

Caring Homes Healthcare Group Limited

Coxhill Manor Nursing and Residential Home

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?	Good ●

Summary of findings

Overall summary

About the service

Coxhill Manor is a care home. It is registered to provide personal and nursing care for up to 74 people across three floors. At the time of our inspection 51 people living at the service.

People's experience of using this service and what we found

Systems were in place to gain people's consent to their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional needs were assessed and met and feedback regarding meals was very positive. People were encouraged to maintain good diet and access health services when required. People's bedrooms were personalised and reflected people's interests and preferences.

The service met the accessible information standards. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

The provider, managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it. People spoke positively about the leadership team at Coxhill Manor.

People told us they felt cared for by a staff team that were kind and considerate. People's dignity, confidentiality and privacy were respected, and their independence was promoted. Enough staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly.

The premises were clean, and staff followed infection control and prevention procedures. People's needs were assessed, and care was delivered by staff who were knowledgeable about people's care and support needs. People had access to a wide range of activities and were supported to avoid social isolation.

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

Rating at last inspection.

Good, report published 9 December 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information 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.

Good ●

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 ●

Coxhill Manor Nursing and Residential 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014

Inspection team

The inspection team consisted of one inspector, one assistant inspector, a specialist advisor nurse and one 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.

Coxhill Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 the inspection:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection: We observed how staff interacted with people. We spoke with 15 people and eight relatives to gather their views. We looked at records, which included 10 people's care and medicines records. We checked recruitment records for four staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the registered manager, two nurses, the activities coordinator and six staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely. Prescribed drink thickening agents were not always stored safely which put people at risk of choking if they ingested the thickener. This is a known risk of avoidable harm, particularly for people living with dementia.
- Three people were prescribed thickener for their drinks. On the day of our inspection thickener was not always stored safely. For example, we observed thickener was kept in people's rooms and in communal cupboards that were easily accessible to people living in the service.

However, the provider responded immediately during and after the inspection and took steps to address the concerns relating to the safe storage of thickening agents.

- Where people had pressure relieving equipment in place this was checked regularly. We saw the equipment was set and functioning correctly.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary

Using medicines safely

- Processes were in place for the timely ordering and supply of medicines. Medicines administration records (MAR) showed people received their medicines as prescribed. This was confirmed by the people we spoke with.
- Staff completed training to administer medicines and their competency was checked regularly.

Systems and processes to safeguard people from the risk of abuse

- Although the service was not always safe, people told us they felt safe. One person described how staff were "Very good" at answering call bells. A relative said "The staff are lovely. I feel I can trust Mum's care to them".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member we spoke with was able to describe different types of abuse and what different actions they would take to safeguard people.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about changes and

learning as a result of incidents at team meetings and on an individual basis.

- We saw an example of where a person had experienced a number of falls. As a result, the registered manager ensured that safety equipment was installed in this person's room to reduce the risk of them hurting themselves as a result of a fall.

Staffing and recruitment

- We observed, and staffing rotas showed planned staffing levels were being achieved. One person told us "All the staff are nice, and I think the numbers are just about right".
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection

- Staff had completed infection control training. We observed staff using personal, protective clothing and equipment safely.
- Housekeeping staff followed cleaning schedules to ensure all areas were regularly cleaned.
- People and relatives told us the service was always clean, fresh smelling and welcoming. Our observations during the inspection confirmed this.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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.

- People were supported by staff that understood the principles of The Mental Capacity Act 2005. One staff member said, "Just because someone makes an unwise decision it doesn't mean they don't have capacity". However, we found one example where a person's mental capacity assessment did not follow good practice in that it was not decision specific. We were satisfied that this related to documentation and that the person's consent had been sought appropriately.
- People's rights to make their own decisions were respected. One person said, "Staff respect me and what I have to say".
- Where people were being deprived of their liberty, applications had been submitted to the local authority.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People's needs were regularly reviewed and where changes had occurred their support plans were updated to reflect this.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. We observed information on best practice guidance was available for staff in the clinical rooms.

Staff support: induction, training, skills and experience:

- All staff completed an induction programme when they started work. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff told us that they had the necessary training to support people effectively. One staff member said "I am satisfied with the

training. I can go to [registered manager] whose door is always open if I want to learn anything."

- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported, one staff member told us "I feel totally supported by [registered manger]".

