Culwood House Limited

Culwood House

Inspection report

130 Lye Green Road
Chesham
Buckinghamshire
HP5 3NH

Tel: 01494771012
Website: www.culwoodhouse.co.uk

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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:
Culwood House is family owned and operated care home without nursing operated since 1988. The service is situated in a quiet residential area of Chesham. People who used the service are older adults, some of whom have a dementia diagnosis. This is the single location within the provider's current registration. At the time of our inspection, 17 people lived at Culwood House.

People's experience of using this service:
People received safe care. Any risks to them were assessed, documented and mitigated to protect people from avoidable harm. Staff were knowledgeable and skilled. They were competently able to provide the support people required. People and relatives described the service as caring and staff as kind. People's care was specifically tailored to their individual needs. The service was well-managed. There was a positive workplace culture. The registered manager ensured audits and checks were completed regularly to ensure the safety and quality of people's care.

Rating at last inspection:
At our last inspection the service was rated good. Our last report was published on 9 July 2016.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Culwood House

Detailed findings

Background to this inspection

The inspection:
We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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:
Our inspection was completed by an inspector 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. Our expert by experience had knowledge about the support of older adults within care home settings.

Service and service type:
Culwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:
Our inspection was unannounced.

What we did:
Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House, the Information Commissioner's Office and the Food Standards Agency. We asked the service to complete a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make.

We spoke with six people who used the service and two relatives. We spoke with the registered manager, three care workers and the chef. We reviewed six people's care records, one staff personnel file, audits and

other records related to the operation of the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
• People said they felt safe. Comments included, "I have no worries at all day or night", "I know I am safe because everyone is so caring" and "I know I was not safe living at home anymore…but I know I cannot. So, living here is safer and almost as good."
• New staff to the service completed induction training which included safeguarding and how to contact the local authority.
• Safeguarding refresher training was regularly held and staff talked about protecting vulnerable adults at team meetings.
• The registered manager informed the local authority of all relevant allegations or incidents involving people.
• Actions were taken relevant to one case where further staff training took place to prevent recurrence of the matter.
• We received notifications from the service, in line with the relevant regulation.

Assessing risk, safety monitoring and management
• The service carried out a pre-admission assessment of people's needs.
• People and relatives could visit the service to look around and discuss their needs with staff.
• Information was collected from various sources including health and social care notes, relatives and friends and from other bodies such as the local authority.
• Risks such as people's behaviour, mobility, sensory needs, dependence, eating and drinking and health history were assessed.
• Premises risks were assessed. These included fire safety and Legionella prevention and control.

Staffing and recruitment
• Staffing deployment was based on people's needs and feedback from staff. Staff were provided with the opportunity to comment on whether people required additional support.
• We observed that staff worked in a calm manner and attended to people's needs quickly. People had access to call bells in their rooms and pendants when they were mobile.
• The service was actively recruiting for two shifts per week. A variety of methods were used to advertise job opportunities.
• The registered manager explained they encouraged people who used the staff to take place in the interview process for new staff.
• The service looked for previous experience in adult social care, a caring disposition and whether the applicant had a caring nature.
• Staff were encouraged to develop their skills internally and apply for more senior roles.
• The service ensured fit and proper person were employed by checking applicants' identity, completing

criminal history checks, sending for proof of previous employment conduct and conducting comprehensive interviews.

Using medicines safely
• Staff completed medicines training during induction and face-to-face training was completed with an accredited trainer. Regular refresher training was provided to staff. Staff were required to complete regular competency checks.
• Medicines were safely ordered, stored, administered, documented and disposed of.
• Medicines administration records (MARs) and other records were appropriately completed.
• Medicines subject to strict management ("controlled drugs") were correctly stored and managed, with regular checks by the registered manager.
• The local clinical commissioning group had completed a medicines audit in July 2017 and provided some recommendations for improvement, which the service had implemented.
• The registered manager completed regular audits to check for medicines incidents, such as missed signatures. This ensured people received their medicines in a safe way.

