Cool Runnings Residential Home Limited

Cool Runnings Too

Inspection report

63 The Park
Yeovil
Tel: 01935 474700
Website: n/a

Date of inspection visit: 29 June 2015
Date of publication: 15/10/2015

Ratings

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

Overall summary

This inspection was unannounced and took place on 29 June 2015.

Cool Runnings Too is registered to provide accommodation and personal care for up to 12 people. At the time of this inspection there were 12 people living in the home. People living in the home and their relatives liked the homely atmosphere of the service. One relative said "It is a nice sized home." They told us their relative would be "lost in a big home."

The last inspection was carried out on 6 May 2014. Concerns were identified in relation to staff training and evidence that people were involved in their care planning. Some maintenance records were also not up to date. We required the provider to take action. During this inspection we found the actions had been completed and sufficient improvements had been made.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At Cool Runnings Too the registered manager is also the registered provider. 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.

Summary of findings

The service provides personal care in a residential environment. The manager was clear people's health and clinical needs were met by community nurses or other healthcare professionals. Community nurses visited the home daily to provide healthcare.

We had received concerns about the effectiveness of the healthcare of one person. We found the treatment the person needed to receive in an emergency situation was not clear and did not reflect current best practice. The communication between the health professionals and the care staff needed to be improved. We spoke with the manager about the need to ensure all staff were fully aware of the exact treatment required by the person. They responded appropriately and agreed some actions.

Whilst the manager was on holiday an incident occurred that indicated staff left in charge of the home were not fully aware of the processes and procedures related to safeguarding people.

People told us they had access to healthcare professionals according to their individual needs. People's records showed they were visited by doctors, chiropodists and opticians. Relatives told us of occasions when they had been kept informed if the doctor had visited or there had been a change in their family member's health. They said "The attention is good. Staff keep on top of everything. "

People told us the registered manager was friendly and approachable. They told us they would be able to make a complaint or raise any worries or concerns with them and be sure they would receive a helpful response. People were able to share their views informally with the care staff and manager.

Staffing levels kept people safe and provided effective daily care. People living in the home and their relatives said there were sufficient numbers of staff on duty. We discussed with the manager the ways in which staffing levels might impact on people's choices. A change to the recording of staff available on the rota was agreed so staff on duty knew when additional support was available.

Staff had access to training to ensure they had the skills to meet most people's needs. Further training was needed in relation to the care of one person.

People were able to make choices about aspects of their daily lives. People followed their own routines which were respected by staff.

People told us the quality of the food was "good" and there were "no complaints." People also said they were able to have drinks and snacks at any time of the day or night. Guidance regarding one person's special diet was unclear and we discussed with the manager the need to improve the communication between the relevant professionals and the home.

Activities were available in the home but people were not always sure when they occurred. The activities programme was recorded in a book and the manager agreed that in addition to talking to people they would display future events on the main notice board.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe however improvements are required to ensure staff in charge of the home when the manager is absent are fully aware of safeguarding procedures. There were sufficient numbers of staff to meet people's needs safely. However staff numbers could limit some aspects of people's lives. People received their medicines from staff who were competent to carry out the task. Risks of abuse to people were minimised because staff had received appropriate training.	**Requires improvement**
Is the service effective? The service was not completely effective. Most people received care and support from staff who had the skills and knowledge to meet their needs. Further training was required in the care of people with diabetes to improve the staffs understanding of the support of people with this condition. The treatment one person needed to receive in an emergency situation was not clear and did not reflect current best practice. The communication between the health professionals and the care staff needed to be improved. People's nutritional needs were met however the guidance relating to one person's special diet was unclear. People had access to healthcare professionals according to their individual needs. They said "The attention is good. Staff keep on top of everything. "	**Requires improvement**
Is the service caring? The service was caring. People were supported by kind and caring staff. People's privacy was respected and they were able to choose to socialise or spend time alone. People were able to give their opinions about the care they received.	**Good**
Is the service responsive? The service was responsive. People were able to make choices about how they spent their days. Care and support was personalised to ensure it met people's wishes and needs.	**Good**

Summary of findings

People and their relatives told us they would be able to make a complaint and felt sure it would be acted on.

Is the service well-led? The service was well led. There was a registered manager in post who was kind and approachable. People were cared for by staff who were well supported by the registered manager. There were systems in place to maintain and monitor the safety of the people in the home.	**Good**

Cool Runnings Too

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 29 June 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) and other enquiries from and about the provider.

