

Cookridge Court Limited

# Cookridge Court

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 31 January and 3 February 2017 and was unannounced. We carried out the last inspection in December 2015, where we found the provider was not meeting all the regulations we inspected. We found at that inspection the care plans we looked at were not updated on a regular basis, some sections were not completed appropriately or were inaccurate. We concluded the provider had not taken appropriate steps to ensure staff received appropriate supervision and an appraisal in line with their own policy. We told the provider they needed to take action; we received an action plan telling us what they were going to do to ensure they were meeting the regulations. At this inspection we found the home was still in breach of these regulations. We also found additional areas of concern.

Cookridge Court is situated in the Cookridge area of Leeds close to bus routes and local shops. The home is registered to provide accommodation for up to 96 people who require personal care, of which half may need care due to living with dementia. The accommodation is situated over three floors that are serviced by passenger lifts. All bedrooms are single rooms with en-suite facilities. There are several communal and dining areas and the home has an enclosed garden area.

The service had a registered manager. 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 told us they felt safe. Staff understand how to safeguard people from abuse. People and staff we spoke with expressed mixed views regarding staffing levels. We saw from the rotas staffing levels were based on the provider's assessment of people's needs but saw examples of where people's care could have been compromised. The recruitment process was robust and staff completed an induction when they started work.

Individual risks were not always updated regularly, and sometimes contained contradictory information. People were mostly protected against the risks associated with the administration, use and management of medicines. We found people had access to healthcare services to make sure their health care needs were met. Overall, people lived in a clean, comfortable and well maintained environment.

Staff had completed a range of training; however, some staff training had expired. We saw from the 2016 supervision schedule staff had received supervision but not on a bi-monthly basis as stated in the provider's policy and five staff member's appraisal was overdue for 2016.

Most care plans we looked at contained a range of capacity assessments, although consent was not well documented. Staff told us they knew what 'Deprivation of Liberty Safeguards' (DoLS) meant, however, they were not immediately clear about the implications of having a DoLS in place, or which people this affected.

We observed the lunch time meal on all the floors and saw the food looked and smelled appetising. However, we saw an inconsistent approach to the monitoring of people identified at being at risk of poor nutrition or hydration and weight monitoring records were not always completed as required. We have made a recommendation regarding the monitoring of people's food and fluid intake.

Throughout our visit, people were treated with kindness and compassion. Staff had a good rapport with people, whilst treating them with dignity and respect. However, we did see examples that demonstrated staff were not always caring. There was opportunity for people to be involved in a range of activities within the home or the local community.

We found care plans did not contain sufficient and relevant information, which meant people may not receive the appropriate care and support. People were not protected against the risks of receiving care that was inappropriate or unsafe. Care staff did not always have access to people's care plans.

Staff provided positive feedback about the new manager and felt they had already made improvements to the service. People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys and meetings. Complaints were investigated and responded to appropriately.

We found some of the quality assurance systems were working well, but others needed to be improved to ensure people received a consistent quality service. Notifications had been sent to the CQC by the service as required by legislation. However, we noted two incidents recorded in people's care plans had not been reported to CQC. Following our inspection we received both of these notifications.

We found shortfalls in the care and service provided to people. We found breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 not always safe.

People and staff we spoke with expressed mixed views regarding staffing levels. We saw from the rotas staffing levels were based on the provider's assessment of people's needs but saw examples of where people's care could have been compromised. The recruitment process was robust.

Individual risks were not always updated regularly, and sometimes contained contradictory information. Medicines were mostly safely managed.

People told us they felt safe. Staff understood how to safeguard people from abuse. We saw overall, the home was clean and hygienic.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective in meeting people's needs.

Staff did not receive supervision in line with the provider's policy and we noted five staff member's appraisals for 2016 were overdue. Some staff training needed to be updated.

Most care plans we looked at contained a range of capacity assessments, although consent was not well documented. Staff were not immediately clear about the implications of having a DoLS in place, or which people this affected.

We saw the food served looked hot and appetising. We saw an inconsistent approach to the monitoring of people identified at being at risk of poor nutrition or hydration. People attended regular healthcare appointments.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

We saw some caring interactions when staff provided support and assistance and people looked well cared for. However, we did see examples that demonstrated staff were not always

**Requires Improvement** ●

caring.

Staff respected people's privacy and dignity.

### **Is the service responsive?**

The service was not always responsive to people's needs.

We found care plans did not contain sufficient and relevant information and care staff were unable to access care plans to guide them on people's care needs.

There was opportunity for people to be involved in a range of activities within the home and the local community.

Complaints were responded to appropriately.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led.

The provider did not demonstrate they had made adequate improvements following breaches identified at our previous inspections.

The systems in place to monitor the quality of service provision were not effective. Not all notifications had been sent to the CQC by the service as required by legislation.

We received positive feedback about the manager; staff told us they had made improvements to the service since they started in July 2016. People who used the service, relatives and staff members were asked to comment on the quality of care.

**Requires Improvement** ●

# Cookridge Court

## 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 31 January and 3 February 2017 and was unannounced. On day one of the inspection the inspection team consisted of four adult social care inspectors and two experts 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. On day two of the inspection the inspection team consisted of two adult social care inspectors, with a third inspector joining the team mid-afternoon.