Preventing and controlling infection
• The service was clean and tidy with a pleasant smell throughout.
• Staff had access to handwashing facilities, including soap, running water and hand towels. There was signage at each sink displaying correct handwashing techniques.
• Alcohol-based hand gel was available throughout the building so that staff could disinfect their hands between personal care.
• Staff received training in infection control and prevention. This included food hygiene safety.
• Staff had access to personal protective equipment including disposable aprons and gloves.
• Waste was appropriately separated, stored and disposed of.
• Appropriate policies and procedures were in place and there were regular audits of infection management.

Learning lessons when things go wrong
• Incidents and accidents were reported by staff and recorded on an appropriate form.
• Where the accident was a fall, the electronic care system was updated with further details. This included a falls diary, the risk assessment and care plans.
• The registered manager had not made notes of their reviews or actions when incident reports were submitted. We pointed this out to the registered manager who was receptive of our feedback and advised they would make their notes in the future within the electronic care system.
• Serious injuries, such as fractures were reported to us in line with the relevant regulation.
• An "observation and wellbeing" assessment was created, to capture vital signs (blood pressure, pulse and temperature) information and keep a record of any communication with emergency services.

Good

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

Good: 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 needs were assessed to ensure that care was delivered in line with their likes, preferences and dislikes.
• People's care plans contained information specific to their needs. This included their favourite food, night time routine, activities and social life and clothes they liked to wear.
• One care plan we looked at stated, "I can feel too hot or too cold as my bed is close to the radiator and window. I am able to tell staff if the radiator needs to be turned up or down or the window closed."
• The service held a 'resident of the day' meeting, where people were given special attention on their allocated day. This included reviews of all their support and personal care, a special meal and the choice of some special items, like toiletries or their choice of activities for the day.

Staff support: induction, training, skills and experience
• Staff had the necessary knowledge, skills and experience to carry out their roles.
• Staff completed the Care Certificate if they had not previously worked in adult social care. This was a collection of 15 nationally recognised modules. Staff also completed an 'in house' induction to provide orientation to local ways of working.
• Staff completed regular training in topics such as safeguarding, fire safety, first aid, moving and handling and infection control. The training was repeated at set intervals.
• Staff took part in regular supervision sessions with the registered manager. Staff also completed annual performance appraisals. These methods ensured staff had the support they needed to provide effective care.
• Some staff were working on, or had completed, further qualifications in health and social care.

Supporting people to eat and drink enough with choice in a balanced diet
• People were offered a healthy, balanced diet. There was a variety of food choices and drinks were regularly offered.
• The service regularly checked people's weights. A risk assessment was completed which demonstrated each person's risk for malnutrition.
• A person who was at high risk of losing weight was provided with regular snacks and high calorie foods. They were also prescribed high calorie milkshakes. This had resulted in a weight gain for the person.
• People's food likes and dislikes were recorded. Medical conditions were also considered as part of people's diets. This ensured they only received a diet that they enjoyed.
• Food and fluid charts were used when there was an identified need to keep track of a person's intake.
• People said they liked the food. Comments were, "The food is very good and I can have whatever I want", "The food is very nice and we get to select what is on the menu" and "The food is absolutely fine and we get

to sit together for lunch which is nice."

Staff working with other agencies to provide consistent, effective, timely care
• The registered manager met regularly with other registered managers in a network. This provided professional development opportunities.
• The service was also part of a small care homes group. Every two months, the services met up and talked about best practice and shared information.
• The service worked with the local clinical commissioning group's "quality in care" team. The team provided training to the care home, for example in sepsis (severe infections).
• A local gym invited care homes to bring people to their venue. The service took people to the gym to increase their independence over a period of time.
• The service had joined a local initiative for armchair exercises, which was continued in-house by the activities coordinator.

Adapting service, design, decoration to meet people's needs
• The service was in a converted building, tastefully decorated inside and out. There were extensive manicured gardens around the premises.
• The décor was homely, with attention to detail and items displayed to promote a warming environment. These included antiques, period crockery and a beautiful lounge and dining room.
• Extensive refurbishments and investment in the building had occurred. This had added to the pleasant surroundings.