The last inspection was carried out on 6 May 2014. Concerns were identified in relation to staff training in safeguarding and evidence that people were involved in their care planning. Some maintenance records were also not up to date. We required the provider to take action. During this inspection we found the actions had been completed and sufficient improvements had been made.

During the inspection we spoke with 12 people who lived in the home. We met five care staff. The registered manager was available throughout the day. After the inspection we spoke to 11 relatives.

We viewed the premises and observed care practices and interactions between staff and people living in the home. We looked at a selection of records which related to individual care and the running of the home.

We saw four care and support plans, three staff personal files, medication administration records and records relating to the maintenance of the home.

Requires improvement

Is the service safe?

Our findings

People felt safe at the home with the staff who supported them. One person told us “I have no complaints at all. I feel safe. I can do what I want.” Another person said “I always feel safe here. I still like to lock my door at night. It is something I have always done. Staff understand. I have my bell. ” Relatives told us they had no worries about their family members and felt confident they received safe and appropriate care.

We received concerns after the inspection from the local safeguarding team. A safeguarding incident occurred when the manager was on holiday. Staff left in charge of the home were not sufficiently aware of safeguarding procedures and processes.

People were supported by two care staff during the day and one member of staff at night. The provider/manager came into the home each day and there was an on-call system when they were not available. People told us there were staff available when they needed them. Relatives said there were sufficient staff on duty when they visited.

During the inspection we observed people received care and support in a timely manner. The staff cooked and served lunch and addressed people’s needs. We heard them talking with people and they seemed relaxed and confident with their work load.

We discussed staffing levels with the manager. They agreed they would add their name to the staff rota so staff could see clearly when additional assistance would be available. This would enable them to plan individual events with people. The manager told us they would always be available when staff needed additional support and extra help would be organised if people were unwell. Staff confirmed additional assistance was available when they needed it.

Risks of abuse to people were minimised because the provider had a robust recruitment system in place. Staff were checked to ensure they were suitable to work in the home. These checks included requesting references from previous employers and checking with the Disclosure and Barring Service. (DBS) The DBS checks people’s criminal history and their suitability to work with vulnerable people.

Staff told us they had received training in how to recognise and report abuse. Records showed the training had occurred.

The manager had recently worked in partnership with the relevant authorities to resolve an issue raised through the safeguarding procedures. They had agreed to implement actions in response to issues that had been raised.

The manager carried out risk assessments relating to the environment and people’s health needs. and recorded “warning indicators” for staff to indicate how a risk was to be minimised. This meant staff were informed about people’s risks and could take appropriate early action.

People’s medicines were safely administered by care staff who had recently undertaken a distance learning medicines training course. There were suitable secure storage facilities for the medicines. The home used a blister pack system with printed administration records. The Medication Administration Records had been completed fully and accurately.

People received appropriate support with medicines. Staff were clear about the limitations of their role and community nursing staff attended the home on a daily basis to give injections when required.

Requires improvement

Is the service effective?

Our findings

Most people received care and support from staff who had the skills and knowledge to meet their needs. Further training was planned in the care of people with diabetes to improve the understanding of staff in the support of people with this condition.

We had received concerns about the effectiveness of the treatment of one person. When we looked at care records the treatment the person needed to receive in an emergency situation was not clear and did not reflect current best practice. The communication between the health professionals and the care staff needed to be improved. We spoke with the registered manager about the need to ensure all staff were fully aware of the exact treatment required by the person.

Another person was receiving treatment from the community nurses for skin problems. In the person's care plan the skin problem was not mentioned. This meant the role of the carers in promoting healing and recovery was not recorded for them to act on .

In other plans it was clear what action staff should take in the event of a health emergency. We asked staff how they would assist people if they became unwell and they gave comprehensive answers.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. A new member of staff said they had been trained and supported to work in the home. One person commented "Staff know you and the help you need." Another said "Staff are confident."

Since the last inspection staff had completed safeguarding adults, food safety and first aid training. Training in caring for people with dementia was planned to make sure staff kept up to date with good practice. Staff told us the training available was sufficient to care for people and they were able to ask the manager for support or guidance at any time.

The manager was clear people's health and clinical needs were met by community nurses or other healthcare professionals. Community nurses visited the home daily to provide healthcare.

People told us they had access to healthcare professionals according to their individual needs. One person told us the staff had assisted them to attend hospital appointments. People's records showed they were visited by doctors, chiropodists and opticians. Relatives told us of occasions when they had been kept informed if the doctor had visited or there had been a change in their family member's health. They said "The attention is good. Staff keep on top of everything. "

Most people who lived in the home were able to make decisions about what care or treatment they received. During the inspection we heard staff asking people if they wanted to receive support at that time. People told us they were able to choose how they spent their day. One person told us they got up really early. They said this was their choice and they were "sure they could have a lie-in if they ever wanted one."