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

- People were supported to eat a varied and nutritious diet. We saw that people were given a choice at lunchtime. When someone said they didn't want the offered options, they were asked what they would like, and it was provided.
- People told us they enjoyed the meals and we observed snacks were offered between meals. One person said, "Plenty of tea and coffee.' Food is quite good, I like what's on the menu". Another person said, "'Food is lovely', can have something different if want".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or opticians.
- Staff sought guidance and support from external healthcare professionals where necessary to ensure people's health was maintained.

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

- Coxhill Manor was adapted in conjunction with the views of people living in the service. There was signage for people living with dementia.
- The communal areas were decorated and were clean and welcoming. People's bedrooms were personalised and reflected people's interests and preferences.
- There were a number of comfortable areas for people to relax and socialise in the company of others, along with well-maintained outdoor areas.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were positive about the care and support they received from staff. They told us, "Can't complain about the staff", "Staff are lovely" and, "They are very good at helping wash and dress". Relatives confirmed staff were caring. One relative told us, "Staff have a lot of time for (person). The staff seem to enjoy their job and are really cheerful".
- Staff spoke positively and with affection about the people. One staff member said "I am proud of my job as a whole. I really enjoy my job".
- We observed positive interactions between people and staff. For example, one person became distressed, a staff member knelt to their eye level and took time to reassure them, as a result the person's mood improved.
- We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. Our observations of care throughout the inspection demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs. The registered manager was able to describe how consideration was given to people's individual, religious and cultural needs.

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

- People told us they had choice in their daily lives. One person told us, "I am very much in charge".
- We saw staff checked with people before providing support and encouraged them to express their views and wishes. For example, we observed a member of staff offered a person a choice of meals. They spoke calmly and gave them time to decide.
- Care records indicated that people had been involved in the assessment and planning of care. Where possible people, and those important to them, were involved in reviewing and updating care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.
- People were encouraged to be as independent as possible. Care records stipulated each person's level of independence and it was clear from our observations that staff followed this guidance.
- There had been many complimentary cards and letters from people stating how caring the staff were. Feedback from relatives was very positive about the care they received.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 had opportunities to join in with activities that were flexible and tailored to what people wanted on the day.
- The service had a wide range of activities available for people to engage with, from speaking to people and observing staff it was clear that activities were person centred and meaningful. Activities were run by activities coordinators who clearly understood people's preferences well. One person we spoke with told us
- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- People told us that staff knew them well. One person told us "They know me and what's important". Relatives told us they had been involved in care planning and one relative said, "I feel involved and staff are very good at giving feedback".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and we could see that when complaints and concerns were raised, the registered manager responded in line with the providers policies and procedures.
- People told us they knew how to make a complaint. Relatives told us any concerns were dealt with immediately. One person said, "The manager has told us 'If you've got any complaints, come and see me. I haven't needed to". A relative told us "There have been concerns in the past, but they have been dealt with well".

End of life care and support

- People's care wishes at the end of their lives were recorded in their files wherever possible.
- Staff received training on how best to support people at the end of their lives. Staff respected people's religious beliefs and preferences.

- When people had approached the end of their life, staff had ensured appropriate pain relieving medicines had been obtained and external healthcare professionals had been involved.

Is the service well-led?

Our findings

At the last inspection this key question was rated good at this inspection it as remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality of the service

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was clear about their responsibilities for reporting to the CQC. Staff were also clear about their responsibilities and the leadership structure.
- Staff were positive about the skills and leadership of the registered manager. A member of staff said, "I enjoy it, Coxhill is great place to work. (nurses) and [registered manager] are brilliant".

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

- Through our observations and speaking with staff, the registered manager, staff, nurses and provider it was clear that there was a positive culture at Coxhill Manor.
- The manager, provider and all the staff we spoke with, demonstrated a commitment to provide a personalised service. They placed people using the service at the centre of everything they did. The staff we spoke with talked about the satisfaction they gained from making a positive difference to people's lives.
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- People spoke positively about living in Coxhill Manor. They felt that staff and people got on well together which made for a good atmosphere. People felt that managers were approachable.
- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys and raise any comments via an open-door policy at any time.
- Annual surveys were given to people and their relatives to gain their feedback. The feedback seen was positive.
- Our observations and speaking with staff, the manager and provider demonstrated a commitment to providing consideration to people's protected characteristics.

Continuous learning and improving care; Working in partnership with others

- The provider, managers and staff were enthusiastic and committed to further improving the service

delivered for the benefits of people using it.

- The management team had an action plan to take forward improvements to the service.
- The service worked in partnership with other organisations to support care provision.