Hamilton House Medical Limited

The Cookham Riverside

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

This inspection took place on 26 October 2017. It was an unannounced visit to the service.

We previously inspected the service in October 2016. The service was not meeting all of the requirements of the regulations at that time. At the last inspection we found breaches of the regulations in relation to recruitment practice and notifying us of events which they were required to. We asked the provider to take action to address these breaches. They sent us an improvement plan which outlined what they would do to remedy matters. During this inspection we saw the required improvements had been made.

The Cookham Riverside is a nursing home which provides nursing and personal care for up to 35 older people. Twenty five people were living at the service at the time of our visit.

The service had 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 service was managed well overall. However, we have needed to put a limiter on the rating of the 'well-led' domain due to a condition of registration not being fully met. This needs attention by the provider and registered manager.

We received positive feedback about the service. Comments from people included "Lovely people here, very good, no complaints at all. Staff treat me very well indeed," "The staff are nice and talkative" and "Carers are very good." Feedback from a community professional included "I have no concerns regarding the standard of care available and wish all the homes I visited were as welcoming and caring as the staff at Cookham Riverside. If I had an elderly relative I would happily place them in this home."

People were cared for by staff who had been recruited appropriately. Staff received support to help them meet people's needs. This included training and meeting with their managers to discuss practice.

People were safeguarded against the risk of abuse. Staff knew how to raise any concerns. There were procedures for them to follow if they felt people were being harmed in any way. People received the healthcare support they needed; their medicines were managed well and given to them in accordance with their prescriptions.

The care and support people needed had been recorded in care plans. There were risk assessments to reduce the likelihood of people being harmed or injured whilst they received support. Both types of document had been reviewed regularly to make sure they kept pace with changes to people's circumstances.

People knew how to raise any concerns and were relaxed when speaking with staff and the registered manager. Complaints were responded to appropriately. People were asked for their views about the home

in reviews and via surveys. The quality of people's care was regularly monitored.

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.

The building was well maintained and complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk and minimise these.

Improvement had been made to recruitment procedures to make sure people were supported by staff with the right skills and attributes.

People lived in premises which were well maintained and free of hazards, to protect them from the risk of injury.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through regular supervision and training.

People received support with their healthcare needs.

People were supported with their nutritional needs and referred to the appropriate community professionals where there were concerns.

Is the service caring?

Good

The service was caring.

People said they were supported by staff who were kind and caring.

People's views were listened to and acted upon.

Staff treated people with dignity and respect; people's privacy

was protected.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service. Complaints were handled appropriately at the service.

People were supported to take part in activities to increase their stimulation.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had not fully complied with a condition of registration to have a registered manager for each regulated activity it provided.

People's care was monitored to make sure it was safe, effective and met their needs.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

People and their relatives were asked for their views about the home and the services it provided.

The Cookham Riverside

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 checked 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 26 October 2017 and was unannounced.

The inspection was carried out by one inspector and a specialist advisor whose area of expertise was nursing care. We were accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with ten people who used the service and three visitors during the inspection.

We spoke with the registered manager and eight staff members. These included a nurse, four care workers, the chef, the housekeeper and activities co-ordinator. We checked some of the required records. These included seven people's care plans, people's medicines records, three staff recruitment files and staff training and development files. Other records we looked at included a sample of policies and procedures, accident records and audit reports.

Good

Is the service safe?

Our findings

When we inspected the service in October 2016, we had concerns about recruitment practice. This was because in two new staff files we found only a basic level of criminal records check had been applied for and received back. Staff who work with vulnerable adults are required to have an enhanced level check. We asked the provider to take action to address this.

On this occasion we found the required improvements had been made. We checked the records of the two staff identified during the previous inspection. We saw enhanced level criminal records checks had been obtained for them promptly after the last inspection. One new member of staff had been employed since then. All required checks had been undertaken and were contained in their personnel file. This showed robust procedures had been used to protect people from the risk of harm.

People we spoke with told us they felt safe at the home. Comments included "Yes, I'm safe and looked after. Staff are very good, will listen to your problems and help you" and "Yes, I feel safe. They are certainly not rough."

The service had procedures for safeguarding people from abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff were able to give detailed information about what abuse was and how to respond appropriately. For example, one member of staff said they would "Tell the senior who reports to the manager who (liaises with) the local authority safeguarding."

Staff knew how to raise whistleblowing concerns. Whistleblowing is raising concerns about wrong-doing in the workplace. One staff member told us whistleblowing is "If you suspect your colleague is doing something wrong, you must report to your supervisor, your manager, safeguarding team or CQC."

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments in people's care plan files. These included risks from falls, malnutrition, moving and handling and the likelihood of developing pressure damage. In all instances, these had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances. This helped to ensure people were supported safely. We mentioned to the registered manager some observations about moving and handling practice. After the inspection, the registered manager told us refresher training had been arranged for staff to address this.

The building was well maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

We observed there were enough staff to support people. People we spoke with told us staff were always available to support them. One person told us "The manager substitutes when (the) staff situation is critical,

steps in as a nurse." Regarding call bells, people's comments included "I'm encouraged to use the call bell but don't use it often. They do respond" and "They come quickly when I need them."