The manager had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Assessments had been completed to confirm people wanted to live in the home. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One person was choosing not to follow their special diet which they required to stay well. There was no assessment of the person's capacity to make this decision for themselves although a risk assessment of the consequences had been completed. This was discussed during a safeguarding meeting about the person. The manager had agreed to put the risk assessment in place. Staff had recently received basic training to understand the MCA.

One person was staying in the home for respite. They told us they were able to manage their own care as they did at home. They told us they knew themselves best and staff respected this. They told us they had been for respite where staff tried to "tell them what to do." They appreciated staff kindness but also the fact that their views were respected.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and

Requires improvement

Is the service effective?

there is no other way to look after the person safely. In response to changes in this legislation the registered manager had up dated the home's policy on the use of DoLS. All staff had been given a booklet on DoLS and the manager said the booklets had been discussed at a team meeting. This ensured staff were up to date with how to promote people's legal rights. People were able to leave the home when they wished to. One person went out with a friend, another person went for a walk with relatives during the inspection.

The main meal of the day was at lunch time and we saw people were able to choose where they ate their meal. Some people choose to eat in the lounge area, some in the dining room and others in their bedrooms. One relative told us people were encouraged to eat together in the dining room but there was a choice.

People told us the quality of the food was "good" and there were "no complaints." People also said they were able to have drinks and snacks at any time of the day or night. This was a small home and one main choice of lunch was cooked each day. People said this was not a problem and if there was something they really did not like they would be accommodated. Guidance regarding one person's special diet was unclear and we discussed with the manager the need to improve the communication between the relevant professionals and the home.

[HB1]these two paragraphs indicate why it requires improvement therefore they need to be moved to the top so that its clear within the first paragraph why it requires improvement

[HB2]was there an outcome of this? did the manager say this would be done?

Good

Is the service caring?

Our findings

People said they were supported by caring staff. People commented how kind the staff who assisted them were. They said staff were cheerful and some would "have a good chat."

Relatives told us they were pleased with the care given to their family members. One person said "I am very pleased. It is a nice small place. They do seem to care for her. I come in at different times. It is always the same. Staff are never late answering the door. There is always a welcome."

Another relative spoke of the "patient and understanding" staff.

Staff supported people and interacted with them in a kind and friendly manner. We heard one member of staff having a friendly and appropriate conversation whilst they assisted them to move about the home.

People had formed relationships with other people who lived at the home. Two people told us about their enjoyment of watching tennis together. Staff ensured people were comfortable and able to do this.

Staff told us they helped people to celebrate special occasions. They told us they made a birthday cake and did things "to keep people's spirits up." A relative of one person told us "I am more than happy with the home. They are treated well. Staff bend over backwards to help."

People's privacy was respected during personal care. People were able to choose to socialise or spend time alone. Some people said they preferred their own company and staff respected their choices. One person told us "Staff are kind. Food is good. I like to stay in my room. It all suits me."

We asked the manager how they ensured staff constantly considered people's privacy and dignity. This related to the manner in which one person was supported in the lounge. The manager said they would raise any issue at a staff meeting and/or provide individual coaching and training in this area for all staff.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private if they wished to.

There were informal ways for people to express their views about their care. Each person had their care needs reviewed although some records had not been up-dated to reflect this. Relatives told us they were involved in decisions about care provided and were always able to ask questions. Most care plans had been signed by people or their relatives to show they agreed with the contents.

When staff talked about people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about aspects of their day to day lives. Everyone we spoke with said they were able to decide when they got up, when they went to bed and how they spent their day. One relative told us their family member had come to the home for a respite stay and decided to stay permanently. They said the person valued their independence and liked to be their "own boss." When we spoke with this person they told us "I can do what I want here. I get up when I want. I like to dress myself. I am quite happy here. I can sit and watch a bit of television, anything I like. I am happy here."

Another person who had lived at the home for some years told us "They are still looking after me well." They told us in addition to things they liked to do in their room there was bingo and they enjoyed coming to the lounge for coffee and biscuits. They said they liked the balance between company and their private room. Their relative told us they had never had any concerns and the manager had helped their relative a lot with some of their needs.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's requirements and expectations. The manager said they would never offer accommodation to anyone whose needs they were not able to meet. They considered all the people in the home and how a person would "fit in" with people already living in the home before offering accommodation to a new person.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans were sometimes quite brief. They contained information about people's likes and preferences as well as their needs but some needed up-dating particularly if the person had lived in the home for a long time. Staff knew people very well and told us of ways in which they respected people's wishes and choices. One member of staff said "We know them well. We know if someone's mood changes or if they are not so good." They gave us examples of how they understood people and the action they would take.