At the time of this inspection there were 89 people living at Cookridge Court. Over the two days we spoke with 14 people who used the service, eight relatives, 23 staff, the manager, the deputy manager, the regional deputy manager, the regional supporting manager, who was also the registered manager and the regional manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at 13 people's care plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

At the last inspection we rated this key question as requires improvement. We concluded at the last inspection in December 2015 the provider had not taken appropriate steps to ensure sufficient numbers of staff were deployed in order to meet people's needs. We noted in the resident and relatives meeting minutes for December 2016 a number of relatives commented that 'staffing levels have improved'. At this inspection some improvements had been made but concerns remained.

We received mixed views from people and relatives about the levels of staffing in the home. Comments included, "As management changes, staffing levels change, but it seems to have settled", "I don't think there are enough staff" and "It could be better if we had more staff. They're always taking people from one floor to others."

We received mixed views from staff regarding the staffing levels in the home. Comments included, "We are always rushing. We don't have time to give them food and drink in time. I don't want to feel like I'm rushing them"; "I think we really need four up here. Normally we have been", "Really we need more staff", "I just don't think we get to spend enough time with people on a morning", "Not all rooms on this floor are occupied, and so our staff numbers have gone down. We can manage, but it has meant with three of us only one person is free to help people get to the dining room. That has been a bit slow this morning." One staff member said, "Staffing issues has minimal impact on people."

One staff member told us a person had said to them, the buzzers had been keeping them awake all night. We asked people if they thought they had to wait too long when needing help and pressing the buzzer. Most people said help came promptly with only one person saying they had to wait too long. Comments included, "I don't call them much but when I have, I've never had to wait too long", "The only problem is with the buzzer when they come and I tell them what I want they go away and seem to forget to come back." However, they did say, "I'm quite happy with the treatment I get." We looked at the call bell response times for a two day period in January 2017 and random management checks of the response times and saw these were answered in a timely way. Throughout the day we found staff mostly responded well to the call bells and people were not kept waiting.

We made observations relating to staffing numbers. We saw medicines rounds were regularly interrupted, for example, by staff asking the member of staff for advice about people and on one occasion the person administering medicines had to break off from the round to assist a person from their room to the dining room. The person administering medicines was wearing a 'do not disturb' tabard, but this was not respected. We asked the staff member on their medication round if this was normal. They confirmed it was. However, we observed in the communal and dining areas on one floor, staff were always present and these areas were well used on the day of the inspection.

The regional supporting manager and regional deputy manager told us the care home equation for safer staffing (CHESS) had been introduced. This calculated staffing levels based on dependency levels which was linked to the care plan and the environment and ensured the safety of the people through sufficient staffing

levels.

The action plan received from the provider following the inspection in December 2015 stated the action they had taken to ensure they had enough staff to meet people's needs 'The management of the home have now discontinued the multiple aspects of signing into the home and operated a fob system. Staff are deployed within the home according to residents needs'. The regional supporting manager told us the action had been fully completed and they had, "Enough staff on every floor, every shift and every day."

We saw staff used a fob signing in system to show they were on duty. The manager told us the normal staffing levels were nine staff during the night and 12 staff during the day. We looked at the daytime rotas for 2 January to 31 January 2017, which showed the staff numbers were routinely above 12 staff across all the floors during the day. For example, on 22 January 2017 there were five senior care staff and 12 care staff and on 26 January 2017 there were three senior care staff and 12 care staff.

We recommend the provider takes appropriate steps to ensure numbers of staff are deployed in order to meet people's needs.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We saw each person had a personal emergency evacuation plan (PEEP) so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. Fire-fighting equipment was available, emergency lighting was in place and regularly tested. We found all fire escapes were kept clear of obstructions. There were clear directions for fire exits. Staff training records showed most staff had received fire safety training and further fire safety training had been booked for February 2017. Staff we spoke with said their training included fire evacuation drills, and said they felt confident they could respond to a fire alarm appropriately and knew how to keep people safe. One staff member told us, "I feel confident I would know what to do. We practice regularly, they set an alarm off and manager's watch what we do, to make sure we know and we're doing it right."

We saw equipment had been regularly tested, which included the call bell system, window restrictors and wheelchairs. All maintenance certificates we saw were in date.

Care plans we looked at contained a range of risk assessments for such areas as mobility, falls, nutritional health and skin integrity. We found these were not always updated regularly, and sometimes contained contradictory information. For example, in one care plan we found two undated risk assessments for the person's mobility. One stated the person was independent of movement, the other indicated they were unable to transfer without assistance from two members of staff. Their related care plan stated they were independent of movement, and had not been updated clearly to show the increased level of risk. This meant the person was at risk of receiving unsafe care and support. We did see one person's care plan showed they were at high risk of falls and the falls risk assessment showed protective measures had been put in place.

We spoke with staff about their understanding of specific risks relating to one person. They were able to

discuss these and were aware of the need to regularly record observations relating to where the person was and what they were doing. Staff were not able to describe specific risks as recorded in the care plan, however.

We asked people who used the service and relatives if they got their medication on time. No-one reported any concerns. One person told us, "No problems I always get my tablets and if I need one they give me a paracetamol." Another person told us, "They give me mine with water and if they don't know me, well they watch me take them, the others know I can manage on my own." A third person said, "She makes certain I get my antibiotic."

Medicines were stored securely and safely in well-ordered rooms. The temperatures were checked daily and staff told us they would report any problems with temperatures to the maintenance person. Records were kept for the fridge temperatures, and we saw only medicines which required refrigerated storage were kept in this manner. However, we noted the fridge temperatures on the top floor were not being recorded accurately. We spoke with the regional supporting manager who told us they would look at this.

