TLC Group (Rockley Dene Homes Limited)

Cherry Hinton Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
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 unannounced inspection was carried out on 02 February 2015. The previous inspection took place on 16 July 2014, during which we found no breach of the regulations that we looked at.

Cherry Hinton Nursing Home is registered to provide accommodation and personal care, including nursing care, for up to 59 older adults and adults living with dementia. There were 53 people living at the home at the time of this visit. There are a number of communal areas, including lounges and dining areas, conservatory and a garden for people and their visitors to use. The home is situated over three floors, with the ground floor and first floor providing accommodation and communal rooms for people who used the service. Two guest rooms with en-suites were set aside to enable relatives to spend extended periods of time with their family members receiving end of life care.

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

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005

Summary of findings

(MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff were not always aware of the key requirements of the MCA 2005 and DoLS.

People who lived in the home were assisted by staff in a kind way that also supported their safety. People had individual personalised care and support plans in place which gave prompts to staff about people's preferences, choices, needs and wishes.

Risks to people were identified by staff and plans put into place to minimise these risks and enable people to live as safe life as possible.

There were arrangements in place for the safe storage, management and administration of people's prescribed medication.

Staff supported people in a caring way. People were supported to maintain a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns acted on.

There were a sufficient number of staff on duty during this inspection. Staff were trained to provide effective care which met people's individual support needs. They understood their role and responsibilities and were supported by the registered manager to maintain their knowledge and skills by supervision, appraisals and training.

People were able to raise any suggestions or concerns that they might have with staff members or the registered manager.

Staff told us that there was an open culture within the home and they were aware of the services 'values'.

There was a quality monitoring system in place to identify areas of improvement required within the home. Where improvements had been identified there were action plans in place which documented the action taken.

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?

Good

The service was safe.

There were a sufficient amount of staff on duty during this inspection. Staff were recruited safely and trained to meet the needs of people who lived in the home.

Systems were in place to support people to be cared for as safely as possible and that any risk identified was minimised. Staff employed by the home were trained and knowledgeable about reporting any safeguarding concerns.

Medicines were stored safely, at the correct temperature and administered as per the medication administration records.

Is the service effective?

Requires Improvement

The service was not always effective.

People had been assessed under the MCA 2005 for specific decisions. Where the person was found to lack capacity to make their own decisions, an application to the DoLS supervisory body had been applied for. Not all staff spoken to fully understood the key requirements of MCA 2005 and DoLS.

People were supported to maintain a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns acted on.

People and/or their relatives were involved in agreeing people's care and support plans.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected.

Staff were supportive and caring in the way they assisted people with living as independent a life as possible.

Staff encouraged people to make their own choices about things that were important to them.

Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned and evaluated. People's individual needs and wishes were documented clearly.

People had access to activities within the home.

There was a system in place to receive and manage complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Staff were aware of the homes 'values'.

There was a quality monitoring system in place to identify areas of improvement required within the home. Where necessary, plans were in place to act upon the improvements identified.

Cherry Hinton Nursing Home

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 02 February 2015 and was unannounced. This inspection was completed by one inspector, one professional advisor and an expert by experience. A professional advisor is someone who has worked with people with similar health care and support needs. An expert by experience is someone who has experience of caring for someone who has used this type of care service. Before the inspection we looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also looked at information received from the local authority contracts monitoring team, this information was used as part of our inspection planning.

We observed how the staff interacted and spoke with people who lived in the home. We spoke with eight people who used the service and five relatives of people who used the service. We also spoke with the registered manager, operations director, two nurses, two care staff, and one chef.

As part of this inspection we looked at five people's care records and looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring information, medication administration records, complaints and compliments, and the home's business contingency plan.

Good

Is the service safe?

Our findings

People we spoke with and relatives of people living in the home told us that they felt that they/ their family member were safe. One person told us, "I can get help here 24 hours right through." A relative said that their family member was, "Most definitely safe here and I know if anything happened, they [staff] would phone me straight away."

The majority of people we spoke with told us that they had never heard staff speak badly or raise their voice to a person living at the home. Staff we spoke with confirmed their knowledge on how to identify and report any actual harm or suspicions of harm. They told us that they had undertaken safeguarding training and this was confirmed by the systems we looked at to monitor staff training. We saw that information on how to report abuse was displayed throughout the home for people and their visitors, and staff to refer to whenever they needed. Staff were clear about their responsibilities to report abuse and this showed us that staff knew the processes in place to reduce the risk of abuse.

