Care Quality Commission

Czajka Properties Limited

Currergate Nursing 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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Currergate is a 'nursing home'. People in nursing homes receive accommodation and nursing 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. In partnership with a local NHS Trust, Currergate also provides assessment beds in which people stay on a transitional basis following discharge from hospital before moving back to their own home or onto nursing and residential care.

The home is registered to accommodate up to 38 people at any one time. On the day of the inspection there were 31 people living in the home. This included 23 permanent residents, seven people using the assessment beds and one person on a respite stay.

The inspection took place on 27 September 2018 and was unannounced. At the last inspection in October 2016 we rated the service as 'Good' overall, but found a breach of regulation as staff training was not kept up-to-date. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'Is the service Effective? to at least good. At this inspection we found improvements had been made and staff training was now up-to-date.

At this inspection we found that overall the service had maintained its rating of Good. However the responsiveness of the service had deteriorated as care records were not always kept up-to-date and were not always subject to regular review. Whilst we did not identify this had a direct impact on people, it needed addressing to reduce the risk that inappropriate care would occur. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Medicines were managed safely and people received their medicines consistently as prescribed. Staff knew people well and the risks that they were exposed to. People said they felt safe and systems were in place to help protect people from abuse. Overall there were enough staff deployed to ensure safe care. Staff were recruited safely to ensure they were of suitable character to work with vulnerable people. The premises was safely managed and fit for purpose.

People said staff provided effective care and had the right skills to care for them. Staff had received a range of training which was kept up-to-date. Staff said they felt well supported. People had sufficient choice and variety of food. The service was compliant with the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service worked effectively with other professionals to help meet people's healthcare needs.

Staff were kind and caring and treated people well. We saw staff turnover was low which meant people and staff got to know each other well. The service promoted people's independence and gave people choice and control over their lives.

People's care needs were assessed prior to admission. People, relatives and health professionals said the

service provided appropriate care. Staff knew the care people needed. Some care plans needed updating and other charts such as food and fluid charts needed regular reviewing by nursing staff. This had been identified by the registered manager and a plan was in place to address. People had access to a good range of activities and social opportunities.

People, relatives and staff said the service was well managed. They said the management team was visible and approachable should they need them. The service undertook a range of audits and checks. These had been effective in identifying areas for improvement.

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 remains Good.	**Good**
Is the service effective? The service had improved to Good. Training had been brought up-to-date. Staff said they felt well supported and were encouraged to undertake further professional development.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service had deteriorated to Requires Improvement Care records needed updating and to be subject to regular review otherwise there was the risk care would not consistently be responsive to people's needs.	**Requires Improvement**
Is the service well-led? The service remains Good.	**Good**

Care Quality Commission

Currergate Nursing Home

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2018 and was unannounced. The inspection team consisted of two adult social care inspectors 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. The expert-by-experience had experience of older people's care.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority Commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with eight people who used the service, four relatives, five care workers, the activities co-ordinator, the chef, a nurse assistant, a nurse, the deputy manager and a support manager. We also spoke with the registered manager and provider. We spoke with three health and social care professionals who work with the service. We reviewed three care plans and other records relating to the management of the service such as training records and audits and checks.

Good

Is the service safe?

Our findings

People said they felt safe living in the home. One person said "Of course I do. There is always somebody there." People said there was a nice atmosphere within the home and they got on well with the staff who supported them. Safeguarding policies were in place and staff had been trained to recognise and report signs of abuse. Staff we spoke with said they were confident people were safe from abuse living in the home. The registered manager was aware of their responsibility to make safeguarding alerts and we saw these had been done appropriately.

Risks to people's health and safety were appropriately assessed and managed. Risk assessment documents and care plans provided staff with information on how to keep people safe. These covered areas such as falls, choking, moving and handling and skin integrity and were subject to regular review. Where appropriate, people were supported to maintain their personal freedoms and manage their own risks. Staff with had a good understanding of the people they were supporting and how to manage any risks associated with their care. Subject champions [staff] within the service helped manage risk. For example, there were moving and handling champions who ensured people had appropriate assessments for equipment such as hoists and slings and trained staff to work safely.

The environment was safely managed. A maintenance team was in place who ensured the home was kept in a safe and well-maintained condition. We looked around the building and found appropriate safety features installed such as window restrictors and radiator guards to keep people safe. Checks took place on equipment and the gas, electric and fire systems. We did identify that the premises risk assessment needed updating detailing how hazards such as staircases were to be managed. We raised this with the registered manager and had confidence it would be addressed.