We observed medicines rounds and saw some staff practice was good. They knew the person's needs, for example, when a medicine needed to be given and how the person preferred to take their medicines. We noted on the top floor one staff member left the medicines trolley unattended whilst they responded to a buzzer which was sounding for urgent assistance. An oral solution was left on top of the trolley. The registered manager told us they would discuss this with staff at an upcoming team meeting.

We saw medication administration records (MAR)'s contained a picture for identification purposes and information about each person, including any known allergies and any conditions such as those which made swallowing a risk for the person. One person had their medicines in liquid form to enable them to take their medicines safely. Most staff were patient and did not rush people, offered an explanation and asked for consent before administering medicines and observed the person taking them before signing the MAR. However, we saw a staff member said to one person "If you take this, I'll go away." We saw people on this floor asked what their medicines were and the staff member quoted the name of the medicine rather than saying what it was for and pointing out the benefits of taking it. We discussed this staff member's approach with the registered manager and they said they would address this.

We saw MAR's were completed correctly with no gaps and most medicines were delivered in 'dosette' boxes, and we saw these contained correct amounts of medicines, meaning these had been administered as required. Some people had medicines to be taken 'as and when required', also known as PRN medicines. We saw there was written guidance to help staff understand the dosage and how a person communicated they may need the medicine, including non-verbal indicators such as changes in body language or position. We checked stocks of these medicines and found they were correct.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was checked by two appropriately trained staff.

Staff applied cream and lotions to people when this was required. These are known as 'topical medicines'. There were records to show where on the body this should be applied and how often. However, we found gaps in the recording. Two people's records stated cream should be applied twice daily and another three times a day. Records looked at did not show this to be the case. We spoke with the senior staff member and the registered manager about this during the inspection. The registered manager told us this would be

addressed.

Unused medicines were returned to the pharmacy. This medication was recorded in a specific book for this purpose. We saw when the staff member accidentally dropped a tablet into the medicine trolley; they picked this up and marked it as to be destroyed.

We saw audits of medication management were completed and staff who administered medication received appropriate training. Staff medication competency checks had been carried out.

We completed a tour of the premises as part of our inspection. We looked at a number of people's bedrooms (with their permission), bathrooms, toilets and various communal living spaces and saw the home was mostly clean and hygienic. We saw personal protective equipment, alcohol hand rub and liquid soap was available. We noted some free standing toilet roll holder frames had patches of rust and not all brushes and mop buckets were clean. We also noted one person had a small fridge in their room which was not clean and one person's bedroom had a strong odour. The regional supporting manager told us they would address these issues immediately.

We were told by the manager a deep clean of each person's room was carried out when they were 'resident of the day'. This included picture frames and light fittings. On 26 January 2017 one person's was resident of the day and we saw records showed their room had been deep cleaned. The manager did confirm the cleaning records needed to be reviewed to include communal cleaning of light shades, skirting boards and picture frames. We saw from the training records most staff had completed infection control training in 2016, with further training booked for February 2017.

We looked at the night staff cleaning schedules for the home and found daily tasks were not always carried out. We noted fridge temperatures in the small kitchens on each floor and the hot food temperatures were not recorded every day. The regional supporting manager told us the up to date records were kept in the main kitchen and the records on each floor would be removed immediately.

People and relatives we spoke with told us they felt the care they received was safe and they were safe living at the home. One person told us, "Yes I feel safe; I think it's as safe as any place." Other comments included, "I'm comfortable and content, not worried about anything", "No problem whatsoever, the people who tend to you are quite gentle and pleasant" and "I feel safe, nothing bad has ever happened." One relative told us, "Mum is my pride and joy and if I thought she was being abused in any way, I would do something about it."

Staff we spoke with had received training in safeguarding and understood what they should be vigilant for in a care home setting, and knew how and when to report any concerns. One staff member said, "You have to do what is in the person's best interest. People who are ill or have dementia are especially vulnerable." Staff told us managers would act appropriately on any reports made, and staff were aware they could contact other agencies such as the Care Quality Commission (CQC) if they felt their concerns were not acted on. Staff training records we saw showed most staff had completed safeguarding training and further safeguarding training had been booked from February 2017.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw the whistleblowing procedures were displayed in the office and available to staff if needed. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

# Is the service effective?

## Our findings

At the last inspection we rated this key question as requires improvement. We concluded the provider had not taken appropriate steps to ensure staff received appropriate supervision and an appraisal in line with their own policy. At this inspection we found the provider was not taking the required action to ensure all staff received appropriate supervision and an appraisal in line with their own staff supervision and appraisal policy and with what they told us in the action plan following the December 2015 inspection. We also found some staff training required updating.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We looked at the supervision schedule for 2016 and 2017 and a monthly supervision and appraisal schedule for January 2017. We saw from the 2016 supervision schedule staff had received supervision, but not on a bi-monthly basis. For example, one staff member had received supervision in March 2016 and then again in June 2016. Another staff member had received supervision in March 2016 and then again in November 2016. The staff files we looked at showed staff received supervision but not bi-monthly. The provider's staff supervision and appraisal policy stated, 'Supervision shall take place every eight weeks or six times per year'.

We saw from the supervision schedule for 2016 staff had received an annual appraisal. However, five staff member's appraisals were overdue. The manager confirmed this on the second day of our inspection. The provider's staff supervision and appraisal policy stated, 'In addition to regular supervision meetings, a formal appraisal should be held with each employee once annually'. The staff appraisal records we saw were brief and not always specific to the staff member's personal development.