One member of staff described in detail how important it was to adhere to one person's morning routine. They said the person liked to "work by the clock". They said "It is very important to understand the timings and what they like to do when." People all had preferences for their personal care routines which were important to them and followed by staff.

Care was provided in accordance with people's needs and adjusted to meet their changing needs. The registered manager told us support changed as people changed. They said their response could be purchasing equipment, making an appointment or changing someone's routine to accommodate the person.

People told us there were activities organised. People had an entertainer to visit, played bingo and had quizzes some afternoons. Activities were not clearly advertised and people were not sure when they would happen. Some people would have liked "a bit more to do." There were usually two staff on duty in the home and this meant it was not usually possible to take people on trips out. We discussed this with the registered manager who agreed that if her time spent in the home was formalised and recorded on the rota staff could allocate time to people individually or consider planning a short trip out. Some people had relatives who visited them regularly and took them out for in the car or for a walk.

The registered manager sought people's feedback informally. There were no formal meetings in the home. The manager told us they had tried these but people did not want them. People felt their views were listened to and action was taken to act on suggestions where possible.

People had a copy of the complaints policy when they arrived at the home. A copy of the policy was displayed in the reception area for visitors. There had been no formal complaints since the last inspection. People told us they would be able to raise any issues with staff or had relatives who would do this for them. One person said "I have no complaints. I have a daughter who will sort anything out for me." We contacted the relatives of all but one person living in the home. They said they would find it easy to raise any issues of concern in the home. They visited the home at different times and without appointments. One relative said "If there are any problems I tell them straight away. There have been one or two minor things. They sorted them out straight away.

Good

Is the service well-led?

Our findings

This was a small home for 12 people where the registered provider was also the manager. People living in the home, staff and visitors felt the service was well led by an open and approachable manager. One relative told us they had spoken with the registered manager and found them “very helpful and supportive.” Another relative said the manager would always be the “first port of call” to sort out problems.

Staff said they were supported by the manager. They were able to make suggestions about the running of the home and the care they provided. The manager said “They (the staff) are quite able to put ideas forward to me. And they frequently do. They are able to raise any issues they want to talk about.”

The manager told us their vision for the home was to provide a “homely home.” They said they did not want to have a home that was “too clinical.” Comments from people demonstrated this was the case. People liked the size of the home and the fact that they knew everyone there.

The manager told us staffing structure of the home was deliberately simple. As there was usually two staff on duty there was no hierarchy. The two staff worked together as a team of equals. The manager wanted all staff trained to the same standard rather than have one senior and one junior member of staff. They said some staff had more experience than others and new staff were paired up with these staff. However all were expected to work with all other staff to support and care for people.

At night one member of staff was supplied by an agency. There was a regular member of staff supplied who was well known to people in the home. The manager said it was reassuring to know that if ever this member of staff was not available the agency would supply another member of staff.

When the manager was not available to be on-call another member of staff took this responsibility. This meant there were adequate systems to make sure support was available to staff and people in an emergency

Whilst the staffing arrangements seemed to work well healthcare professionals did not always find it easy to contact the manager because the times they were in the home was not displayed on the rota. They told us they usually arrived at the home at lunch time each day. They lived close to the home and attended promptly when there were any concerns. They agreed during the inspection to put the times they were in the home on the staffing rota and also to vary the times they attended.

Staff told us they felt very well supported and received regular observations and annual appraisals. These were an opportunity for staff to discuss their work and highlight any further training required. It was also an opportunity for any poor practice or concerns to be addressed and monitored in a confidential setting.

Quality assurance systems in place to monitor care and plan on-going improvements were informal. The manager undertook audits and checks to monitor safety and quality of care. They visited the home at different times and observed staff working. They completed regular

medication audits. People living in the home had their care reviewed by their care managers. Copies of reviews in people’s files indicated the quality of care provided was satisfactory.

There were effective systems in place to monitor people’s care and well-being. For example each person was weighed on a monthly basis and action taken where there were significant changes in people’s individual weight. Records showed the action that had been taken were concerns were identified.

The manager confirmed they were up to date with recent changes in the Health and Social Care Act 2008 (Regulated Activities) Regulations.)2014. They told us they read information from our web site and had accessed recently published guidance to ensure people received care in line with the regulations.