In the care records we looked at we saw that people had individual risk assessments undertaken in relation to their identified support, care and health needs. We found that specific risk assessments were in place and included; falls, moving and handling, food and fluid intake 'weight tracker', and skin integrity and were reviewed regularly to ensure that they were up to date. These records helped staff to recognise and respond promptly to any concerns by involving external health care professionals such as dieticians when needed. These risk assessments also gave clear guidance to staff to help support people to minimise the associated risk whilst promoting people to live as safe and independent a life as possible.

During our visit we observed that staff were busy throughout the day, but there were no instances noted of people requiring assistance and not be responded to by staff. One relative said that there were, "Enough staff to do the care tasks, but [staff] had no time to chat [to people]." We saw staff working at the home supporting people with their health and care needs. We observed staff provided care and support to people during this visit in a patient manner. One person told us that, "They [staff] do ask me if I want help but I like to be independent." The majority of staff confirmed to us that people were supported by sufficient numbers of staff. One staff member told us, "We are often busy, but if we need extra support, the manager responds very quickly." However, we were also told by some staff that they, on occasion, could not spend all of the time needed to support people when required.

Relatives told us that they thought that there could be more staff available to assist people. One relative said that, "They need more staff. The call bell is pressed and I have known people wait up to three quarters of an hour for toileting." Another relative told us, "They need one more carer on the staff; if [family member] wants the toilet [they] have to wait at least 15 minutes or more." However, records of an audit carried out on the day of our inspection on call bell and staff response times showed that people did not wait longer than two minutes to be responded to by staff. In the care records we looked at we saw that people were assessed for their dependency level.

We spoke to the registered manager about people's dependency needs and how this information was used to determine safe staffing levels within the home. The registered manager confirmed that people's individual support and care needs and information from daily meetings with staff were used to determine and set safe staffing levels.

Staff said that pre-employment checks had been carried out prior to them starting work at the home. This was confirmed by the systems we looked at to monitor safe staff recruitment. This demonstrated to us that there was a process in place to make sure that staff were only employed if they were deemed suitable and safe to work with people who lived in the home.

We found that people's prescribed medicines were stored safely and checks were made by staff to ensure that medicines were kept at the correct temperature. One person told us, "I don't take regular medication but when I do need something they [nurses] always tell me what it is and why." Another person told us that, "My GP prescribes it and I know exactly what it is." Records of when medicines were received into the home, when they were given to people and when they were disposed of were maintained. We saw that the safe management of people's prescribed medication formed part of the manager's quality monitoring checks and this assured us that people would be given their medicine by qualified and competent staff.

We saw that there was an overall business contingency plan and that people had a personal emergency

Good

Is the service safe?

evacuation plan in place in case of an emergency. This document gave a list of emergency contacts and their details. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and when an application for depriving somebody of their liberty should be made. The registered manager had an awareness of the Act and what steps were needed to be followed to protect people's best interests. However, we could not find recorded evidence in one of the care records we looked at of a best interest decision meeting held to discuss a best interest decision, although records indicated that discussions had taken place. We saw that the registered manager had put in an application for one person who was potentially having their liberty deprived. This indicated to us that people would only be deprived of their liberty where this was lawful.

The majority of staff we spoke with were able to demonstrate to us their knowledge of MCA 2005. However, some staff were not able to demonstrate their knowledge of DoLS. We found that staff were clear that they would ask people for their choice and respect their choices around their care. We spoke with the Operations Director about this during this inspection and they told us that training on MCA 2005 and DoLS had commenced.

Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people required. This was confirmed by the systems in place to monitor staff training we looked at. One person told us that, "The [staff] are good here, they know what they're doing." We saw that staff training included; moving and handling, safeguarding adults, basic life support, infection control, food hygiene and health and safety. This showed us that staff were supported by the registered manager to provide effective support and care by regular training and development.

Staff said that they were supported by receiving supervisions and appraisals. We also found that new staff were supported with an induction. This included shadowing an experienced member of staff when starting work at the home before they were deemed confident and competent to provide effective care and support.

We saw that staff respected people's right to make their own choices. Records we looked at documented reminders for staff to offer and respect people's choice when assisting them with day to day tasks.

