

Coumes Brook Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Coumes Brook Home Limited is a 24 bedded service providing nursing or personal care to older people and people living with dementia. At the time of our inspection there were 22 people using the service.

People's experience of using this service:

- Staff were very caring. Everyone we spoke with was very complimentary about the staff. There was a strongly embedded culture within the service of treating people with dignity, respect, compassion and love.
- Activities were available to keep people occupied both on a group and individual basis. Trips out were also organised in line with people's preferences.
- Medicines were being administered safely and people's dietary and healthcare needs were met. However, minor improvements were required with medicines management to ensure it was delivered in line with best practice guidance.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Although this was not relevant at the time of inspection as everyone could consent to their care and treatment, improvements were required to the systems which support people who are not able to make these types of decisions themselves.
- Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. We found the system for calculating safe staffing levels was not robust, which was an issue raised at the previous inspection. Staff were receiving appropriate training which was good and relevant to their role. Staff said they felt supported by the manager.
- Care plans were up to date and detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.
- There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.
- Without exception people, staff and visiting professionals said the registered manager was very approachable and organised. We identified times where the service was not always well led and the registered manager had failed to adequately address all feedback from the last inspection. We were satisfied the registered manager had clear improvement plan in place to address this.
- As the key areas 'safe' and 'well-led' had deteriorated to requires improvement, the service achieved a rating of requires improvement overall.

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

Rating at last inspection:

At the last inspection the service was rated as good (report published 5 November 2016).

Why we inspected:

This was a planned inspection to check the service remained good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Coumes Brook Home Limited

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was completed by two adult social care inspectors.

Service and service type:

Coumes Brook Home Limited is a 'care home'. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed the information we held about the service, such as any feedback we had received since the last inspection and information we had received from the provider. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at the service. We used the feedback from these organisations to plan our inspection.

During this inspection we spoke with six people living at the service. We spoke with seven members of staff and three visiting health and social care professionals.

We looked at three people's care records in detail and seven people's medicine records. We looked at three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- The service employed a stable workforce and people received support from the same group of staff, which promoted good continuity of care.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- During the days of this inspection we saw there were enough staff to meet people's needs in a timely way.
- This was confirmed in feedback from people who used the service and comments included; "Yes, I feel safe living here. Staff levels vary but plenty of staff walking around" and "There are enough staff around, sometimes a bit scarce but they always manage and never go short. Nothing needs to improve here."
- We found there was no systems in place to evidence how safe staffing levels were calculated.
- After the inspection the provider submitted evidence to the CQC showing they had implemented a staffing tool, which calculated safe staffing levels based on people's assessed level of need. We expect to see this new system embedded at the next inspection.

Using medicines safely

- We found medicines were generally managed in a safe way and people received their medicines as prescribed. However, some minor improvements were required in this area.
- The provider's medicine policy had not been reviewed at appropriate intervals since the date of issue in 2009, which meant we were not confident their policy reflected current legislation and best practice guidance.
- People who received their medicines on an as required basis (PRN) had relevant protocol in place. Protocols are a key means of guiding staff when to administer a person's PRN medication and is of increased importance, if for example, the person is not able to communicate verbally when administration is required.
- Staff completed records to confirm what medicine people had received and when. We recommend the service starts completing contemporaneous medicine records in permanent ink to mitigate the risk of records being altered or tampered with.
- All staff had completed training before they were able to administer medicines. However, we found not all staff had received an annual review of their knowledge, skills and competence to administer medicines. After the inspection the registered manager submitted evidence to the CQC showing all staff had their competency reviewed.
- We observed staff administering medicines to be patient and respectful when providing support to people to take their medicines.
- All medicines were stored securely and within safe temperature ranges.
- A visiting GP told us the service communicated effectively with the GP practice about people's medicine support and they had no concerns with how the service managed medicines.

Preventing and controlling infection

- The service was very clean and well-maintained.
- There were systems in place to reduce the risk of the spread of infections. We saw personal protective equipment (PPE), such as plastic gloves and aprons were readily available to staff and worn appropriately throughout the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from any form of abuse or poor treatment.
- The manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. The manager confirmed there had been no incidents of abuse which were reportable to the CQC or the safeguarding authority in the last 12 months.
- Staff were clear on the service's whistleblowing policy and procedures and felt confident raising concerns should they need to.

Assessing risk, safety monitoring and management

- Risks to people were identified by individual risk assessments and appropriate risk management plans were incorporated in to care plans. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.
- People who used the service all said they felt safe living at Coumes Brook Home Limited.
- Staff were familiar with and followed the risk management plans.
- The service had systems in place to ensure people were evacuated safely in the event of a fire. Everyone living at the service had a personal emergency evacuation plan (PEEP) in place, which identified what support they required to evacuate them safely.
- The building was clean and well-maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- People living at Coumes Brook Home Limited told us they made their own decisions and were in control of their care. We observed staff asked for people's consent before providing them with care.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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. However, the systems for obtaining people's consent or assessing their eligibility for DoLS needed further improvement.
- The registered manager understood the requirements of the MCA and told us at the time of inspection no one living at the service was eligible for DoLS. However, when we checked people's care records we saw mental capacity was not considered as part of the admission process and consent forms were not consistently completed.
- After the inspection the registered manager submitted evidence to the CQC which confirmed all people living at the home had the mental capacity to consent to their care and treatment arrangements and each person had a completed consent form.
- The registered manager revised the service's admission process to prompt further consideration of people's mental capacity to consent to their care and treatment arrangements and eligibility for DoLS.
- The CQC were satisfied with the provider's actions to address feedback and expect to see these improvements embedded in practice at the next inspection.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care.
- New staff received a structured induction program and completed a period of shadowing with an experienced care worker before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.
- Staff spoke highly of the support and supervision they received.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a choice of meals and all the food was homemade. People told us, "The food is good."

