Comfort Care Services (Colchester) Limited

The Haven

Inspection report

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Date of inspection visit: 21 April 2015
Date of publication: 09/06/2015

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

The inspection took place on 21 April 2015 and the inspection was unannounced. The last inspection was on the 30 April 2014 and the service was fully compliant.

The service provides accommodation for up to 29 older people. The previous registered manager had recently left the service and the deputy manager had applied to become the 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.

There were policies available for staff to tell them what actions they should take if they believed people to be at risk of harm or actual abuse and staff were familiar with these policies. People were protected from risk as far as reasonably possible because staff assessed the risks to their safety and took appropriate steps to reduce risk.

Summary of findings

Staffing rotas showed that staffing levels fluctuated and there was not a clear rationale of how many staff were needed to meet people's needs or the effect of reduced levels of staffing on the service delivery.

Medicines prescribed to people were not always properly recorded so we were not assured people always received their prescribed medicines.

Infection control procedures were not always as stringent as they could be.

Staff familiar with people's needs were always on duty and staff were supported in their roles through regular supervision and training. Staff induction was adequate but could be extended further too clearly demonstrate that staff had the necessary competency and skills.

Observation of staff practices demonstrated that they knew how to appropriately support people with their care and welfare needs and did so with people's consent. We were not assured that staff always acted lawfully in regards to supporting people who lacked capacity or when making best interest decisions.

There were records to demonstrate how staff monitored people's nutritional and hydration needs. Where people were at identified risk of dehydration or unintentional weight loss staff took the right actions to protect them.

People were supported by staff to keep in good health and staff responded appropriately to any changes in people's needs.

Peoples care needs were known by staff and clearly documented. However more precise information would support staff in working consistently with people.

The home had staff to specifically provide activities to meet people's identified interests and hobbies and help keep people mentally stimulated.

People were routinely asked about the service provided to them and there were processes in place to deal with any concerns people had about the service.

Staff were caring and well informed about people's needs which helped them provide effective care which was responsive to their individual needs.

There was strong management and a genuine desire to put people first by providing the right staff and involving and engaging with the local community, families and friends of people using the service.

There was a quality assurance system which measured the quality of the service being provided in line with people's needs and potential risks to people's health and safety. This enabled the acting manager to make any required improvements.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not always safe.

Staff knew how to protect people from the risk of harm. Staff received appropriate training and had policies to follow which told them what they should do if they suspected a person to be at risk.

Risk assessments and care plans told us what actions staff took to promote people's safety and staff referred people to different health care agencies as appropriate.

Staffing levels were appropriate on the day of our inspection but we found gaps in the staffing rotas which meant shifts were not always appropriately covered. Records recording people's dependency levels were not always accurate and therefore were not a reliable means of determining how many staffing hours were necessary.

Signature gaps in people's medication administration records meant we could not be assured people always received their medicines as prescribed.

Minor improvements were required to the homes infection control procedures and practices to ensure the home was clean and reduced the risk of cross infection from one person to another.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were adequately supported through induction, training and supervision. However the induction for new staff was agreed at service level and was not consistent throughout the organisation. Training was on-going and staff learnt as they went on rather than having to undergo some training before starting work.

People were supported with their nutritional needs to ensure they remained well- nourished and hydrated. Staff monitored unintentional weight loss and took necessary steps to protect people from dehydration.

Staff provided care and treatment to people in line with their consent. The acting manager had not made formal applications where people were being deprived of the liberty but did understand their responsibilities and said they would address this straight away.

Records showed how people's health was monitored and staff supported people to see health care professionals when needed.

Is the service caring?

Good

The service was caring.

Summary of findings

People's independence was facilitated and staff were familiar with people's needs and provided care which was responsive to people's needs.

People were consulted about their care and made decisions about their care and welfare. Staff delivered care which was dignified and promoted people's independence.

Is the service responsive?

Good

The service was responsive.

People's records told us about people's needs and we observed staff carrying out people's wishes and meeting their needs in the way they should.

Staff supported people to maintain interests and hobbies and there was a range of things to keep people occupied throughout the day to promote mental well-being.

The home had an established complaints procedure and routinely listened to people and acted upon their concerns.

Is the service well-led?

Good

The service was well led and suggestions we made were acted upon .

The acting manager promoted a positive culture within the home by working with their staff and supporting them appropriately. They knew people's needs and worked closely with family members so they felt involved and well informed about their relatives care.

