

East Cosham House

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service in November 2014 and found the provider was not meeting the legal requirements in relation to standards of care and welfare for people who use the service. Risks associated with people's care had not always been assessed and people had not always consented to and been involved in the planning of their care. We carried out an unannounced inspection of this home on 18 August 2016 and found the provider had made improvements in these areas and was now meeting the requirements of these regulations.

The home provides accommodation and personal care for up to 24 older people, some of whom live with dementia and mental health conditions. Accommodation is arranged over two floors with stair lift access to the second floor. At the time of our inspection 21 people lived at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered and ordered in a safe and effective way.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. External health and social care professionals were involved in the care of people and care plans reflected this.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

Care plans in place for people reflected their identified needs and the associated risks. Staff were caring and compassionate and knew people in the home very well.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The service had effective leadership which provided good support, guidance and stability for people, staff and their relatives. People spoke highly of the registered manager and their team of staff.

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.

Risk assessments were in place to support staff in mitigating the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. There were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

Is the service effective?

Good ●

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home.

People and their relatives were involved in the planning of their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs. People were supported to participate in events and activities of their choice.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Is the service well-led?

Good ●

The service was well led.

People spoke highly of the registered manager and their team of staff. Staff felt very well supported in their roles.

Robust audits and systems were in place to ensure the safety and welfare of people in the home.

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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.

One inspector completed this unannounced comprehensive inspection on 18 August 2016. Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with five people who lived at the home however others were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with two visitors and six members of staff, including the registered manager, deputy manager, cook and carers. We spoke with two health and social care professionals who visited to provide support for people at the home.

We looked at the care plans and associated records for four people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, four staff recruitment files and policies and procedures.

We last visited this service in November 2014 and found they were not compliant with all of the Regulations of the Health and Social Care Act 2008. At this inspection we found the provider had taken sufficient actions to address these concerns.

Is the service safe?

Our findings

People were safe in the home and were supported by staff who knew them very well and understood how to support them to maintain their own safety. One person told us, "This is a very safe place, I like it here." A relative told us their loved one "Feels safe because she knows people are here to care for her." A health and social care professional told us the home was a safe place and staff knew people very well.

At our inspection of this service in November 2014 we found the provider did not have systems and processes in place to assess, monitor and mitigate the risks associated with people's care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded with a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found risks associated with people's care needs had been assessed and informed plans of care to ensure the safety of people. For example, for people who were cared for in bed care plans and risk assessments in place clearly identified how staff should support people to mitigate the risks associated with their reduced mobility. For people who required the use of bed rails whilst they remained in bed the risks associated with this equipment had been identified, care plans reflected the risks staff should take to mitigate these risks and how to support the person.

For people who had specific health risks such as a mental health condition or diabetes, risk assessments and care plans in place reflected the support people needed to meet these needs. For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified. Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people should they become distressed or agitated and care plans had been updated when required to reflect changes in people's needs.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The registered manager had worked with the local authority to address safeguarding concerns which had been raised in the service. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff available to meet the needs of people. The registered manager told us they had a very stable team of staff who worked well together to support and cover any sickness or annual leave. They

demonstrated a good awareness of the required staffing levels at the home and in particular had identified when people required additional support to leave the home with support from external agency staff. Staff rotas showed consistent numbers of staff were available to meet the needs of people.

Incidents and accidents were reported, recorded and investigated in a way which ensured any actions or learning from these was completed and shared with staff. A log of incidents and accidents was recorded and the registered manager monitored this for patterns and trends to ensure they were reviewed and addressed. For example, for one person who had become agitated and aggressive on several occasions a request had been made to the mental health team to support a review of medicines. We saw this review was being completed at the time of our inspection.

Care staff who had completed appropriate training administered medicines in the home. Audits in place monitored the administration of medicines which were stored and handled safely. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records. Records showed staff worked closely with appropriate health care professionals to ensure people did not have to take any unnecessary medicines to manage their mental health conditions.

Personal evacuation plans were in place and available in the event of any emergency. A business continuity plan was in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and offered them choice whilst respecting their wishes. People told us staff helped them to make decisions by allowing them time to understand what they were being asked. One person told us, "Sometimes I get muddled and confused but the staff are very patient and help me." Another said, "The staff know me, they can help me, I just need to take my time." Relatives said staff were very patient and allowed people time to make decisions and this reassured them their loved ones needs were being met in line with their wishes.