Staff told us they felt adequately supported in their roles through supervision and appraisal meetings, however, we received inconsistent feedback about how often these meetings took place. For example, one staff member said, "I have supervision every four months." Another staff member told us, "I think it's every six months." Staff we spoke with said the meetings were useful, two-way discussions where they felt able to speak openly and ask for any additional support or training they needed. Two staff members said they had only had one supervision in the last 12 months, adding they were due an appraisal.

In the PIR the provider stated, 'Following commencement of employment, team members are then supported with regular supervisions, annual appraisals, statutory and additional training to meet the needs of the individual and the specific needs of people. Supervisions are undertaken at least four times throughout the year along with an annual appraisal for team members that have been in employment for longer than one year'.

We looked at staff training records which showed staff had completed a range of training sessions in 2016. These included information governance and food hygiene. We saw further training had been booked for moving and handling, health and safety and information governance for February 2017. However, we noted some staff had not completed core subjects in line with the providers 'essential training policy'. For example, we saw one staff member had not completed health and safety since May 2015 and another staff member

had not completed food hygiene since September 2015. The provider's policy showed both health and safety and food hygiene training should be completed annually.

The regional supporting manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. However, this had not identified the staff training which required updating to ensure staff's skills were maintained.

In the PIR the provider stated, 'Some staff have recently undergone training in blood glucose monitoring to meet the needs of people with diabetes. Catheter care training is also planned to enable staff to safely care for people with catheters in situ'. However, these were not recorded on the training record.

This was a continued breach as the provider had not taken appropriate steps to ensure all staff received appropriate ongoing or periodic supervision and an appraisal to make sure competence was maintained. We also noted some staff had not completed core training subjects in line with the provider's policy. This is a breach of Regulation 18(2) (Staffing); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told by the manager staff completed an induction programme. From the records we looked at we were able to see information relating to the completion of induction. Staff said they had received an effective induction including classroom learning and time shadowing more experienced staff. They told us they were asked if they felt confident before being asked to work as a full member of staff. One staff member said, "They gave me lots of training. Shadowed for two weeks".

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Most care plans we looked at contained a range of capacity assessments, for example, related to decisions about remaining at Cookridge Court and for the administration of medicines. Where people lacked capacity there was clear guidance about who would support them in making that decision. Where people lacked capacity to make a decision about where they lived, we saw DoLS were applied for appropriately.

One care plan we looked at contained contradictory information about the person's capacity to make decisions. For example, their assessed needs, rights consent and capacity needs dated 27 July 2016 stated, 'Some level of confusion. [Name of person] is deemed to have capacity. Assessed as able to make his own decisions.' An update dated 22 September 2016 stated, 'Name of person has expressed paranoia.' A further update on 24 October 2016 stated, '[Name of person] has had a formal diagnosis of dementia with lewy bodies.' The person's care plan contained a capacity assessment dated 18 October 2016 for the decision, 'Whether [Name of person] is able to leave the building of his own accord unsupervised and unaided any time he wants.' This stated the person did not have capacity for this decision and was unlikely to regain it. We saw a DoLS application had been made for them. When we looked at the monthly reviews of the care plan these did not reflect any change in the person's capacity. For example, the most recent review dated 24 January 2017 stated, '[Name of person] continues to make his own decisions.'

We asked staff about the person's capacity. The senior on duty told us, "I am not the best person to ask

about [name of person]'s capacity. I don't work on this floor often. I don't think he has capacity." Another staff member told us, "He can make small day to day decisions. He can't go out by himself."

Consent was not well documented in everyone's care plan. We saw some care plans contained only one document related to this, which was headed 'Consent to photography and general'. It was not immediately clear this included consent to health and other professionals having access to notes and care plans. These forms were not always signed. On one floor we did not see evidence of consent for other aspects of care and support, for example, the administration of medicines or the use of bed rails. Although on another floor we saw care plans contained records which showed how consent for areas of people's support such as administration of medicines and sharing of information had been obtained. People had signed documents in their care plans.

Staff we spoke with told us they had received training in the MCA and understood what was meant by capacity. One staff member said, "It's about people's ability to make certain decisions. Even if they can't just make a decision we offer choice, for example, of what to eat or what to wear." Staff told us they got to know which decisions a person could make by spending time with them and talking with them. They did not have access to care plans to look at capacity assessments. One staff member said, "We tend to just look at the daily review when we are filling that in."

Staff we spoke with had good knowledge around when they should support people with decision making and when people had the right to make decisions even though these might be unwise. One staff member said, "You should assume that the person has the capacity to be able to make their own decisions if they wish."

Staff told us they knew what 'DoLS' meant, however, were not immediately clear about the implications of having a DoLS in place, or which people this affected. For example, a staff member told us everyone on their floor had a DoLS in place, however, we saw records which showed this was not the case. One member of staff told us, "A DoLS is about what people can do or decide for themselves. Because they are in a care home setting they can't always do things for themselves." Another staff member said, "It's about people's safety, and whether they have the capability to get the care they need." Staff we spoke with were able to tell us a DoLS meant people were not free to leave the home unaccompanied, but did not have a clear understanding of which people this affected.

In the PIR the provider stated, 'Deprivation of Liberty's are requested for people that do not have the capacity to make particular decisions and mental capacity assessments are completed for activities of daily living where people are not able to give their consent. Any decisions made are made in people's best interests and are least restrictive. Team members have received training in respect of DoLS and MCA's and have an understanding of this'.