The staff strived to provide high quality care by evaluating what they were doing to assess what they were doing well and where they needed to improve. This meant they were continuously striving to improve the service and consulting with people about the service they provided.

The Haven

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.

The inspection took place on the 21 April 2015 and the inspection was unannounced. The inspection was carried out by two inspectors over one day. Before the inspection we looked at the information we already held about the home. This included: previous inspection reports any notifications. A notification is information about important events which the service is required to send to us by law. We also reviewed the provider information return (PIR) which is a form we ask all providers to complete to tell us how they are managing their service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the manager, nine people using the service, three care staff, two relatives, two friends of people using the service and a visiting professional as part of this inspection. We also looked at records including five people's care plans, staff records and records relating to the management of the business. We observed care throughout the day, including lunch time, medicine administration and social activities.

Requires Improvement

Is the service safe?

Our findings

People told us that there were enough staff in the home. One person said, "There are enough staff to help when you need it." Staff said, there were usually sufficient staff to meet people's needs. Staff said occasionally they were short of staff, if staff called in sick at short notice. The manager told us that they assessed dependency levels when deciding staffing numbers. However, some of the dependency scores did not fully reflect the time needed for staff to support the person. For example, a person who had swallowing problems who could eat independently was not given a dependency rating for mealtimes. This was despite the fact that they needed close supervision by staff whilst eating to ensure that they remained safe and did not choke. The supervision and encouragement needed by people who were losing weight was also not reflected in the scores.

We looked at staff rotas for the previous four weeks. They showed that staffing levels were variable and did not match with what the dependency tool required or the manager confirmed had been at work. On some occasions we saw that there were only three care staff on during the day rather than four and two at night rather than three. There were vacancies for a full time night carer and a part time cook. On nine nights in a period of four weeks there had only been two care staff on duty. The manager said that they or the deputy stayed on duty to cover the evening medicine round and would ensure that there was always a member of staff on duty who could administer medicines during the night. Senior care staff were covering the cooking on the two days that the chef was not present. However this was, on occasion, leaving the home short of care staff. Staff numbers did not consistently match the dependency of people living in the home and the dependency tools had underestimated the number of staff required This meant that at times there were not sufficient staff to provide timely care and supervision for people living with dementia. The home did not have any bank staff and had not used any agency staff to cover either of the vacant posts or staff sickness.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they were happy with the way that staff managed their medicines. One person said, "The staff give me my medicines. I'm happy with that." We observed part of a medicine round at lunchtime. Staff told us that the medicine rounds usually took between one and one and half hours to complete depending on how much help and prompting people needed to take their medicines. Staff were patient and supportive when assisting people with their medication.

Medicines were stored in the dining room. The temperatures of the medicine storage area and trolleys were being monitored daily. We noted that at times the temperatures were at or just above 25 Celsius, which is the maximum safe storage for the majority of medicines. Staff said that the room became very hot at times. The provider told us that they would investigate options for storing medicines in a cooler part of the home.

The recording of the administration of medicines needed to be improved. There were a number of unexplained gaps on the medicine administration records (MAR). It was not always possible to establish whether the person had received their prescribed medicines or the member of staff had forgotten to sign the MAR. When medicines were prescribed with a variable dose staff were not recording the actual dose given. This meant for example, that the GP would not be able to assess people's pain control accurately and the possible need for increased pain killers. One person was prescribed two paracetamol for arthritic pain four times a day but the balance of tablets remaining indicated that the MAR was incorrect and that the person was only receiving one tablet on some occasions. The manager said that they would introduce a balance sheet for medicines given with a variable dose following the inspection. One person went out with their family during the week. Staff gave their relative the medicines they were due to take, so they did not miss any while they were out. However, staff did not record this accurately on the MAR so that it appeared that the person has missed two doses of warfarin. Staff did not always provide an explanation for their omission of a medicine when using codes. We noted that some people had missed a number of doses of medicines because they were asleep. This was of concern as the missed doses included anti-psychotics, antibiotics, painkillers and nutritional supplements.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they felt safe in the home. One person said, "The home is safe." Another told us, "Yes, it's a very safe home." Staff said and training records showed that staff

Requires Improvement

Is the service safe?

had received training in how to maintain people's safety. They knew how to raise concerns about possible abuse or poor practice, both internally and to external agencies if necessary. The manager had raised an appropriate safeguarding alert. This was in relation to a person who returned from hospital in an extremely poor physical condition.