At our inspection of this service in November 2014 we found the provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to the care and treatment they received. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded with a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had addressed these concerns and was compliant with this regulation.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Whilst people were not always able to verbally agree to their care, staff had a very good understanding of how people expressed their wishes and consented to their care. Staff were aware of the communication skills people used to demonstrate they did not wish to receive the care. For example, for one person who displayed anxiety and distress when asked too many questions, staff were aware of this reaction and how to ensure they supported the person appropriately.

Care records showed staff always respected people's choice when receiving care. For example, one person was supported twice a week by an external agency to go out of the home for a trip. On the day of our inspection we saw this person declined to go on this trip as they were too tired and had been out the previous day. Staff spoke calmly and respectfully to the person to ascertain their wishes and identified that excursions on two consecutive days was too much for this person. They respected the person's wishes to remain at home and agreed to discuss with them and the external agency at a later time how this situation could be better managed. The person was thankful to staff for this support and respect of her wishes.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records held by the registered manager in their office held information to show when people may require support to make a decision and who should be involved in best interests decision making for people. We discussed with the registered manager how the records of decisions people could make themselves could be clearer in care plans used by staff on a daily basis and they agreed to look at this. For people who had the

legal authority to make decisions for their loved ones, documentation clearly reflected this. This meant where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA.

The registered manager had a good understanding of the processes required to ensure decisions were made in the best interests of people. Some staff did not have a good understanding of the MCA and Deprivation of Liberty safeguards but told us they always sought guidance from care plans and the registered manager if they had any concerns. We fed this back to the registered manager who told us they would look at further training for staff.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. For several people who lived at the home an application had been made to the local authority with regard to them leaving the home unescorted. We found that the manager understood when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

A program of supervision sessions, induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff training was predominantly based around DVD training followed by a questionnaire to be completed to ensure staff understanding of the subject. The registered manager told us new staff were supported to complete the Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We saw new staff were working to this qualification. The registered manager was looking to ensure all staff could have access to modules of the Care Certificate as part of their learning.

Staff had a good understanding of their role in the home and the management structure which was present in the home to support them and people who lived at the home. A deputy manager or senior carer supported the general day to day running and management of the home, delegated duties and led each shift to ensure people received the support they required. Staff felt there were opportunities within the home to develop their role and skills should they wish to pursue them.

People enjoyed a varied menu of home cooked meals. One person told us, "The food is lovely, always well cooked and really tasty." Another said, "Love it [the food]." The cook had access to fresh fruit, vegetables and ingredients as they requested. Special diets such as those for people who lived with diabetes, who required soft diet and vegetarians were catered for. People were offered a choice daily as to their preferred meal and alternatives were available. Care plans identified specific dietary needs, likes and dislikes of people and the cook was aware of these. The kitchen was a well-managed and clean environment which had received a rating of five stars from the local authority.

Records showed health and social care professionals visited the service as and when required. The registered manager told us they worked well with community health and social care staff to meet the needs of people. Care records held feedback from GP's, community nurses and mental health nurses and psychiatrists. Staff identified people's needs and involved health and social care professionals appropriately. For example, for one person who had been receiving an increased amount of a medicine to reduce their anxieties, staff had identified the need for this medicine to be reviewed and a health care professional visited to review this medicine.

Is the service caring?

Our findings

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. One person told us, "They [staff] are all top drawer, couldn't be more caring." Another said, "They are all lovely and so very caring." A relative told us, "The manager and all the staff are lovely."

At our inspection of this service in November 2014 we found the provider had not always ensured people were supported to express their views and be actively involved in making decisions and planning their care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded with a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had addressed these concerns action and was compliant with this regulation.

The registered manager told us since our last inspection they had reviewed and rewritten all care plans and people and their relatives or representatives had been fully involved in this process. Care plans reflected people had been involved in planning their care and relatives told us they had been involved in supporting their loved one with the planning of their care. They said they had also been requested to support a review of the care provided for their loved one.

The registered manager told us they met with people and their relatives every three months and discussed any concerns they may have and any ideas for changes in the home. We saw minutes of these meetings where the new décor in the home and activities were discussed and people were encouraged to give their views on these.

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. For example, one person became very distressed and agitated when they were unsure of a situation. We saw staff interacted with this person in a calm and gentle manner to reassure them and ensure their privacy and dignity whilst ensuring the safety and welfare of other people. For another person who enjoyed singing, staff openly encouraged them to express themselves and enjoy music.