Overall medicines were managed safely. People said they consistently received their medicines. One person said "I get my medicines when I need them." Medicines were given by nurses and nurse assistants who received training in medicines management and had their competency to give medicines regularly assessed. We found medicines were stored securely. Medicines administration records (MARs) were well completed which provided assurance these medicines were given as prescribed. Some people were prescribed medicines, which had to be taken at a particular time for example in relation to food. We saw there were suitable arrangements in place to enable this to happen.

People had separate MARs in place for certain topical medications such as creams. The MARs included a body map of where the cream should be applied. The MARs were kept separately and were completed by care staff when a cream was administered. We found some inconsistencies in the recording of creams. However, we saw this had been identified by the provider and a plan was in place to address it.

Most people said there were enough staff on duty and they didn't have to wait long for assistance although this was not consistently the case. One person said "It's not often short staffed". People said the response to the call buzzer was usually appropriate. One person said "They [staff] come within reason. Nights; it can vary from no time to a bit." A third person said "They come straightaway when I ring, you don't wait, no." A fourth

person said "Sometimes it's quick or it can be slow." We reviewed the home's call response time's records, these showed on most occasions people were usually attended to in a timely way. We observed on the day of the inspection sufficient staff were on duty to meet people's needs. We saw staff were supporting with activities, spending time talking to people as well as completing care and support tasks.

We saw the service had a recruitment policy in place. We checked three staff recruitment files. Appropriate checks such as references and Disclosure and Baring Service (DBS) were obtained prior to employment. All of the staff files we checked demonstrated that the correct procedures were being followed.

People said the home was kept clean and tidy. We observed this to be the case with no malodours. Staff wore appropriate personal protective equipment and disposed of clinical waste appropriately. Infection control audits and checks took place. The service had achieved 98% in the latest audit undertaken by the local authority indicating that good practices were followed

Accidents and incidents were logged, investigated and documentation demonstrated that lessons were learnt following incidents to further improve the safety of the service. Analysis took place on any incidents which took place each month to look for themes and trends.

Good

Is the service effective?

Our findings

People praised staff and said that had the skills and attributes to provide effective care. One person said "The day staff are wonderful. Two or three are spot on." Another person said "They all seem to know what they are doing." People said there was good continuity of staff. One person said "Staff have been here a long time and continuity is good." Another person said "They [staff] don't change that often." Most of the staff we spoke with had been at the service for several years and we established there was a low turnover. This helped staff to build up an in-depth knowledge of the people they were caring for.

At the last inspection we found staff training was not always kept up-to-date. At this inspection improvements had been made. There was a training matrix in place, which showed when training had been completed and when it was due. The matrix showed staff were up to date with training on safe working practices. Staff competency was regularly checked. This included competency to administer medicines, hoists and understanding of safeguarding. This helped ensure staff had the right skills to care for people.

New staff were required to complete a comprehensive induction to the service which included how to adhere to local procedures and ways of working. In addition, they received a range of appropriate training, which was delivered both face to face and via the computer. Staff new to care or those that did not have a qualification in health and social care were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role.

Staff praised the training and support. Staff had received supervision and appraisal. Staff we spoke with said they felt they had enough support through supervision and training, to do their work effectively. They said there was always someone to approach if they needed to discuss any issues. One staff member said "Training and support has been fantastic they [senior staff] have been there to help me with everything."

People's nutritional needs were met by the service. One person said of the meals "They are very good, there's a choice of two." A relative said "The food's really good, there are two good cooks and [person] gets supplements too." People said that if they didn't like the food, alternatives would be made. One person said "They [chef] would do something else for you, they are so nice and helpful." We observed people were able to have breakfast throughout the morning and lunchtime was a pleasant and social experience with staff providing appropriate support. The chef had a good understanding of people's dietary needs and took pride in ensuring people received a varied and well-balanced diet. They told us they were kept up to date with any changes in people's dietary needs and were always informed when a new person moved into the home. We saw people had access to a varied diet with choice at each mealtime, with homemade cakes and biscuits available between meals as well as fresh fruit. This included adjustments to meet people's specific needs for example if they were diabetic or vegetarian.

People's nutritional needs were assessed and used to develop plans of care. Where people were at risk, we saw they were weighed more frequently, and food was fortified and /or discussions were held with the GP or dietician. We saw several examples where following weight loss, plans of care had been changed resulting on weight being maintained or gained.

We did identify that some food and fluid charts needed completing in a more consistent way to evidence the food some people received. These charts also needed reviewing by nursing staff. This had been recently identified by the manager and plan was in place to address.

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 authorisation 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 a list of the DoLS applications, which had been made, and this showed when the authorisations were due to expire. Where DoLS had been authorised conditions, these were actioned.