People had freedom of movement and choices within the home but were monitored in order to reduce the potential risks of harm. The home had a range of risk assessments, which they used to assess potential risk to people. Accidents were recorded. However, there was not always information on management action taken to reduce the likelihood of similar accidents in future.

People were referred to the local falls prevention service if they had falls. If people had a fall at night the use of a sensor mat was discussed with them and/or their relatives. The sensor mat alerted staff if the person got out of bed in the night so that staff could be there to assist them if they needed to go to the toilet. Following our discussion, the manager said that they would develop a more comprehensive falls risk assessment. This meant that in future staff could assess the range of factors that could contribute to the risk of falls, including walking aids and footwear or a recent change of medication. They would then refer to the appropriate health professionals to request a medication review or an occupational health assessment if necessary.

People told us that the home was clean. One person said, "They keep my room clean." We noted that the front entrance and one person's room needed more odour control. These areas improved following a carpet clean which we observed. People's en-suite facilities did not have any paper hand towels or liquid soap. This meant that staff could not carry out effective hand washing before and after providing care. It would also make it extremely difficult to carry out appropriate infection control procedures in the event of an outbreak of an infectious disease in the home. The manager took prompt action to address this and ordered hand towel and soap dispensers during our inspection. The manager said that two people had diarrhoea and vomiting in March 2015 but that no other people had been affected. Staff we spoke with were not consistent in their infection control practices with regards to hand washing. This could potentially lead to cross infection. Two staff were wearing false nails. These can harbour micro-organisms and can reduce compliance with good hand hygiene.

Requires Improvement

Is the service effective?

Our findings

New staff had an orientation to the home and shadowed a more experienced member of staff until they were confident working on their own. The manager said that new staff worked through a number of topics on the Social Care TV e-learning. They said that staff had to redo the training if they achieved a mark of less than 85% on the tests. Staff also worked through the Skills for Care Common Induction Standards. However, there was no corporate induction and there was no clarity on the core training than staff should undertake before being allowed to work on their own.

Staff told us that they had a range of training to help them meet people's needs and keep them safe. They told us that they could ask for additional training if it would help them to provide more person centred care. Staff said that they felt very well supported. They told us that they had regular supervision, which included face to face discussions and observations of their practice. The deputy manager told us that they checked on staff understanding following training and also used supervision to monitor areas identified as needing improvement.

The acting manager told us they were developing staff and trying to utilise staff skills. Some staff had specific areas of responsibility. Some staff had train the trainer which meant that had received specific training and could deliver it to other staff. There were also staff who were deemed as champions in specific areas of health care, such as dementia care and dignity champions. These staff had a specific interest in this area and acted as a frame of reference for other staff.

Staff who administered medicines had an assessment of competence. This included observation of a medicine round and questions on their knowledge. The manager was the moving and handling trainer for the home. This meant that they could instruct staff on the hoists and slings used in the home. It also helped to ensure that moving and handling was carried out safely in line with people's individual needs. Staff were very enthusiastic about the 'virtual dementia tour' training that a number of them had completed. The deputy manager said that the training had increased staff empathy and understanding of what it was like to live with dementia. They had also noticed an improvement in staff communication with people while they were assisting them. There were some gaps in staff training. The manager was aware of this and had a training programme booked for the remainder of the year.

People moved around the home and chose to spent time in the different communal areas during the day. One person told us, "I enjoy sitting in the conservatory." Staff told us that they always asked for people's agreement before providing care or assisting them to move. Staff were patient and thoughtful when requesting consent. They tailored the discussions in line with people's ability to understand and remember. Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People's individual records included an assessment of capacity and consent to care and treatment forms. We saw that in some instances family had signed these forms and were not assured that these family members had power of attorney for the person's welfare. We noted that one person had refused evasive treatment from the GP and could not see how staff had acted in their best interest in terms of their health care needs.

The manager had not made any DoLS applications to the Local Authority, despite the fact that some people expressed a wish to leave the home. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. The manager said that they would contact the Local Authority following the inspection and discuss which people needed an application made. The acting manager was aware of who they should speak with.