This is a breach of Regulation 11 (Need to consent) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they got a choice of a cooked breakfast and a hot meal for lunch and tea. We saw options were offered if people did not like what was on the menu. We noted there were cold drinks, fruit and snacks available in the communal areas throughout the day and hot drinks were served from the trolley. We saw the kitchen areas on each floor had a range of snacks, which included biscuits, crisps, bread and cereals. We saw a booklet with colour pictures of each of the dishes on the menu was available for people to choose from. People told us they were given plenty to eat and drink. Comments included, "Food nothing special but ok", "Up and down, if I don't like it they will give me something else", "You can have whatever you want

for breakfast; I sometimes have bacon and cereal", "It's alright the foods not marvellous, could be better", "The menu is good. Food can be improved" and "There is too much; it's very good."

One relative told us, "The food is good and nutritious." Other comments from relatives included, "The food is better than it was" and "There are endless snacks, the food is very good."

We saw the tables in each dining room had tablecloths, place settings, water glasses, napkins and flowers. We saw the atmosphere in the dining rooms was relaxed as people chatted with each other and staff members. We observed the lunch time meal on all the floors and saw the food looked and smelled appetising. We saw staff were attentive, kind and gentle and ensured everyone was able to enjoy their meal. We noted one staff member spent at least half an hour in one person's room helping them with their meal.

We saw records for managing special dietary requirements, likes, dislikes and allergies had been completed for everyone living in the home. However, records did not refer to one person who had a swallowing difficulty and another person who was Diabetic. Staff said they made milkshakes and smoothies and enriched meals by adding cream in pasta dishes, mash potato and porridge.

We saw an inconsistent approach to the monitoring of people identified at being at risk of poor nutrition or hydration. For example, where people's intake was being monitored exact amounts were not always recorded on monitoring sheets. We saw entries such as, 'Tea' with no measurement of the amount of fluid drunk. In addition there were descriptions of the meals eaten, but no indication how much had been offered to the person and how much they had eaten. Where weekly weight monitoring was required we found the records hard to locate in the person's care plan, and saw this was not always completed as required. For example, one person whose weight was supposed to be recorded weekly and had last been weighed on 29 December 2016.

We recommend the management team review the procedures for the monitoring of people's food and fluid intake.

We saw some care plans contained a tool, which was used to identify people at risk of malnutrition. The tool contained guidelines which could be used to write a relevant care plan. We saw the tool was being used to record people's weights on a monthly and/or weekly basis and any risk identified was addressed.

Visits by health and social care professionals were recorded in people's care plans, together with notes relating to advice or instructions given. We saw people had access to a range of visiting professionals including GPs, opticians, chiropodist, memory teams and dieticians.

Everyone told us other health care professionals were involved in their or their relative's care as necessary. One person told us their family member had seen the optician and was waiting for some wipes for his eyes. Another person, who had recently had an operation, said the district nurse came every other day. One person said, "I went to the chiropodist with my daughter yesterday."

Relatives told us, "They are very, very concerned if [name of person] is ill. They ring the doctors at the drop of a hat. They get the doctors in. They seem to be on the ball with everything" and "The district nurse comes three times a week to treat her sore. As soon as there is anything, they get the nurse or the doctor. She has fallen and they got an ambulance and they rang me."

In the PIR the provider stated, 'The home works with external teams such as district nurses, GP's, Dieticians to enable better care for people and to allow the home to be more responsive to people's needs to keep

them safe and well' and 'The home holds a weekly surgery with the local GP when healthcare needs and medications can be reviewed'.

## Is the service caring?

### Our findings

At the last inspection we rated this key question as good.

At this inspection, people who used the service and their relatives told us they were happy with the care and support they received from staff members. They said staff were kind and gentle. Comments included, "Staff are really nice to me", "The girls are very nice, very kind, waiting on you, couldn't get anything better. They give me a right good shower, it feels good", "The thing is about this place, I wish I wasn't here, but they do look after you and tend to your every need. They don't do badly for you", "I like the attention from the staff, nobody has been unkind; nobody. I can't hear well but they (the staff) don't seem to mind" and "On the whole, my sister and me are really pleased. All the staff are kind and patient, with other residents too; very kind. They know what's going on with each and with my mum. They treat people as individuals, with respect. It's nice to see and it's very reassuring."

Relatives we spoke with said, "The carers are really good with mum", "They hold her hand, speak to her, give her kisses, not just when I'm there I've seen them do it when I walk past. It's not just the carers, the cook; they're all friendly and seem to have the same aim in mind. I'm often sitting in the lounge watching them. They treat everyone the same all the time", "[Name of relative] misses me when I leave but staff work together to settle him down, draw him out and have a chat to him", "We are very happy with her care here. She is very well looked after" and "Overall, I would give it 9 out of 10."

Throughout our visit staff were mostly attentive to people they were caring for and demonstrated they knew people very well, including people's relatives. Staff knew people by name, and some of the conversations indicated they had also looked into what they liked, and what their life history had been. People were comfortable around staff.

We noticed when one or two people were distressed; staff were attentive and kind towards them. We saw one person became a little distressed during the morning exercise session although she was on the periphery and not joining in. A staff member broke off from what they were doing and went to comfort them and they encouraged them to join the group. We also saw a staff member walking along a corridor with one person linking their arm and they were walking at a slow pace.

However, during observations we noted on two occasions people were left for long periods with no staff present. For example, in the dining room we saw one resident become increasingly agitated and banging crockery. There were no staff to intervene and ask the person what they needed. On another occasion we observed a person shouting to try and get the attention of staff for a period of twenty minutes. Staff passed their room on two occasions but did not respond.