Our observations at mealtimes showed that staff were seen to offer a choice, assist people when necessary and encourage people to eat and drink. The chef told us that they were updated by staff regarding people's weight gain or loss or any special dietary needs. They said that where a person had been identified as being at risk of choking whilst eating, food would be blended into a puree for their safety. People we spoke with told us that if they did not like the food that was on offer the chef would make them something else to eat. This was confirmed by a person who told us that, "If you don't like something you can say and [the chef] will make you something else." We found that people's food and fluid intake was monitored where required to assess the person's daily intake. One person said, "The food is good but to be honest I'm not that fussy." The chef told us that fresh fruit was made available daily at breakfast, and this was confirmed by our observations at the start of this visit.

Records showed that there was documented involvement of other care professionals to support people's care and treatment. One relative told us that, "The doctor comes in regularly, the optician has been in twice in the three years [family member] has been here and a chiropodist comes in too." Another relative told us that, "If the doctor has been then the home [staff] always phone me."

Good

Is the service caring?

Our findings

People who lived in the home and relatives spoken to had positive comments about the support and care provided by staff to maintain their or their family member's health. One person told us that, "Staff are caring." Another person said, "What's good? Everything is good here." We saw that staff gave people choice and respected the choices they had made. One person told us that, "The staff are absolutely splendid here." We saw that people's rooms were personalised with their own belongings and memory boxes for reminiscence and that a photograph and name of each person's key worker was on display within their rooms. A key worker is a person's designated staff member. This aided the person to be able to visualise their key worker rather than be simply a name.

Our observations during this visit showed that staff knocked on people's bedroom door before entering them. One relative told us that staff, "Knocked on [family members door and wait until answered before going in." However one person said that staff did not always wait to be asked to enter their bedrooms, "They don't knock they just come and open it." We saw that people were dressed appropriately for the temperature within the home and outside of the home and in a way that maintained their dignity. Our observations also showed that to maintain people's privacy and dignity personal care was delivered by staff behind closed door in people's bedrooms.

Care records we looked at were written in a personalised way which collected historical and personal information about the person, including their likes and dislikes and individual needs so that staff had a greater understanding of the person they were supporting.

Records showed that people who lived at the home had signed to agree their individual support and care plans. Records also showed that reviews of people's care and support plans were carried out to ensure that people's up to date support and care needs were documented. One relative said, "A Do Not Attempt Resuscitation [DNAR] is in place at our family's request. Yes we did discuss it here." Another relative told us that, "I sat and talked with [nurse] about [family members care plan. I told [nurse] I don't need to keep reviewing it, just tell me if something changes." Another relative told us, "Yes they do involve me, they will always phone if I haven't been in and something has changed and I feel comfortable asking too." However, we found in the records we looked at that it was not always documented that people living at the home and/or their relatives were involved in these reviews.

People were assisted by staff to be as independent as possible. We saw staff encourage people to do as much for themselves as they were able to and guide people when needed, in a discreet way which maintained their dignity. Our observations showed a person telling staff that they did not want the food they had chosen. When the alternative choice arrived that person told staff that they wanted their first choice of food instead. We saw that the staff member responded quickly to the request and was gentle and patient in their response to the person and respected the person's final choice.

We saw that information on an Independent Mental Capacity Advocacy (IMCA) service was available as a pickup leaflet in the reception area home for people and their relatives to refer to if they wished to use these services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

The registered manager told us that there were two activities co-ordinators who worked within the home. During this visit we saw that activities happened in the home. People and relatives of people we spoke with had mixed opinions about the activities that took place in the home. A person told us, "We have singers, keep fit and a hairdresser. I am comfortable here." However, we saw missed opportunities for people to be engaged with the activities co-ordinator, as they were sat in different areas of the home where activities were not taking place. A relative told us that they felt that their family member sat for periods of time unstimulated as they were unable to communicate with other people or staff members. They told us that they felt that staff could continue to chat with a person even if they were unable to communicate back and not to do so was a missed opportunity to engage with them. We spoke to the registered manager about this during this inspection.

The registered manager told us about the links with the community. They told us about a local religious group who attended the home to visit people who had expressed an interest. This was confirmed by a relative we spoke with. The registered manager also told about visits to the home from the local football team and a 'tea' event that they had held at the home. Relatives and people we spoke with did not appear to be aware of these events. However the manager informed us that they were advertised on communal notice boards, the receptions televisions screen, posters and quarterly newsletters. A person we spoke with told us about visits from 'pat' dogs which they particularly looked forward to.