People we spoke with were very positive about the meals in the home. One person said, "The food is excellent. There are various choices so you can choose what you want." Another person told us, "The food is quite nice. I eat enough of it so I must be happy." A third person, who was eating a beef burger said, "This tastes really nice." The catering staff were aware of the people who needed a special diet, for example, no sugar or soft diet. Staff were offering people a choice of a beef burger or sandwiches at tea time by pointing to the individual food. This gave them a genuine choice, as a number of people living with dementia would not have remembered what they had previously ordered. One person told us, "They have your

Is the service effective?

meals ready when you want to sit down." People were appropriately supported but we saw some people had already finished their meals whilst some people were still being assisted to the table.

People who needed assistance to eat their meal were supported in an unhurried and supportive manner. However, we observed one member of staff standing by a person's side giving them a drink. This was not good practice as they would not have been able to read the person's facial expression or see when they swallowed. Staff fortified a high proportion of the food to ensure that people who had small appetites or were very physically active were provided with enough calories at their main meals. They also provided snacks between meals and later in the evening. These included high calorie milk shakes, cakes, cheese and biscuits and fruit. We noted that where people's fluid intake was monitored it was not clear what action staff took when a person had not drunk enough for their needs. We saw some people drinking consistently under a thousand millilitres. The acting manager said the GP had said this was okay for people but this was not recorded and we could not see referrals made to the GP where fluid intake was low. The acting manager said they would revisit the fluid policy and get agreement from the GP.

People who had significant unplanned weight loss and were identified at high nutritional risk were referred to the GP and dietician. Staff took prompt action to increase their calorie intake to reduce the risk of further unplanned weight loss. People identified at risk of choking or inhaling fluids were referred to the speech and language therapists (SALT) for an assessment. Staff said there was sometimes a long waiting list before a SALT assessment. They therefore asked the GP to prescribe a thickener for fluids if the person was at risk of inhaling fluids. They also took prompt action and changed people to a soft diet to reduce the risk until the formal assessment could be carried out.

People told us that they saw the GP when they were not well. One person said, "I see the doctor when I need to." They told us that they had regular chiropody, eye tests and dental treatment when they needed it. One person said, "They have a dentist who comes to the home and I sometimes go to the dentist." The manager said that they could obtain emergency dental treatment in the home but not routine dental check-ups. Staff told us that they had good support from the local GPs and community nurses. They obtained advice from the community matron when needed. The manager said that they had a good relationship with the community mental health nurses and that they responded promptly to a request for a mental health assessment.

Good

Is the service caring?

Our findings

Staff were respectful, patient and kind when providing support and care and had a good understanding of people's individual needs. One person described staff as "nice and polite" and added, "The staff help you but aren't bossy." Another person said, "The staff are brilliant."

One person described the behaviour of a few of the people living in the service. They told us, "Some other people can get a bit [loud] but staff sort it out."

One member of staff told us that they usually had enough time to encourage and support people to do things for themselves. This helped them to maintain their independence. Throughout the day we saw staff supporting people appropriately and there were things to help people make choices about day to day things such as pictorial menus. Staff were very patient explaining everything and giving people time to respond. We noted a number of people were resistant to aspects of their personal care and lashed out at staff. Staff remained calm and reassured people and tried to minimise their distress and intervene in situations which had the potential to escalate. Staff we spoke with had a good understanding of dementia and the needs of people they were supporting and did so in a caring way. The turnover of staff was low so regular staff supported people and were familiar with their needs.

People had what they needed to help facilitate their independence such as when required plate guards and specialised equipment to help them maintain their independence with eating. People's care plans told us about their preferences and their care needs. For example where people had any sensory impairment this was recorded. If people required glasses or hearing aids we saw that they had these to help aid their communication and participation.

We noted staff were tactile and caring towards people in their care and actively facilitated relationships between people using the service to try and alleviate social isolation. We observed staff engaging with people and playing cards with one person, holding a music session with others. There were a number of relatives in the home, who told us they were made welcome and kept informed about their relatives care. People were responding positively to the music and joining in. Staff responded quickly to people's needs and requests. However we noted and fed this back to the acting manager that staff were more responsive to some people's needs than others because some people were more able to verbalise their needs.

People's dignity was maintained by staff. They provided support to people discreetly and efficiently. Doors were closed and staff knocked before entering and staff gave people the support they needed. We observed staff assisting people with their meals and this was done at an appropriate pace and staff spoke with people as they assisted them.

Good

Is the service responsive?

Our findings

One person told us, "I think the staff are wonderful, I'm still here and that's thanks to the staff who work here."