The premises were spacious and allowed people to spend time on their own if they wished. We saw people spending time in the lounge areas, in their bedrooms and in the smaller seating areas. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

The home operated a key worker system for the people who used the service, which involved mainly ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives and health professionals.

In the PIR the provider stated, 'Team members have a good knowledge of people's needs and interact well with people that use the service'.

We observed some good practice from staff during the inspection. We saw staff knock on doors and ask people before providing any interventions such as personal care. We saw staff offered reassurance and reorientation when people were confused or distressed, and encouragement where people were attempting to do things for themselves.

Staff we spoke with were able to tell us how they maintained people's privacy and dignity, and supported them to remain as independent as possible. One staff member said, "I make sure curtains and doors are closed before giving any personal care, and keep the person as covered as possible. If someone tells me something in confidence I don't repeat it unless it's serious enough to need reporting to the manager." Another member of staff said, "We encourage people to do as much for themselves as they can, to keep their independence going. If I'm helping someone have a bath I'll let them wash themselves as much as they can, and only step in when they say they can't manage." A third staff member said, "We always make sure the curtains are drawn and the doors closed. I knock on doors."

People told us they were treated with respect and their privacy and dignity was taken care of. One person said, "The door is open all the time, but they sort of knock." A relative said, "They don't only respect them, they love them. I would give them 20 out of 10 for love and respect."

We observed staff members knocked on doors before entering people's bedrooms.

Relatives we spoke with told us they were made to feel welcome and told us they found staff patient and kind. One relative said, "We can visit at any time."

The manager told us people's equality, diversity and human rights were respected. They told us staff had received training and any written information could be produced in large print if needed. One relative said, "They took on board her disabilities. They are sympathetic to her needs. We come every day."

## Is the service responsive?

### Our findings

At the last inspection we rated this key question as requires improvement. We found not all the care plans we looked at were updated on a regular basis, some sections were not completed appropriately or were inaccurate. At this inspection we found the provider still had work to do to make sure care plans fully reflected people's care and support needs.

The action plan received from the provider following the inspection in December 2015 stated. 'All care plans are now being reviewed and new care plans introduced. The new care plan roll out is due to be completed by end of May 2016. The schedule is in place and is checked by senior management to ensure this is still within the time frames agreed. If relatives wish to be involved with the process they will have every opportunity to do so. The care plan daily communication will be more person centred and showing the daily activity of the individual'. The regional supporting manager told us this action had been fully completed.

We saw care plans contained pre-admission assessments used to determine whether the person's care and support needs could be met before they moved to Cookridge Court. We found this did not always list conditions which affected the person's health, however. Therefore, the home may not be able to meet the needs of people.

A series of care plans were in place to show how a person's care and support needs would be met. These included plans covering such areas as capacity, mobility, continence, skin care and nutrition. Whilst we found care plans mostly easy to navigate and saw they had a monthly review, we found the 'Assessed Needs' plan did not always reflect the most up to date care and support needs. Any changes in people's needs were documented in the reviews but did not trigger an update to the care plan. For example, one person's social interaction and mood form was blank and end of life information was not recorded. This meant staff may not always have access to the most up to date guidance relating to the person's care and support needs, risks associated with those needs and the methods by which risks would be minimised.

Care plans lacked evidence of people's involvement. There were no signatures to confirm people agreed with the contents, and some care plans lacked personalised information for staff to refer to in order to build caring relationships with people. For example, details of a person's childhood and career, names of important family members and friends, and cherished memories from their lives to date. In addition there was little documentation regarding the person's likes, dislikes and preferences. Some care plans contained dietary preference sheets, which held information about foods the person liked or did not like. Activities and hobbies were recorded, but there was no indication of how this information was used to ensure the person was supported to maintain these. A staff member told us six monthly reviews were carried out with people, their families or representatives, however, these were not available in some of the care plans we looked at. A relative we spoke with told us they were involved in developing their care and care plan. Comments included, "Yes, all the time. It's ongoing; we are here so often" and "We have a review every 3 to 6 months, but I feel I can talk to them anytime. They have always got time. They tell me things about her."

People we spoke with told us they were satisfied the care provided reflected their needs and staff were

vigilant and responsive if they spotted anything of concern.

Care plans we looked at were not readily available to staff. One member of staff told us, "We don't usually get to see care plans. You pick it up as you go, as you get to know the resident better." Another member of staff said, "We get to know people's needs by chatting to them and seeing what they can do. We talk to each other as well." A third staff member said they would like to be able to see care plans and gave an example of taking people to hospital and not being able to answer questions asked by hospital staff about the person. On the first day of our inspection we found care plans were kept in the same room as medicines and only the senior staff member or team leader on duty had the key code to open the door. For example, one person was on 30 minute observations, however, some staff were not aware of why this was and the observations were not recorded timely. This meant staff could not access the documentation relating to care needs or guidance about risks to people and how they should provide care and support in ways which minimised those risks. This also created an over-reliance on informal information sharing between staff.

On the second day of our inspection we saw some care plans had been moved to a cabinet at the staff station. A staff member told us, "The cabinet is definitely kept locked." We raised this with the regional supporting manager. They told us, "We are waiting for key code locks to come for the cabinets, then all staff will be able to access the care plans."

We noted handover notes were repetitive, with the phrase 'good food and fluid intake' often used along with 'settled day'. This meant it was not always clear how people had spent their time and if their needs had been met.

