day of our visit the hairdresser was visiting attending to people's hair. Staff did not rush people to attend their appointment; people clearly enjoyed the hair dressing session. They were able to spend time chatting to the hairdresser and staff.

The service had a proactive approach to respecting people's human rights and diversity and this prevented discrimination that may lead to psychological harm. The service outlined people's rights in their visitors guide. It states that some people due to their age and/or nature of disability may be more at risk of their rights not being respected. The service planned to appoint a 'dignity and respect' champion from their pool of existing staff by July this year. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right and not an optional extra. This gives people assurance they will be protected against discrimination.

The manager explained the home took a holistic approach to care by ensuring the well-being of both people and their families. For example, a summerhouse that doubles as a relative's room so relatives can stay overnight if their family member became unwell. We saw evidence of information in relation to advocacy services which was displayed as leaflets within the home and people were able to access them if needed.

The home was spacious and allowed people to spend time on their own if they wished. For example, the conservatory and summerhouse would enable people to spend time alone if that was their choice. People told us they were treated with dignity and that their privacy was respected by staff. One person told us "I like to spend time in the summerhouse it gives me time to think".

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys. The service encouraged the use of iPad technology to ensure people who may have communication difficulties respond to pictorial input. In addition children families and volunteers were encouraged to assist with technology awareness.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people were supported by palliative care specialists. Preferred priorities for care, or

plans for future care forms were in place for most people. The home had an end of life champion who had completed end of life training. This meant that in the event of someone requiring end of life care staff would have the knowledge and skills to identify the support needed thereby ensuring people's needs were met. The service had good links with the local hospice.

People lived in a home that was well maintained and decorated in a homely manner. All bedrooms were en-suite; people had access to a communal lounge, dining room and conservatory as well as a large garden and two summerhouses. The provider had plans to build a concrete apron outside the front door to make for easier access for people in wheelchairs. The plans to complete this were by the end of July this year.

Visitors were welcome at any time within reason also well behaved pets at the management's discretion.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Speaking with staff they were able to explain how people preferred their routines to be. For example, some people liked to rise early in the morning and retire to bed early in the evening. This was evidenced in care plans we looked at. One relative told us "They buy the food [X] likes; we have regular care plan reviews".

Staff interacted with people's families on a regular basis; this means people's mental, physical and emotional needs were met effectively. For example, if staff glean extra information from families this enables care to be individualised. There was an 'immediate changes to care plan' form for staff to use to ensure up to date information is documented in a timely manner.

People's care needs were reviewed regularly and as required. Where necessary the healthcare professionals were involved. An example of this was during our visit the district nurse visited the home to review a person's skin condition. The district nurse documented in their own notes changes made. The staff then documented the visit and changes made in the person's care plan.

People told us they had a key worker. A key worker is a named member of staff that as responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. An example of this was people who prepared the vegetables for the lunch time meal. We observed the preparation of vegetables on both days of our visit. It was clear that this particular routine gave people independence and made them feel an important part of the smooth running of the home.

People took part in coffee mornings, church services, lunch with friends, history clubs and visits to theatres. The home had an adapted vehicle to enable people to go out in wheelchairs.
The vehicle was also able to be used by families who wish to take their family member out to family occasions such as weddings. People were encouraged to have friends and family visit often and social events were organised, such as birthday parties and seasonal activities. One testimonial from a family commented, 'A big thank you for making such a magnificent tea for [X] 98th birthday. Everyone commented how well they looked'.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. We saw the complaints folder and it demonstrated that any concerns raised were acted on in a timely manner. For example, the home has a resident cat and one person said it came into their room and was a nuisance. A specific plug that omits a calming smell for cats was purchased by the home. The problem was then

resolved in a timely manner.

The home regularly received compliments and letters of thanks from people's friends and families. One recently received said 'I would just like to say once again how deeply grateful we are to you and your wonderful staff for looking after [X] so magnificently well and for making their life so enjoyable, comfortable and dignified during their time at Culwood House'.

Good

Is the service well-led?

Our findings

The registered manager was a role model. This was demonstrated during our visit when we saw their 'hands on' approach, assisting people and having discussions with staff. Staff told us the registered manager was approachable, open and honest. They told us they could take any concerns to them knowing it would l be dealt with appropriately and fairly. The service had a positive culture that was person centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. For example, prior to our visit we were notified about a medicine error within the home. The manager had put appropriate procedures in place to deal with the incident such as contacting the GP and monitoring the person concerned. In addition, they had arranged further competency assessments of administration of medicines for staff that had made errors.

People and those important to them had opportunities to feedback their views about the home and the quality of the service they received. This is by way of regular meetings with people and their families and residents forums.

The registered manager had made links with the local community and had regular fund raising events within the home. The home had strong links with local churches.

The service worked in partnership with healthcare professionals such as GPs district nurses and others. The healthcare professionals we spoke with complimented the home on the quality of care provided. Comments included "I enjoy my visits and I have no concerns". Managers and staff were actively encouraged to continue their professional development. The manager had completed their level five Diploma in Health and Social Care. The registered manager was actively involved in key local and national organisations for example, Buckinghamshire's 'My Home Life' meetings to ensure they had a say in local changes.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. For example, quarterly infection control audits, weekly medicine audits, weekly care plan audits. In addition residents monthly forums and annual residents questionnaires. Minutes of staff meetings demonstrated areas of the management of the home had been discussed. For example, enlarging a shower room to enable a specialist bath to be installed and making a wet room area for people who still prefer to shower.

Staff and relatives told us if they raised any issues or had any suggestions they felt listened to by the

management of the home. This reinforces the manager's open door policy to staff, people and visitors.

The proprietor visited the home three times a week to offer additional support to the registered manager. In addition responsibility was spread to senior staff to enable the registered manager to focus on taking part in other initiatives such as the Buckinghamshire's Quality in Care teams dignity and respect award process which due to start early next year.