Care plans showed us what people's needs were and how their needs were being met. Care plans included details of people's needs and what they were able to do for themselves. Some records lacked sufficient information on people's abilities and it was not always clear whether their abilities varied on different days or at different times of the day or how staff helped them to maintain their independence. This could potentially result in an inconsistent staff approach. Additional detail on people's preferences would have made the care plans more person centred. People had life histories included as part of their care plan which helped staff understand what the person's life was like before they came to the home and what they liked doing. This could be explored a bit further. For example one person's care plan stated they did not enjoy activities due to their dementia. This did not help us understand how staff planned care around their individual needs. There was also little exploration as to why some people were resistant to personal care or what their preferred routines were. This might help staff when delivering personal care.

Care reviews were up to date but we noted that for new admissions, a review of their needs had not been completed within the first six weeks. The acting manager said the Local authority were not always forthcoming in reviewing people's needs within a specified time to determine If they should become permanent residents. The acting manager said in future they would hold a review before deciding if a person should become a permanent resident.

The service had two part time activity coordinators working between them 30 hours a week and organising and supporting activities. The acting manager told us, they worked during the week but at the weekend there were many families visiting and they also had outside entertainers which families could also join in with. We saw a sample of activities already planned for the week and observed people being regularly supported by staff. In the morning there were a number of visitors at the home and we saw staff holding a music session with people which eight people joined in with. They said they had improved the links with the home and the local community. They were sponsoring a local football team.

The home had an established complaints procedure should people or members of their social network be unhappy about any aspect of the service delivery. No complaints had been received. Information telling people how to raise concerns was readily available and situated in reception. Some people in the service would not be able to raise concerns without considerable support from staff or others. The home were aware of this and knew details of advocacy services should this be necessary. An advocate could speak on behalf of a person. The home also recorded compliments and we saw compliments which had been raised and we received complimentary feedback from visitors and relatives. Staff were aware of the complaints procedure and reported and documented any concerns and flagged these up with the acting manager.

Good

Is the service well-led?

Our findings

People said that they were “happy” in the home. One person told us with a beaming smile, “It’s not a bad place here.” Another person said, “I can’t think of anything that could be better (in the home).” A third person told us, “The organisation in the home is good.”

We spoke with a number of relatives and friends in the home who all appeared happy with the service. One said how well their family member had settled in the home and said they were well presented and staff kept in touch with them letting them know about any changes to their family member.

The acting manager was very visible throughout the home and led by example. They monitored standards and provided staff support. Staff told us that they felt very well supported by the senior team. They said that communication was very good and that staff worked very well as a team. Staff considered that standards at the home had improved considerably since the new management team was put in place. The acting manager was still supported by the previously registered manager who had moved to another service. They were able to support the new manager through an induction/probationary period. All managers from this organisation had the opportunity to meet up, share resources, ideas and good practice.

The deputy manager was carrying out medicines audits on a weekly and monthly basis. However, we identified a number of areas where improvements were needed. The acting manager said they would address the concerns immediately and review their auditing procedures which were not as thorough as they could be. .

The acting manager had a good deal of experience and passion regarding the service and we saw that they had good relationships with people using the service. They showed us the audits they completed each had a different schedule of frequency. Examples included nutrition and hydration audits, care and activity audits. These helped the acting manager and provider assess whether the service they were providing was good and where they needed to improve. Action plans were then developed and showed actions taken by the acting manager to improve the service.

The health and safety of people was monitored and records told us what events had taken place affecting people’s well-being and safety. This enabled the acting manager to review these records and assess if appropriate actions had been taken or if there was something else that could be done.

The service worked in cooperation with other agencies and the wider community. For example the acting manager had signed up the service for ‘Home life’ whose aim is improving the quality of life for everyone in residential care by sharing good practice and providing managers with support. The acting manager stated they were also involved in ‘Dementia friends’, which was an initiative run by the Alzheimer’s association. The aim is to raise awareness of dementia and its effect within the wider community. They provide support and training to staff.

Communication with families and people using the service was achieved through regular social events, newsletters and meetings open to all. The home also had a quality assurance system where they sent out surveys to people to establish if they were happy with the service. There was plenty of evidence that they were through regular communications, complimentary letters and minutes of meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There were not enough staff to meet people's needs in terms of their health and welfare. Regulation 18.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People's medicines were not managed safely.