

Rushcliffe Care Limited

Coalville Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

Whilst people received their medicines safely and as prescribed by their GP, the storage of some medicines needed attention.

The registered manager monitored the service being provided to make sure people received the safe care and support they required. A recommendation was made regarding the auditing of people's medicines.

People felt safe living at Coalville Nursing Home and with the staff team who supported them. The staff team were aware of their responsibilities for keeping people safe from avoidable harm.

Risks associated with people's care and support had been appropriately assessed and managed.

There were overall, suitable numbers of knowledgeable and experienced staff on duty to meet people's individual care and support needs.

People were protected by the providers policies and procedures for the control and prevention of infection.

The registered manager ensured lessons were learned when things went wrong.

People were supported to access healthcare services when they needed them and they were supported to eat and drink well. They were involved in making decisions about their care and support and their consent was always obtained.

People's individual care and support needs had been identified and plans of care developed.

People were treated with kindness and compassion and their privacy and dignity respected.

The staff team had the skills and knowledge they needed to meet people's care and support needs and they knew the needs of the people they were supporting well.

Checks had been carried out on new members of staff to make sure they were suitable to work at the service. The staff team felt supported by the management team and involved in how the service was run.

People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time with others, or on their own.

Formal complaints process was displayed and people knew who to talk to if they had a concern of any kind. Complaints received by the registered manager had been appropriately managed and resolved.

Staff meetings and meetings for the people using the service and their relatives had been held. These provided people with the opportunity to have a say and to be involved in how the service was run. Surveys had also been used to gather people's feedback.

The registered manager worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

More information can be found in the detailed findings below.

Rating at last inspection: Good (report published 22 June 2016)

About the service: Coalville Nursing Home provides accommodation for up to 40 people who require nursing or personal care. There were 36 people using the service at the time of our inspection including people living with dementia.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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 not always 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 caring

Details are in our Caring 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 well-led

Details are in our Well-Led findings below.

Good ●

Coalville Nursing Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

Inspection team: The inspection was carried out by one inspector, an inspection manager, a specialist nurse advisor and 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. Their area of expertise was people living with dementia.

Service and service type: Coalville Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two registered managers (one of whom was actively involved in the service) 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: The Inspection was unannounced.

What we did: Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We viewed information the provider is required to send us at least annually that provides some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with two people living there and six visitors. We also spoke with the registered manager, three members of the senior management team and 10 members of the staff team.

We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included five people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for new staff employed at the service. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked.

Is the service safe?

Our findings

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

Whilst people were safe and protected from avoidable harm, short falls within the management of medicines were found.

Using medicines safely

- Staff did not check people's blood sugar levels at the appropriate times. People who required their blood sugars levels checked before their meals had their blood sugars taken by staff after they had eaten. This meant staff did not have the information they required to assess whether people's blood sugars were being maintained at a safe level.
- We noted there was a large overstock of one medicine and another was being stored in the fridge which was not required.
- We shared the issues identified with the registered manager for their attention and action. The day following our visit we received a comprehensive action plan outlining the actions they would take to address the shortfalls found.
- We saw the nurse allocated to administer medicines, did so consistently and methodically. MAR's contained a photograph of the person to aid identification. All but one of the records checked recorded the specific allergies the person lived with. The missing information in the one record identified was addressed following our visit.
- People were provided with their medicines in a safe way. A relative told us, "Yes, timing is crucial with [health condition]. My [relative] comes in at night and they will tell me who has done the medicines so yes, [person] gets them at the right time."

Safeguarding systems and processes

- People felt safe living at the service. One person told us, "Oh yes, it's safe. Yes, everything about it. I find the staff absolutely brilliant. They treat me as one of them." A relative told us, "Yes before I visited here I went to many other care homes and knew I wanted my [person] here because of the ambiance of the place and the staff. It is safe for [person] and convenient for [relative] to visit."
- The staff team had received training in the safeguarding of adults and they knew how to keep people safe from avoidable harm. One explained, "I would report anything straight to the manager."
- People were safeguarded by the systems and processes in place. The management team understood their responsibilities for keeping people safe including reporting any safeguarding issues to the local safeguarding team and the CQC.

Assessing risk, safety monitoring and management

- The risks associated with people's care and support had been assessed when they had first moved to the service. This included the risks associated with people's hydration, their skin integrity, and for people at risk of choking, their swallowing ability. The majority of risk assessments seen had been reviewed monthly to ensure they remained relevant and up to date. The risk assessments for one person who had recently moved in had yet to be updated. The registered manager told us this would be addressed as a matter of urgency.