We saw that visitors were encouraged to visit their family members or friends living in the home. Relatives told us that they were made to feel welcome and had never been told that they could not visit. One relative said, "I can come any time of the day and night and I have done." Another relative told us that, "We can eat here if we want to." A person confirmed to us that, "All my family come here to visit me."

Prior to living at the home, people's needs were assessed, planned and evaluated to agree their individual and personalised plan of care and support. Care records showed that people's health, care and support needs were documented and monitored by staff to ensure that they held up to date information about the person. Relatives told us that staff kept them informed regarding their family member's health and support needs and one relative said that, "Communication was good."

Records showed that there were meetings held so that people and their relatives could be updated on changes to the service and express their views about what was important to them. A person we spoke with did not appear to be aware that meetings were held at the home for people and their relatives to attend. They told us that, "That would be a good idea but I don't remember anyone telling me about anything like that." A relative said, "I came to the first relatives meeting as we received a letter, but then heard there was another one and no-one had told us about it so we missed it." Again, the manager informed us that these meetings were advertised on posters, newsletters, communal notice boards, and on the television screen in reception. Minutes of these meetings showed discussions around changes to the menu and encouraging relatives to be involved in their family member's care plan reviews.

We saw that the registered manager had sent out surveys to both people who lived in the home their relatives and staff to ask them to formally feedback on the quality of service provided. These surveys asked them what was going well and if there were any improvements needed. We saw that any improvements identified by these surveys were escalated to the Operational Director.

We saw that people's incidents and accidents, compliments and complaints were used to inform the home's on-going quality monitoring system. We saw recorded evidence of the investigation and what action was taken by staff as a result of learning to minimise the risk of it happening again. People and relatives spoken with told us that they knew how to raise a concern or complaint. Information on how to raise a concern was also found within people's bedrooms and there was a suggestions box in the reception area of the home where people could post suggestions anonymously. One person told us that, "I can talk to virtually anyone here." A relative said, "I would talk to a nurse probably, or maybe the manager."

We asked staff what action they would take if they had a concern. They confirmed to us that they would raise these concerns with the registered manager or at their staff meetings. We looked at recent compliments and complaints the home had received. We found that the

Good

Is the service responsive?

complaints records, whether written or received verbally, were documented with the investigation into the concern, the response to the person making the complaint and any action taken. This indicated to us that the manager and staff worked to resolve people's concerns to the person's satisfaction as much as possible.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. The registered manager was supported by nurses, care staff and non-care staff.

Staff told us that the culture in the home was open and were able to talk us through the 'values' of the home. The majority of staff said that the registered manager was supportive and that they were encouraged to learn and develop. One staff member told us that, "[The registered manager] meets with us every day at 11[am], so knows what is going on." Another staff member said, "We have regular supervision but if something happens that needs addressing, the supervision is immediate, rather than waiting for the next session."

Records showed that people and their relatives were given the opportunity to feedback on the quality of the service provided. Although one person told us, "No not really," when asked if the staff asked for their opinion on the quality of the service provided. Relatives we spoke with told us that staff did inform and involve them when necessary. One relative said, "I can talk to the manager if I want to." However, some people who lived at the home were unclear on who the registered manager was. We saw that information from the feedback received was used to improve the quality of service where possible. The reports we saw included the collated feedback which had been received, and showed positive comments about the quality of the service provided.

Staff told us that they attended staff meetings and staff meeting records showed us that staff meetings happened. We saw that these meetings were an open forum where staff could raise any topics of concern they wished to discuss and this was confirmed by the staff we spoke with.

The registered manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. This showed us that the registered manager had an understanding of the registered manager's role and responsibilities.

Staff showed us that they understood their roles and responsibilities regarding people who lived in the home. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. They demonstrated to us their knowledge and understanding of the whistle-blowing procedure. This showed us that they understood their roles and responsibilities regarding people who lived in the home.

The registered manager showed us their on-going quality monitoring process, including accidents and incidents and corresponding plans of action for areas of improvement that had been identified. Other areas that were monitored by the registered manager included, but were not limited to; medication, care documentation, consent and infection control. The registered manager reviewed their quality monitoring regularly and looked for trends that could be used to highlight areas within the home requiring improvement. Any actions taken as a result of these incidents were used to reduce the risk of the incident reoccurring and formed part of the 'home improvement plan'. This demonstrated to us that the registered manager had systems in place to monitor the quality of the service provided at the home.