Sometimes I choose, but if there is nothing I want they will give you something else." and "Food is good, three course dinner every day. Choice of different soups, plenty of vegetables and meat. Never grumble."

- People's care files contained information about their food likes, dislikes and any foods which should be avoided. The chef had detailed information about people's different dietary requirements.
- The service had systems in place to monitor people who were at risk of weight loss and in need of extra support with nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.
- A visiting GP told us staff clearly knew people well and communicated effectively.

Adapting service, design, decoration to meet people's needs

- Our checks of the environment showed there was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits.
- Technology and equipment was used effectively to meet people's care and support needs.

Supporting people to live healthier lives, access healthcare services and support

- The service worked and communicated with other agencies and staff to enable effective care and support.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met. A visiting district nurse from a local community health team told us the service referred concerns appropriately and staff always followed professional advice.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a caring culture amongst all staff. Staff took time to listen to people and interact with them, so they received the support they needed. Without exception people said they were happy living at the home.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. People's representatives were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes.
- People's choices in relation to their daily routines were listened to and respected by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. They knocked on doors and called out before they entered people's bedrooms.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Throughout the inspection we observed staff treated people with dignity and respect. We observed one instance of poor dignity practice; the service had placed incontinence mats on all sofas and lounge chairs in communal areas of the home, regardless of people's individual needs. We discussed this concern with the registered manager and they took prompt and appropriate action to resolve this.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. Care records were reviewed regularly or if people's needs changed.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- The service provided a stimulating program of activities, entertainment and outings to keep people occupied. During the inspection we saw people participate in games and quizzes to aid reminiscence. People were seen smiling and chatting with staff. One person said, "The entertainment is pretty good, there is often a singer in the afternoon." Another person told us their relatives are always made to feel welcome at the home and the service recently celebrated their birthday.
- The service employed a part-time activities coordinator who was passionate about providing personalised activities to people at the home. They told us they talk to people and the staff to understand their interests and hobbies; this information is then used to plan future activities. They said, "The main thing about the role is making people happy."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the manager or provider. One person said, "I could talk to them [staff] anytime, they would sort it out definitely. I haven't had to complain."
- The provider had systems in place to make sure any concerns or complaints were brought to their attention.
- The registered manager kept a record of any concerns received. We saw there was no recorded complaints in 2018 up until the inspection date. We found because people were happy with the standard of care they received and the management team actively encouraged people to discuss their concerns, this impacted positively on the number of received complaints.

End of life care and support

- The service worked in partnership with people's GPs, community based resources and palliative outreach teams to ensure people's health needs were met. A visiting district nurse said, "The continuity of care is good for people on end of life care [at Coumes Brook Home Limited], [staff] are able to provide safe and appropriate care with the support of the district nursing team." A visiting GP said, "The service is very good at trying to get people out of hospital quickly. [Registered manager] always goes above and beyond to ensure people's needs are met."
- People had end of life care plans in place. This is a key means of improving care for people and improves the likelihood of these wishes being known and respected at the end of their life.

- Checks to people's care records showed discussions held about their end of life preferences or priorities for care were recorded and their next of kin and other significant people had been involved as appropriate.

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

Service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was mostly well run; the manager demonstrated an open and positive approach to learning.
- We saw not all feedback from the previous inspection had been acted on by the registered manager. For example, at the previous inspection we identified the provider's staffing tool was not used effectively. We found similar issues at this inspection.
- The service's quality assurance systems monitored most aspects of the service delivery. However, these were not always operated effectively as they had not identified the same issues found at inspection. For example, missing consent forms and not all staff had received an annual review of their competency to administer medicines.
- The provider had policies and procedures relating to all aspects of service delivery. However, we saw these were not reviewed and updated since the date of issue in 2009, to ensure they reflected current legislation and good practice guidance.
- Though people told us the standard of care they received was good, there was limited evidence to demonstrate how the service had continued to raise standards in line with current best practice since we last inspected. For example, the registered manager told us they were unaware of best practice guidance for medicines management in care homes and we saw instances where guidance was not being followed.
- The registered manager took prompt action in relation to feedback and told us they had arranged for the pharmacist to visit the service to review their medicine management processes. They had also implemented a new staffing tool and revised the admission process to include a section on a person's mental capacity and DoLs eligibility. We need to see these improvements sustained over time to ensure it is embedded in practice.
- Due to the concerns identified at this inspection, the service was not able to maintain their rating of good in the key areas of safe and well-led.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings were held to discuss what people wanted from the service and these were responded to. However, these had lapsed in recent months. The manager was aware resident and relative meetings had lapsed and showed us evidence that meetings for 2019 had now been planned in.
- The manager made themselves easily available to people using the service, relatives and staff.
- The provider had quality assurance systems in place to obtain stakeholder feedback about the service. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services.
- All staff felt communication was good and they were able to obtain updates and share their views via team meetings.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture in the home and staff told us the manager and provider were approachable and supportive.
- The manager had been registered with the CQC at this service for over eight years, so they knew the people and staff well. The manager also understood their legal requirements as a registered individual.

Working in partnership with others

- The manager had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.
- The service complied with visits from the Clinical Commissioning Group (CCG) and local authority.