- People were provided with a safe place to live. Checks had been carried out on the environment and on the equipment used. Personal emergency evacuation plans were in place. These showed how everyone must be assisted in the event of an emergency.

Staffing levels

- People felt there were, on the whole, suitable numbers of staff available to meet their care and support needs. One person told us, "Sometimes they are a bit short, but they all muck in when they are a bit short." Another added, "Yes on a normal day [there is enough staff] and no one phoning in sick. [Registered manager] covers if staff have phoned in sick. If she is not on duty she will come in. On a Sunday I have been here and she covers all sorts of hours. The majority of time there is enough staff."
- Staff members on the whole told us there were enough staff rotated on shift to enable them to meet people's needs appropriately. One explained, "Staffing levels can be short but there's not a risk of people not getting their care." Another told us, "It can be up and down. It would always be nice to have more staff, it's when people phone in sick."
- The registered manager explained a dependency tool was used to determine staffing levels and they had the flexibility to increase staffing levels when required for example, if people's support needs increased.
- Appropriate checks had been carried out on new staff members to make sure they were safe and suitable to work at the service.

Preventing and controlling infection

- The staff team had received training on the prevention and control of infection and they followed the providers infection control policy. We saw personal protective equipment (PPE) such as gloves and aprons were readily available and these were appropriately used throughout our visit.
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

Learning lessons when things go wrong

- The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. This included changing the process to follow when people suffered a fall. The new process included consulting the GP after every fall to ensure possible injuries would not be missed.

Is the service effective?

Our findings

Effective – this means 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed prior to them moving into the service. This made sure their needs could be effectively met by the staff team. Expected outcomes had been identified and these were being monitored. A relative explained, "Yes I was involved [in the assessment process] and we did a review about two or three weeks ago."
- People using the service were being supported to make choices and decisions about their care and support daily. One person explained, "Yes [I am able to make decisions] about everything."
- Care and support was provided in line with national guidance and best practice guidelines. For example, information was made available regarding the different types of dementia and how they presented themselves. This provided the staff team with information to enable them to better support people living with dementia.

Staff skills, knowledge and experience

- The staff team had been provided with the training they needed to support people effectively. A relative explained, "With mobility they [staff team] use a hoist, they are very competent. They use a sling and they talk to [person] telling [person] what they are doing and when they are doing it."
- New staff had completed a comprehensive induction programme and the staff team had been supported through regular supervision and annual appraisals.
- Nurses working at the service had been supported by the registered manager to meet their requirements for revalidation and maintain their professional registration.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy balanced diet and to eat and drink well.
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored monthly.
- Choices were offered at each mealtime and drinks and snacks were offered throughout the day. One person explained, "On the whole it's very good. If there's not what you want on the menu they will say, 'tell us what you want' and they will do it."

Staff providing consistent, effective and timely care

- Any change in people's health was recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. People had regular access to healthcare professionals and staff sought the appropriate advice when needed.
- The staff team worked together within the service and with external agencies to provide effective care. This included providing key information to medical staff when people were transferred into hospital so their

needs could continue to be met.

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

- People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone.
- There were visual prompts around the service to remind people the time of day, which day it was and what the weather was like. An easy to read menu board also displayed the menu of the day.
- Improvements to the environment had been made since our last visit. A dementia friendly garden area had been created and included an accessible seating area and wooden cabin for people's use.

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

- 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, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
- The registered manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and those spoken with understood their responsibilities within this. People were encouraged and supported to make decisions about their care and support on a daily basis.

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

- People using the service and their relatives experienced positive caring relationships with the staff team. They told us staff members were caring and supportive towards them. One person explained, "They [staff team] care, they really do care."
- The staff team had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- We observed support being provided throughout our visit. We saw the staff team reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. A staff member explained, "I always ask people what they want to wear and where they want to go. For example, if they want to stay in their room or go to the lounge."
- For people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member, advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- The staff team promoted people's privacy and they gave us examples of how they ensured people's privacy dignity was respected. One explained, "I always knock on people's doors and when I'm washing them, I always cover them."
- People were supported to follow their beliefs and these were respected. Plans of care considered people's culture and beliefs and ways to support them to meet these. A staff member explained, "There is communion every Sunday and someone visits twice a week to offer spiritual support."
- People were supported to maintain relationships with those who were important to them. People could visit at any time and told us they were made welcome by the staff team. A relative explained, "Yes we are made very welcome and they [staff team] are all pleasant."
- The staff team understood their responsibilities for keeping people's personal information confidential and people's personal information was stored and held in line with the provider's confidentiality policy. One person explained, "The confidentiality here is always spot on."