Supporting people to live healthier lives, access healthcare services and support
• The service worked with a variety of health and social care professionals. This included district nurses, GPs, podiatrist, physiotherapists, SALT and dietitians.
• For sensory impairments, such as hearing and sight, an optician and audiologist visited the service. This ensured people had access to spectacles or hearing aids when necessary.
• People could visit a dentist in the local town or a private dentist could be arranged to visit the service.
• Social workers visited to check the welfare of people and the care they received. The local authority told us they were positive about the care at Culwood House.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Staff received training in the MCA and DoLS. The registered manager had completed additional training in the principles of the MCA.
• Staff asked for people's verbal consent before they completed support tasks. Some people could not provide a reply, but we observed staff gently encouraged them.

• The service presumed people had capacity to make decisions. Where there was any doubt, staff completed a mental capacity assessment.
• One person had an independent advocate and guardian. This was because they did not have any relevant family members to assist in their decision-making. The registered manager explained how the advocate and guardian were appointed by the Court of Protection.
• When a person lacked capacity, a best interest decision was made for the person. For example, the decision for one person was that they resided at Culwood House. There was evidence this was the least restrictive option for the person and relevant others (such as relatives) were consulted.
• The service ensured evidence was collected when people had a valid enduring or lasting power of attorney. This ensured only persons legally entitled to do so made decisions on behalf of people.
• Where needed, DoLS applications were made to local authorities. We were correctly notified by the registered manager when DoLS were approved.

Good

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity:
• Staff were kind and friendly. We observed numerous interactions between staff that were compassionate and caring.
• One person commented, "I choose to spend all my time in my room but I am never lonely. The staff pop in regularly to see me and have a chat and to find out if I want anything, but they are never intrusive. I would give them 10 out of 10!"
• A relative commented, "The staff genuinely care. It's all about what [the person] wants and what they can do to make their quality of life better. I think we both feel listened to and respected." Another relative said, "There is always a nice atmosphere in the home when I visit. Everything seems so calm and relaxed and I am sure that has an impact on the residents' wellbeing."
• Staff could be heard asking, "Are you ok?" and "Would you like anything?" as they passed people in the communal areas. The staff also frequently offered refreshments.
• A person we observed showed signs of distress. A member of staff said, "What can I do to make you feel better?" The person replied, "I want a cuddle." Immediately the member of staff opened her arms and the person went to her for a hug.
• People were having breakfast on our arrival. They were happy being served cooked breakfasts and cereals in the dining room or in their bedroom. Staff asked what they wanted to eat and whether they would like more hot drinks.
• We observed a care worker talking slowly and kindly with a person who was being seated in the kitchen. They called the person by their name.
• One person was observed as tearful throughout our inspection. We noted multiple staff engage with the person and sit down to take time to speak with them. This ensured they received attention and were provided the right support related to their health condition.

Supporting people to express their views and be involved in making decisions about their care
• People and relatives were involved in the care planning and reviews. This commenced before assessment and continued until the person no longer lived at the service.
• Draft care plans were provided to people and they could review and request any changes.
• Reviews of care plans took place initially after one month, then annual reviews. Where there were any changes in a person's condition, then the care plan was updated.
• People said their rights were protected. Comments included, "My family visit whenever they want to…it's never a problem" and "I can have visitors whenever I want. They can come and go as they please."

Respecting and promoting people's privacy, dignity and independence

• One care worker's observation record stated, "[Name of staff member], you supported individuals with dignity and respect. You always included the individual in what you do and asked their permission before you started. You shared that you are a caring and competent carer."
• People's dignity was respected. People were suitably groomed and wore nice attire.
• People's privacy was maintained. Their bedrooms were respected as their private place and staff did not enter unless they asked permission first.
• Documentation was secure and complied with data management principles.
• People's independence was promoted. One person was encouraged to lay the table for lunch but they were unable to complete the task. The staff were very positive about what the person could do and said, "Thank you so much for helping us…we are really grateful."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: 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
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
• During assessments, people's cognitive and sensory impairments were identified. For example, this included hearing or sight loss or whether the person was affected by a condition such as a stroke.
• The service then examined whether the person had any aids or tools that could assist with communication. This included glasses or hearing aids. One person refused to use pictures, but could communicate with staff using written messages. Some documents were also printed in large font.
• The service was part of the 'red bag' scheme. This was for people transferred to hospital and information was contained in a passport style pack so that hospital staff could understand the person's needs.
• Care plans and daily notes by care workers were very person-centred. The content focused on people's needs and the support provided by staff. Care notes demonstrated a holistic approach, such as including people's emotional wellbeing during the day.