Throughout the day staff spent time with people chatting and laughing whilst supporting them with their needs. The atmosphere in the home was calm and very friendly with staff supporting people to interact with each other. Communal spaces in the home were well utilised to allow people the opportunity to remain independent around the home with staff available to support them should they require this. Some people chose to remain in their rooms and were able to call for staff if they required assistance. Staff respected this choice whilst ensuring the person's safety and welfare.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms at all times through the day and staff knocked and waited for a response before entering people's rooms. Staff had a good

understanding of how to ensure people's dignity was maintained.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. They were encouraged to be active and healthy in the home and were supported by staff who knew them very well. One person told us, "If I need something they [staff] will always help me. They are always there." Relatives told us staff knew their loved one very well and ensured they received the care they needed. A visiting health and social care professional told us staff knew people very well and understood their individual needs.

People were assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were well documented. For one person, who had recently moved to the home, we saw care plans and records were being developed and adapted as they settled into the home. Staff had a clear understanding of people's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes, hobbies, and the personal abilities of people to manage their own care. It also noted people who were important to them and who needed to be involved in their lives and in helping them to make decisions.

Staff had a very good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans in place gave clear information for staff to meet the needs of people with specific health conditions such as diabetes and mental health conditions.

An activities coordinator worked in the home on five days per week to support the coordination and management of activities for people. A program of activities included old time sing-alongs, hand massage, arm chair exercises, reminiscing, puzzles, board games and art and crafts was available for people to participate in if they wished to. External entertainment including musicians and singers were also available throughout the month. Some people were supported to have external visits to day centres or trips with external agencies. The activities coordinator told us they tried to involve people in celebrations of birthdays as well as national days of celebration such as the recent Queen's 90th birthday when a party tea was held.

The complaints policy was displayed in the home. The registered manager told us they worked closely with people to enable concerns to be addressed promptly and effectively. With a visible presence in the service people and visitors could speak directly with the manager should they wish to raise any concerns. The home had received no formal written complaints since our last inspection. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these.

Staff were encouraged to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Visitors to the home were received in a warm and friendly way and were encouraged to express any views about the service to staff. Relatives told us they were able to express their views or concerns and knew that these would be dealt with effectively.

Is the service well-led?

Our findings

People spoke highly of the registered manager and their team of staff. One person told us, "They are a great team and I love them all." Another said, "They are all great." Staff felt they were well supported and encouraged by the registered manager and senior staff to develop in their roles. Health and social care professionals said they received a good response from all staff who knew people very well.

A staffing structure in place at the home provided a support network for staff. The registered manager and their two deputies provided a stable senior management team in the home. The registered manager was very visible in the service and they told us they were supported by the provider with systems and processes in place to ensure the safety and welfare of people. Staff felt able to speak with the registered manager about any concerns they may have and these would be addressed promptly and effectively. Staff felt supported through supervision and team meetings. They told us they were encouraged to share information such as learning from incidents and new training and development opportunities. Staff felt the registered manager promoted an open and honest culture for working which was fair and supportive to all staff.

Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and visions in the service to provide person centred care for each person with the resources available to them. The registered manager and all staff we spoke with were very proud of the home and the care people received there. Staff spoke highly of the way in which the registered manager promoted an ethos of high standards of person centred care in all that they did. One member of staff told us, "They [the manager] are very supportive and want the best for everyone, including the staff." Another said, "We really are a team and work very well together."

The registered manager completed a monthly work program and audit in the home for the registered provider. This informed an extensive program of audits completed in the home by the provider including audits in; infection control, medicines, health and safety, meal times and staff training and supervision. Actions were completed following these audits and we saw a program of maintenance including redecoration in the home had been implemented from these audits and feedback from people. Audits were in place to review and monitor the effectiveness of care plans and records. Care records were reviewed monthly or more frequently as required.

Incidents and accidents were recorded and monitored for trends or patterns. The registered manager reviewed all incidents and accidents and ensured appropriate actions were taken to investigate these and share any learning outcomes from these.

People, their relatives and external health and social care professionals were asked for their views of the service and the quality of the care delivered at the home. A survey of people's views was carried out in August 2015 and showed people were very happy with the care delivery at the home. Results from the surveys had been collated and displayed in the home. They showed over 93% of people and their relatives felt the care and support provided at the home was good or excellent.

