

Messrs A & M Desai - Desai Care Homes

Culverhayes Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Culverhayes Nursing Home is a residential care home providing the regulated activities personal and nursing care to up to 65 people. The service provides support to older and younger adults, people with dementia and mental health needs. At the time of our inspection there were 59 people using the service.

Culverhayes Nursing Home is a converted former school. Accommodation is laid out across three wings: Culver, Lymore and Hayes. People have access to communal dining and lounging spaces and a level garden. Floors are accessible by stairs and a lift. The registered manager's office can be found on the ground-floor in close proximity to reception.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received person-centred care and measures were in place to protect people from avoidable harm. Staff received safeguarding training and staff we spoke with were confident about how they would identify and report potential abuse. Safe recruitment processes were in place. People received their medicines as prescribed; we found some shortfalls in relation to stock balances of homely remedies and refrigerated medicines storage.

We received positive feedback from professionals and relatives of people using the service. The registered manager sought stakeholder's feedback and acted on the information to drive improvement. Staff were supported to learn lessons through supportive supervision sessions. Overall audits and checks were used effectively to drive improvement in the service. We made 1 recommendation in relation to medicines checks.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating: The last rating for this service was good (published 6 July 2018).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns about pressure ulcer care. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of

harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Culverhayes Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Culverhayes Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The Inspection team was made up of 2 inspectors. An Assistant Inspector contacted relatives and professionals after our site visit.

Service and service type

Culverhayes Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Culverhayes Nursing Home is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed various documents in relation to the running of the service, including wound care plans, audits and recruitment files. During our site visit, we spoke with 11 staff members, 2 relatives and 5 people. We undertook a visual inspection of the premises. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. After our site visit we received feedback from 2 professionals and 7 relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were implemented and regularly reviewed for all aspects of people's care and support. We reviewed risk assessments in relation to people's risks of falls, malnutrition, skin damage and choking. When risks were identified, care plans provided clear instructions for staff about how to reduce the risks.
- People were reviewed by external healthcare professionals when required. This included Tissue Viability Nurses, Dieticians and Physiotherapists.
- When people needed support to change position and equipment was needed to transfer people safely, this was described in people's plans and included guidance for staff.
- People told us they felt safe. Comments from people included, "I feel relaxed, relieved and safe" and, "I like it here." One staff member said, "I think [people] are safe because we are always trying to do as much as we can to keep them safe."

Systems and processes to safeguard people from the risk of abuse

- The registered manager had oversight of safeguarding in the service and worked with the local authority safeguarding team when required.
- Staff received safeguarding training as part of their induction programme and refresher training was undertaken routinely.
- Staff understood their responsibilities to protect people from avoidable harm and abuse. One member of staff said, "If I saw any bruising, I would inform the nurse and record in the system. We are told to always report any concerns to the nurse."

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager maintained a tracker for DoLS authorisations submitted and approved. They

maintained regular contact with the relevant DoLS teams.

Staffing and recruitment

- There was enough staff to meet people's needs. Call bells were responded to swiftly and we observed staff responding quickly to people when they needed support.
- Staff we spoke with said they felt there were enough staff. Comments included, "This is one of the highest levels of staffing I have ever seen in a care home" and, "There are no issues with staffing here. If anyone is off [sick], [registered manager] will arrange agency."
- Relatives told us there was a consistent staffing team to meet people's needs. One relative said, "The staff are really lovely, the nice thing as well is there's consistency; I always see the same faces there. They are very friendly but not intrusive."
- People told us staff were kind to them. Comments from people included, "The staff are very, very good people" and, "[Staff are] very nice, very polite."
- Recruitment processes were in place to help prevent unsuitable applicants from gaining employment in the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had oversight of accidents and incidents and monitored the information to help identify themes and trends and prevent a recurrence. The registered manager shared learning with staff.