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and nurses. Staff were allocated named people to support on each shift. This helped to ensure everyone received the support they needed and that people received continuity of care during the shift.

Medicines were stored securely and medicines stocks were well managed. 'As required' medicines and 'homely remedies' (medicines which can be purchased over the counter) were administered safely following clear protocols. The home had a comprehensive medicines policy which gave guidance to staff on the safe management of medicines.

There were systems in place to ensure that people consistently received their medicines safely. Medicines which required cool storage were stored appropriately and records showed they were kept at the correct temperature and would therefore be safe to use.

There were appropriate arrangements in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines as prescribed and any reasons for not giving people their medicines were recorded. Medicines which required additional controls because of their potential for abuse (controlled drugs) were stored appropriately within the treatment room. When a controlled drug was administered, the records showed the signature of the person who administered the medicine and a witness signature. This followed good practice guidance.

We looked at a report written by the home's community pharmacist. This showed the home was following safe medicines practice and did not identify any issues of concern.

Good

Is the service effective?

Our findings

People's healthcare needs were effectively met at the home. Care records showed input from health and social care professionals including opticians, audiologists, mental health professionals, occupational therapists and palliative care nurses. We saw the GP visited the home regularly. A relative told us "They are very good about taking him to medical appointments and keeping me informed about things straight away. No concerns." They went on to say staff had dealt with a medical condition quickly.

People who had diabetes had comprehensive care plans that considered any complications such as hypoglycaemic or hyperglycaemic reactions (low and high blood sugar reactions). Care plans for people who were prescribed warfarin (a blood thinning medicine) mentioned the need to consider regular blood tests. These people's care plans included the risk of bruising and also risks associated with the administration of warfarin. This helped to ensure staff provided effective and safe care to people.

One healthcare professional told us "I visit Cookham Riverside on a weekly basis for a couple of hours to treat a couple of residents. I am always welcomed into the home and made to feel welcome. (Name of registered manager) and the other staff ask for feedback following my sessions and are always available to answer any questions or discuss any changes I notice in the residents. I have no concerns regarding the standard of care available and wish all the homes I visited were as welcoming and caring as the staff at Cookham Riverside. If I had an elderly relative I would happily place them in this home."

People were supported with their nutritional needs. Any support people required was recorded in their care plans. People's weight was recorded on a monthly basis. If there were concerns of potential weight loss, people were monitored more frequently and referred to a dietitian and the GP.

We saw lunchtime was unrushed and gave people time to enjoy their food at their own pace. The chef was aware of people's needs and if any specialised diets were required. During lunchtime we saw there was good interaction between staff and people who lived at the home. People were offered choices and seemed to enjoy the food, which was home cooked. Staff followed guidance from the speech and language therapist regarding appropriate consistency of food and the correct position in which to support people. This reduced the risk of people choking.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work, which covered the nationally-recognised Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. This included moving and handling, dignity in care, person-centred care and understanding dementia. Staff confirmed they had regular opportunities for training and skill development. For example, we saw during our visit that training sessions were held in wound care. Care workers had obtained National Vocational Qualifications at either level two or three in health and social care, to be able to meet the needs of the people they supported.

Staff received regular supervision from their line managers. Supervision records were kept and showed staff met regularly with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles. Appraisals were undertaken to assess and monitor staff performance and development needs. One staff member said they had an appraisal after six weeks and were due to have an annual review. They told us they had "Regular support and supervision;" another member of staff said that there was an induction in place and that they had to complete the training before they started. Other staff told us "I love working here. I have plenty of support" and "I'm very happy here. We do training and we have staff meetings every two to three months."

We observed staff communicated effectively about people's needs. Relevant information was documented and handed over to the next shift. Daily notes were maintained to log any significant events or issues so that other staff would be aware of these.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate referrals to the local authority where necessary. DoLS referrals and authorisations were contained within the care files. These identified the date and reason for the referral, the date of the authorisation and the expiry date. The registered manager also maintained these records in their office so they could monitor expiry dates and when next to apply for authorisation.

Good

Is the service caring?

Our findings

We received positive feedback from people about the caring approach of staff who supported them. Comments included "The staff are nice and talkative," "Carers are very good" and "I find the staff very good, friendly and helpful. Never been refused anything. They've helped me a lot." A relative told us they "Couldn't be more pleased." They went on to say "I am made to feel welcome at all times." Another visitor told us "The staff are kind, respond as quickly as they can. Can talk to staff, they are always circulating. They get down to eye level, physically touch them, rub their knee. This is the best."

People looked happy and contented. There were lots of smiles when staff engaged with people. We observed staff treated people with warmth and took an interest in them. For example, one member of staff asked a person where they would like to sit. They walked with them to a chair in the lounge, talking to and reassuring them all the time. The member of staff then made sure the person was comfortable before they left. In another example, a member of staff arrived to take someone into the dining room. The member of staff explained to the person it was lunchtime and asked their permission before moving them in the wheelchair. All the time the member of staff maintained good eye contact and spoke in a kind manner. They gently put the person's feet on the footplates of the wheelchair and took them into the dining room, whilst they chatted to them.