Improving care quality in response to complaints or concerns
• There was an appropriate complaints policy and procedure in place. This was displayed in the reception area and people were reminded during the "residents' forum".
• There were no recent complaints about the service.
• The registered manager explained they treated any negative feedback as a concern and prevented it escalating to a formal complaint. They maintained a log of all the concerns and there were extensive notes about how each issue was managed and resolved.
• The registered manager had attended advanced training at an event run by the Local Government and Social Care Ombudsman. This provided them with further skills in investigating and resolving complaints.

End of life care and support
• No one received end of life care at the time of our inspection.
• People's preferences for end of life care were however assessed and recorded.
• The service recorded whether people had made any advanced directives (refusals for life-sustaining care).
• There were leaflets available to provide to relatives and friends which explained death, dying and grieving.
• Staff completed end of life care training with a nearby hospice. The staff worked with district nurses when people received end of life medicines (via syringe drivers).
• Some people had 'do not resuscitate' decisions in place. The care documentation and hospital transfer packs continued information about people's preferences for resuscitation.

Good

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.

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

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
• The provider had complied with the duty of candour requirements. Where there was a reportable incident, they had provided an apology in writing to the relevant person and a record of the events.
• The registered manager had designed a duty of candour brochure. This was provided to people and their relatives to explain the legal requirements for serious injuries.
• There were regular audits and checks in place for evaluation of the quality of care. The electronic care record provided prompts for the frequency of the audits and when they were due.
• Areas of care audited included medicines, infection control, care documentation, food hygiene, cleaning, premises and equipment and health and safety.
• There were weekly checks and cleaning schedules for mobility aids.
• When needed, the registered manager created a plan of actions. We viewed a small number and how the actions were signed and dated as complete by the registered manager.
• The provider and registered manager are required to consider actions they will take regarding the UK's planned departure from the EU. Government guidance was previously sent out to all providers advising them of possible action they needed to take in the event of a 'no deal scenario'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Staff were positive about the management. They said, "I love working here and could not envisage working anywhere else", "It's so nice to come to work and be with a group of people that get along so well and the residents are just like our extended family" and "The manager is really supportive and appreciates the work we do." They all agreed that working at Culwood House was very rewarding and enjoyable.
• The prior inspection rating was conspicuously displayed on the provider's website and in the entrance to the service.
• The registered manager was knowledge and approachable. They showed a good understanding of their role and responsibilities. They were aware of current best practice.
• Team leaders had either commenced or completed their managerial qualification in health and social care. The registered manager had obtained their qualification previously.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• There was a regular "residents' forum. The meetings covered a variety of items such as employee of the month, meals and refreshments, decorations, improvements and activities. The minutes showed everyone

was encouraged to have a voice.
• There was positive feedback from a recent survey for people and their relatives. This included, "I have peace of mind knowing [the person] is well cared for", "Homely atmosphere, friendly environment" and "[I] always know that [the person] is cared for."
• Regular meetings were held with staff and informal discussions were held between the meetings.
• There was an employee of the month and employee of the year scheme. This was designed to recognise outstanding work by members of staff. We saw these were proudly displayed in the service for people, families and others to view.

Continuous learning and improving care
• Staff had completed additional training in dementia to help develop skills that enabled better care for people at the service.
• Staff were nominated individuals as 'champions' for particular aspects of care. This included dignity and respect, nutrition, medicines, end of life care, food safety and infection control.
• The registered manager used the feedback from staff supervisions and meetings to make changes.
• Staff were free to suggest ideas that would improve the quality of the service. An example was a person wanted their hair washed in bed. The registered manager sourced an inflatable device that enabled this to occur without needing a shower.

Working in partnership with others
• There were several examples of the service working in partnership with the local community and other organisations.
• Example included fundraising for and seasonal events within the service. Friends and family were encouraged to visit, stay for meals and take people out or on holiday. The provider had a dedicated summer house at the rear of the property where friends and family could stay over.
• The service had formed links with the local school senior citizens service. They also hosted work experience and Duke of Edinburgh school pupils for conversation or activities.