Using medicines safely

- Staff responsible for administering medicines completed medicines training and had their competencies checked regularly.
- Some people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place, and detailed when and why people might require additional medicines.
- People were administered their covert medicines safely. The documentation in place showed clearly who had been involved in the decision-making process and how the medicine should be administered.
- The service used homely remedies alongside prescribed medicines. Homely remedies are medicines that can be bought over the counter without a prescription. The stock of these medicines was not well managed. Although records were in place, these had been inconsistently completed; stock balances did not add up, some dates of administration were missing and on at least one occasion, medicine had been administered to a member of staff which is not considered good practice. These issues had not been identified during the provider's medicine audits. We discussed this during the inspection with the registered manager and area manager, action was taken and information was shared with staff to prevent a recurrence.
- Temperatures of clinical rooms and medication storage areas including medicine fridges were monitored.

However, staff had recorded the temperature of one medicine fridge as being above medicine manufacturer guidance on six occasions and the fridge temperature on the day of the inspection was 10.3 degrees centigrade. Although there was a column for staff to record action taken if the temperature was out of range, this had not been completed. Manufacturer guidance directs fridge medicines to be stored between 2 and 8 degrees.

- We discussed the temperature monitoring and homely remedies shortfalls with the registered manager, who acted immediately to rectify them. The registered manager confirmed they would share our findings with staff to prevent a recurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Statutory notifications were submitted to CQC in line with regulatory requirements. Statutory notifications are important as they inform us about notifiable events and help us to monitor services we regulate.
- Overall we found audits and checks were implemented and used effectively to identify shortfalls errors and omissions. Associated action plans were signed on completion and reviewed by the registered manager.
- Medicines monitoring and checks had not always been used effectively to identify shortfalls we found on this inspection, in relation to balances of homely remedies and the medicines fridge temperature exceeding safe ranges.

We recommend the provider reviews and monitors the management, auditing, and oversight of medicines, to ensure shortfalls, errors and omissions are consistently identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service culture was positive and person-centred; staff treated and spoke about people in these ways. Comments from staff included, "I feel like I am working for my family members, it's nice work" and, "People are treated well and seem to be happy."
- Relatives and professionals told us they could speak openly with the registered manager. Comments from relatives included, "I have spoken to [registered manager's name] about some things that weren't right and they have resolved it, they bent over backwards" and, "I came to see the home before [relative] came here, from that day I met with [registered manager], she's been amazing. There have been some issues I had and she was there straight away."
- Relatives and professionals told us the service was well-led. Comments from relatives included, "[Registered manager's name] is excellent, really is super. I have no problems at all. Their staff actually care about the people there" and, "[Registered manager's name] is lovely, they've been really helpful and very responsive when we've raised things." One professional said, "I find [the registered manager] demonstrates compassion toward residents, she has a positive and non-judgemental attitude towards their mental health needs."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider worked with people and relatives to drive improvement. Most recently, staff had worked with people and relatives to design a menu that was aligned with people's preferences.
- During our inspection, the registered manager discussed their plans for improving care provision in the service. Improvements included ongoing refurbishments to the premises and a review of activities provision, with plans to offer more tea-parties and visits into the community.
- Staff were supported to learn lessons through reflective practice and supportive supervision sessions.
- Staff received equality and inclusion training as part of their induction.

Working in partnership with others

- Staff worked in partnership with external professionals. For example, the service had good links with the local GP practice. A GP visited twice a week and staff told us they could easily access advice and support out of hours when needed.
- We received positive feedback from professionals we contacted. Comments from professionals included, "I have found that the home keeps me informed of any concerns or if a resident on my caseload becomes unwell/ end of life. I find that the carers are attentive towards residents . . .they are empathic and sympathetic towards their residents mental health needs" and, "The management team at Culverhayes are excellent. [The service] is extremely well led and any requests get dealt with almost immediately."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and senior leadership team were aware of their responsibility to act openly and honestly when things went wrong. This included writing to people and their relatives with an apology and information about any lessons learned.