In the PIR the provider stated, 'Care plans are reviewed on a monthly basis and care plan review meetings are held with relatives two weeks following admission to the home. Further reviews are then held at six week and then six monthly intervals. Relatives are encouraged to participate in the care plan to ensure people's needs, likes and dislikes are recorded'. We didn't find this during our inspection.

In the PIR the provider stated, 'Audits of care files are undertaken on a monthly basis to ensure that dependency levels are identified and the care plan reflects people's abilities and needs'.

We saw some care plans contained a full audit and review, with actions identified including updating information about people's conditions, risks associated with these and guidance for care. In two care plans we could not identify what changes had been made as a result. The deputy manager told us when they carried out the care plan audit they checked if all the sections of the care plan were there and would glance at needs of people and make notes. They said all the care plans would be audited by the end of March 2017.

On one floor we saw night staff handover taking place, each person was discussed and records were kept of how they spent the night and any information staff needed to know, not feeling well, stayed up most of the night and slept well. Another staff handover took place which was limited in information and mostly referred to people being settled through the night. This meant staff may not get accurate information to help meet people's needs.

This was a continued breach as the care plans we looked at had not always been updated on a regular basis, some sections were not completed appropriately or were inaccurate. This meant we could not be sure people were receiving appropriate care and support to meet their needs. This was a breach of regulation 9 (Person-centred care); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people living at the home were offered a range of social activities and a programme of activities was

on display in the foyer. We saw activities included wake up and shake, floor games, coffee and chat and trips out. Comments from people and relatives were mixed and included, "There are some activities, but not for me, I would like to see some plays or a sing song. I used to go to the theatre. There's not much going on here for me it could do with livening up", "Someone from the Church comes", "They could do with a bit more on this floor" and "[Family member] will sit in the lounge for a sing when she feels like it." We asked one staff member if there were enough activities for people and they told us, "No. Not really." Another staff member said, "Activities could do a bit more, especially on this floor."

The home had two activities co-ordinators in post and a volunteer came into the home twice a week and offered one to one sessions. An activity co-ordinator told us they were taking some people out to a local fish and chip shop for their lunch. One of the activity co-ordinators showed us a record of activities which they had recently introduced. It was evident people on the top floor had been receiving regular stimulation which included one to one, which suited their needs.

We saw the monthly newsletter for December 2016, which included information about trips out and up and coming events and activities. We saw activities meetings where held with people who used the service and their relatives. We looked at the meeting minutes and saw one person who had never flown was risk assessed and although unable to go on a flight, they were able to get them in a mock aeroplane to sit in it. In March 2016 people had expressed they wanted to raise money for charity and this had been arranged. Residents had asked for more day trips and we saw a trip to a garden centre had been arranged in April 2016. People wanted a clothes party and this was arranged for the 29 March 2016. Following meetings with residents to discuss activities, an activity action plan was usually created. We noted people wanted to go to Coronation Street and on the Emmerdale tour, tropical world, Abbey House museum and go to the Golden Acre Park with a packed lunch. Action was taken to enable this.

On the day of our inspection we saw a singing activity and a ball game using pompoms. One of the activities co-ordinators was very skilled at engaging with people and involving them in daily life at the home. There was very good support and interaction between people and the activities co-ordinators.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We saw the complaints procedure was in the 'welcome to care' folder located on each floor. We saw complaints were fully investigated and resolved where possible to their satisfaction. This showed people's concerns were listened to, taken seriously and responded to promptly. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

People and relatives told us, they had no complaints and could talk to staff at any time. Comments included, "The first room she had was smelly; they moved her straight away" and "I mentioned food to the managers and staff. They had seen it themselves and they said they were dealing with it."

We saw a number of compliments to the home thanking them for their support. These included, 'Thank you and the staff for looking after dad over the years', 'You all made mum's life so comfortable for many years' and 'You have always made us welcome as a family'.

In the PIR the provider stated, 'When the home receives any complaints, these are responded to in a timely manner and recorded on the providers Datix System. A letter of acknowledgement is issued once the complaint is received and then an investigation is undertaken. On completion of the investigation, the complainant is informed of the outcome'. Our findings supported this comment.

## Is the service well-led?

### Our findings

At the last inspection we rated this key question as requires improvement. We concluded The provider had not taken appropriate steps to ensure sufficient numbers of staff were deployed in order to meet people's needs and staff did not receive appropriate supervision and an appraisal in line with their own policy. We found not all the care plans not updated on a regular basis, some sections were not completed appropriately or were inaccurate.

At this inspection we found there were areas of improvement still required to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the registered provider had not taken appropriate steps to ensure staff received appropriate supervision and an appraisal in line with their own policy and care plans were not updated on a regular basis, some sections were not completed appropriately or were inaccurate. We have made that the provider ensures staff are deployed in order to meet people's needs.

As part of our inspection planning for this inspection we looked at the history for the registered provider. At previous inspections we found breaches of regulations, which at this inspection we found were still a concern. There was a history of ongoing breaches of regulations. For example, not all staff had received supervision or training in line with the provider's policy and care plans still required further work to make sure they were fully up to date

Throughout our inspection we were told of a number of first line managerial changes, resulting in the service not having stability or consistency. One staff member said, "We keep getting different managers." We also noted there was an inconsistent approach across each of the floors. For example, the monitoring of people identified at being at risk of poor nutrition or hydration. We also noted the 'team leader' role was ineffective as role of the lead leader and a senior care staff member did not differ.