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.

Personalised care

- People who were able had been involved in the planning of their care with the support of their relatives. One person explained, "We were fully involved."
- Plans of care had been developed when people had first moved into the service. Those seen were comprehensive and included personalised information in them. They covered areas such as, nutrition, mobility, and personal care. The majority of plans seen had been reviewed on a monthly basis or sooner if changes to the person's health and welfare had been identified. A relative explained, "I find everything is fine, care is person centred and that's how it should be because everybody's different. "
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager could access information regarding the service in different formats to meet people's diverse needs. The staff team knew people well and knew how each person communicated.
- People were strongly supported to be involved in activities both on a one to one and group basis. The activities coordinator ensured people were involved in meaningful activity, however large or small. On the day of our visit a wide range of activities were offered including, arts and crafts, flower arranging and one to one games such as dominoes. Other activities included cooking classes and armchair bowling. A Christmas pantomime had been organised with members of the staff team playing each of the characters. A relative told us, "There is one lady, she does try to get them [people using the service] motivated and gets them to join in."
- A relative of one of the people using the service was identified as an expert by experience and was asked to be the eyes and ears of the service. They visited daily and supported people in any way they could. They explained, "I go around and speak to all the residents and if they need the toilet or if someone is in pain I go and tell someone. I chat to the relatives when they first come in as well because it can be very daunting."

Improving care quality in response to complaints or concerns

- The registered manager kept a log of complaints and compliments. These followed the providers' policy and procedures. There was information around the service for people and visitors on how make a complaint if they wished to do so with a form to use to make it easier. A log was kept each month and this was analysed to identify any trends or themes.
- People knew who to talk to if they had a concern or complaint of any kind. One person explained, "Yes I do know how to speak up. I would speak to one of the staff or [registered manager]."

End of life care and support

- People had been provided with the opportunity to discuss end of life plans with the management team. A

relative explained, "Yes the manager discussed it with us and they hold the end of life drugs here for when it is needed." The staff team had received training and knew how to support people at the end of life. One staff member explained, "It is more emotional support. We make them comfortable and clean and fresh and make sure it is a nice environment. We keep a close eye on them."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. There is continuous learning and improving care

- The registered manager had systems in place to monitor the quality and safety of the service. Monthly audits had been carried out on the paperwork held including people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed where issues had been identified, action had been taken. However the medicine audits had not been carried out often enough to identify issues promptly. We received an action plan following our visit, assuring us of the actions being taken to address the short falls identified with the management of medicines. We recommend medicines audits be increased to weekly to ensure any shortfalls are identified sooner and more quickly rectified.
- Regular audits to monitor the environment and equipment used to maintain people's safety had also been carried out. This made sure people were provided with a safe place in which to live.
- Staff at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.

Leadership and management

- A registered manager was in place and people spoke positively about them and the management team. One person explained, "Yes, she [registered manager] is an open book. She's very pleasant." Another told us, "Yes 100% [open and transparent], I think [registered manager] is one of these people who are what you see is what you get."
- Staff members felt supported by the management team and felt able to discuss any issues or concerns with them. One explained, "There is always someone to talk with. I have an amazing support network. [Registered manager] is really supportive and will talk to me for hours."
- A supervision and training programme was in place and this ensured the staff team received the level of support they needed and kept their knowledge and skills up to date.
- There were procedures in place, which enabled and supported the staff team to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as safeguarding, whistleblowing, equality and diversity and human rights.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One explained, "Their aim is to provide the best possible care and to meet everyone's needs. There is a lot of communication here which really helps." A relative told us, "They [staff team] are very good. They work as a team and I think that's the secret. There's no kind of bullying and they are able to speak up."
- The staff team knew people's individual needs and ensured good outcomes for people.
- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and relevant stakeholders.
- The registered manager understood their responsibilities for learning lessons when things went wrong to ensure people were provided with good quality care.

Engaging and involving people using the service, the public and staff and working in partnership with others

- People and their relatives and friends had been given the opportunity to share their thoughts on the service being provided. This was through informal chats and regular meetings. One person explained, "Every month they have a resident and relative's meeting."
- Surveys had also been used to gather people's thoughts of the service provided.
- The staff team attended regular staff meetings. The minutes of meetings confirmed staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes of complaints.
- The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.