People had been encouraged to personalise their rooms and make them as homely and comfortable as possible with, for example, pictures, ornaments, photographs and house plants. There were quiet areas where people could spend time away from the communal areas, other than in their rooms. We saw people enjoyed making use of these areas on their own and with their visitors.

People's privacy and dignity was maintained by staff. We saw staff knocked on people's doors and ensured privacy was maintained when personal care was carried out. People were supported to look smart and attention was paid to keeping their hair tidy and gentleman had been shaved. A relative told us "He is kept clean and has clean clothes when necessary." Another visitor told us "The staff respect people's privacy and dignity. They put screens around when they hoist people here."

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain to us about the care and support people needed. Staff actively involved people in making decisions and asked them what they would like. There was evidence within the care files of involvement of relatives and advocates.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were able to comment about their care and the support they received through regular reviews and surveys sent out by the provider.

Good

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. People's needs were assessed before they began using the service. This information was used to develop care plans which outlined the person's needs. Assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. Each person had a number of on-going monthly assessments to check whether their needs had changed, such as monitoring of their health conditions.

Staff had a good understanding about person-centred care. One member of staff said person-centred care was when you "Put the resident in the centre, consider needs, wants, choices." Another member of staff explained that people "Have different care needs and you give care the way they want it." Staff said it was important to know people's likes and dislikes. One member of staff said the best way to do this was to "Get to know the resident and their families." They then said "This takes time and patience. We do have training on dementia."

People were regularly supported to meet their spiritual needs. We saw photographs of people attending the local church, which they did each Sunday, and a nun visited to attend to spiritual needs.

The service supported people to take part in social activities. Activity staff were employed at the home and arranged varied things for people to take part in. This included trips out, parties and arranging for visiting entertainers.

Comments from people about activities included "I always go out in the minibus to church. They ask people if they want to go to the shops. We enjoy the activities, particularly the crosswords," "They make it very obvious you're welcome to join in any activities" and "Saturday afternoon really is a treat. We have all sorts of games. He (the activities co-ordinator) does the crosswords." We saw people engaged with a 'magic table'. This involved interactive images projected onto a large table which people could touch and follow. At one point, images of bubbles led to an impromptu chorus of "I'm forever blowing bubbles." Many people commented on the attractive views over the garden and the river which they liked to look at.

People and relatives told us staff acted quickly when there were changes to people's well-being. On relative commented "I noticed my father had gone downhill and the staff picked up on it immediately. They called the GP who came out and said dad had an ear infection." A couple of staff told us that because some people had dementia they were very aware of what could cause a change in behaviours. In three instances the care staff told us that if someone was 'off colour' that could mean there might be an infection somewhere.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff took appropriate action when people had accidents. We looked at a sample of recent accident records.

In most instances these were for unwitnessed falls. There was no evidence of any trends and the registered manager made recommendations to prevent reoccurrence.

People we spoke with knew how to report any concerns. Comments included "I have no concerns, but if I had any, I would say to them and they would act" and "All the staff are very good, there's no problem at all with the carers. I have no concerns." We looked at records to show how three complaints had been responded to. In each case we were able to see appropriate action had been taken to resolve matters. For example, lighting was improved in one part of the home after a complaint that it was not bright enough. We heard one person mentioned to staff that a flower bed needed some attention. This was responded to promptly.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in October 2016, we had concerns about this area of practice as we had not been informed of all events that providers are required to notify us about. We asked the provider to take action to address this.

On this occasion we found the required improvements had been made. The registered manager had informed us about all relevant occurrences since the last inspection. We were able to see appropriate actions had been taken.

The service had a registered manager in post. We received positive feedback about how they managed the service. One relative told us "You can off-load to (name of registered manager) anytime." Staff and people who lived at the home were comfortable speaking with the registered manager.

At the time of the inspection, the service had three regulated activities as part of the registration with CQC. These enabled the service to provide different types of care and treatment to people. However, a registered manager is needed for each of these regulated activities. The manager was only registered for one of these regulated activities. We wrote to the provider in March this year to ask them to address this. This had not been done by the time of the inspection and needs attention. The rating for this domain is therefore limited to 'requires improvement' as a condition of registration has not been fully met.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from relatives, visitors and people who lived at the home was positive and showed good standards of care were provided for people.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, accidents and fire safety.

The quality of care was regularly monitored. Audits were carried out around the home and included infection control practice, first aid boxes, medicines practice and profiling beds. Surveys were also sent out to relatives and people who lived at the home. We looked at surveys recently completed by nine relatives. These had been graded as either 'good' or 'excellent' for most questions, which included standards of personal care and support, catering and management. Some additional comments relatives made included "We are confident in the ability of the whole Riverside team. Management and approachable staff are a real strength" and "Excellent on all questions. All staff are very friendly, helpful and always happy to help with everything."

People's needs and changes to their well-being were communicated well at the home. Staff did this in a variety of ways. These included maintaining daily notes for each person, completing charts where necessary

and face to face handover between shifts.