The registered provider submitted an action plan following our last inspection in December 2015, and some areas of the action plan have not been met as they said they would and we found other concerns. We found the registered provider's oversight of the service had been weak, they had continuously failed to act on previous concerns and breaches of regulation identified.

At this inspection we found the registered provider had not taken appropriate steps to ensure staff received supervision in line with their own policy and care plans were reviewed but not updated on a regular basis. We also found some staff training needed to be updated, which the regional supporting manager told us was the responsibility of the manager to oversee this.

Notifications had been sent to the CQC by the service as required by legislation. However, we noted two incidents recorded in people's care plans had not been reported to CQC. Following our inspection we received both of these notifications. We saw a monthly programme of audits was in place, which included medication, falls, care plans, safeguarding and tissue viability. We saw the management team carried out daily walk rounds of the home and night visit checks. These checks included staffing, areas of the home and

fire exits. The regional manager carried out monthly visits to the home. These included an overview of the home, care compliance, feedback, resident involvement, recreation and activities, dining experience and health and safety. Actions were identified and dates of completion were recorded. However, these did not identify the concerns found during our inspection.

We saw team leader checks covered call bells, call bell placements, repose mattress, daily MAR signatures, MARs, topical MAR's, food intake, fridge temperatures and daily fluid checks. We looked at the checks for week commencing 23 January 2017, and found checks on 26 and 27 January 2017 had not been completed and the weekly fridge cleaning had not been completed in the last two weeks.

At the time of our inspection the regional supporting manager was registered with the Care Quality Commission as the manager. The home had a day to day manager who was supported by a regional deputy manager and deputy manager. The supporting regional manager was responsible for the management team at Cookridge Court. In the PIR the provider said, 'The new home manager is in the process of obtaining registration with the Care Quality Commission'.

The registered provider did not have an effective managerial structure in place, resulting in a lack of stability or consistency in the service. The systems in place were not robust enough to ensure continuous improvement in the service. This was in breach of regulation 17 (Good Governance); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with said communication and support within the home was good. Staff said the manager maintained a visible presence and often spent time with them and people who used the service. One staff member said, "[Name of manager] is out and about all the time, chats to everyone and finds out what's going on around the home." Staff told us they enjoyed their role and felt well supported now. One staff member said, "I feel we are listened to." Other comments from staff included; "I love working here, love the people, the staff team, it's a happy place to be", "Things happen now. If we need something for someone, we get it. Paperwork and monitoring of what staff do has also got better" and "They have an open door policy here. If you have an issue you can talk to the manager in confidence."

The supporting regional manager told us they had completed a HR clinic and were in the process sending out a staff opinion booklet to obtain feedback on the service provided and working at Cookridge Court. They said a staff survey would be sent out in June 2017 to help support change and gauge staff opinion. They also said they had introduced a 'pace setters' scheme, which was about bringing teams together and enforcing the provider's values.

We saw a night staff meeting had taken place in January 2017, which included discussions about rotas, training, morning checks and menus. We saw a schedule of staff meetings had been planned for 2017, which included all staff, heads of department and team leaders and senior staff.

Staff we spoke with said they thought staff meetings happened regularly. One staff member said, "They happen every one or two months. I haven't been to one because of my shift patterns."

People and relatives we spoke with said staff were open and friendly and the management team, were visible and around the home. Comments included, "They are around, have a quick word with residents, [name of supporting regional manager] is very approachable. I know I can go to her if I have a problem. I spoke to her about the activities and she took it on board and I have noticed a difference", "Now I'm getting old its peaceful and quiet", "I'm happy here, it's my home", "It's a brilliant atmosphere, yes I would recommend it", "Somebody recommended it to me. I come here three or four times a week. We have a

measured view. We are very happy with the care. There isn't anything that is bad."

We saw the relative's survey action plan from 2016, which included action regarding the home environment, food and dining, recreation and activity and staffing. Identified actions were recorded along with completion dates. In the PIR the provider said, 'Feedback is obtained from people that use the service. A recent survey was carried out, 'You Said - We Did' which resulted in people's choices being met. Regular meetings are held with people that use the service and a monthly manager's surgery is held to give people the opportunity to discuss any issues or concerns that they may have'.

Resident and relatives meetings were held and we looked at the August and December 2016 meeting minutes. We saw discussions included maintenance, laundry, cleaning and changes to staff accompanying people to hospital. People and relatives comments included, "We don't go to meetings because if we see anything, we have a collaborative relationship with staff. Relatives who don't live near have a different perspective. If we have concerns, we would tell them. I've never had any concerns."

We saw a 'manager's surgery' had taken place in July 2016 and saw evidence of action taking place following these surgeries. For example, one relative had requested a move to another part of the home for their family member and this was supported and they were able to complete the requested move a few weeks later.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent was not well documented in everyone's care plan. Staff told us they knew what 'DoLS' meant, however, were not immediately clear about the implications of having a DoLS in place, or which people this affected.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have an effective managerial structure in place, resulting in a lack of stability or consistency in the service. The systems in place were not robust enough to ensure continuous improvement in the service.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  This was a continued breach as the care plans we looked had not always been updated on a regular basis, some sections were not completed appropriately or were inaccurate. This meant we could not be sure people were receiving appropriate care and support to meet their needs.

### The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  This was a continued breach as the provider had not taken appropriate steps to ensure all staff received appropriate on-going or periodic supervision and an appraisal to make sure competence was maintained. We also noted some staff had not completed core training subjects in line with the provider's policy.

### The enforcement action we took:

Impose a condition