Care workers had received training on mental capacity and consent. Their answers demonstrated an understanding of the legislation and how it had to be applied in practice. We saw the service was working within the principals of the MCA, with best interest decisions being made where people lacked capacity and people given choice and control over their lives. People with capacity told us consent was sought during care and support and we observed this during our inspection.

The home was appropriately adapted for the needs of people living in the home. There were spacious communal areas where people could spend time. People's bedrooms were also spacious with many having separate areas to sit and enjoy views over the pleasant gardens and surrounding countryside. Outside there was a sensory pond area which people could walk around which was wheelchair accessible. We saw people taking pleasure in the garden and admiring the flowers during the inspection.

People's healthcare needs were assessed and in most cases appropriate plans of care were put in place to meet them although some care records were missing oral health care plans. We saw this had been identified by the service and a plan was in place to address. The service worked with a range of health professionals to help meet people's needs. At the time of the inspection , there were eight assessment beds run corroboratively with a local NHS hospital trust. We received good feedback from a professional about how the home worked with them. The professional said "As a team we have good working relationship and can contact each other for advice and support whenever appropriate. The patients do seem to receive good care and the documentation is of a good standard to help with the decision making for social workers or myself when considering the options for the patient's discharge."

The service worked with a range of community professionals including GP's and dentists. One professional said "I think it is a well run nursing home with a high standard of care. The staff always act in a responsible safe manner. During my time I have had no cause for concern for the care provided by Currergate. I have built-up a good rapport with the nursing staff and I trust their clinical judgement."

Good

Is the service caring?

Our findings

People told us staff were kind and caring and treated them well. One person said "The staff are extremely nice and helpful. They make sure I have what I want and they are helpful. All the staff are very pleasant." Another person said "Yes, they are kind." A relative said, "The whole staff set up; they are not only concerned about the residents, but they care about relatives. I had my reservations at first, but they soon diminished. I've no complaints and they always ask how I am."
People said the home was peaceful, quiet and relaxing. A relative said "I think they (staff) are fantastic. [Family member] gets everything she needs. They are all friendly and they even make me a sandwich."

A health professional said "All the staff make us feel welcome when we go to Currergate to meetings or to see the patients. The staff seem to approach the patients in an appropriate manner and appear to be caring of them."

We observed staff were consistently positive in their interactions with people, smiling and making people feel at ease. This extended to the whole staff team including the management and maintenance staff making for a friendly and inclusive atmosphere. We saw staff showed compassion towards people , hugging and comforting them when they became distressed. It was clear good relationships had been developed between people and staff and staff knew people very well. Information on people's life histories was present within their rooms to help staff provide person centred care that met people's needs.

Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at Currergate, which gave them lots of satisfaction. Comments included, "I love working here, I've learnt so much, before this I never knew what was involved in caring for people." People said that staff were attentive to their needs. For example if they wanted something from the shop they would go in their own time to ensure the person's needs and comfort were met.

People said that visitors were welcome at all times. Relatives said communication was good and they were kept up-to-date with any changes in their relative's condition. One relative said "Everything has been fine. We've had full support at all times, even from the janitor. There's been a rapport and understanding and I'm always kept up to date. If there's a problem, they [staff] get in touch."

Staff gave examples of how they respected people's privacy and dignity, such as ensuring doors and curtains were closed when assisting with personal care and knocking before entering people's rooms. One staff member told us, "We have signs which inform people when personal care is taking place. I always put it on when delivering care." People looked clean and well dressed with staff supporting people to look nice. However we did identify one person's fingernails required cleaning. We raised this with the manager so action could be taken.

People said they had control over their daily lives. One person said "I can go to bed and get up when I want. I can do anything." We saw staff routinely gave people choices for example about what they wanted to do. Staff helped support people to be as independent as possible for example helping planting bedding plants

in raised beds.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the acting manager, people and relatives showed us the service was pro-active in promoting people's rights. People's religious needs were assessed and action taken to meet them for example religious clergy visited the home.

Requires Improvement

Is the service responsive?

Our findings

We found some aspects of the service needed to be more responsive, although we did not identify a direct impact on people. Some people's care plans were rather brief and needed more detail recording to reflect the knowledge of staff and care being delivered in practice. This was particularly the case for some people who were on 'short term' care plans, but had now become permanent residents. One person had been staying at the home on a respite basis, but the correct admission documentation had not been completed. The person told us they were receiving very good care and support, but there was a need for their care plans to be updated. Nursing and/or senior care staff also needed a better oversight of food and fluid charts to ensure they could be fully responsive to people's needs. We were encouraged that many of these issues had been identified by the registered manager through their own internal audit systems, with plans in place to action the required improvements.
The service had achieved accreditation with the Gold Standards Framework (GSF) which was up for renewal again in November 2018. This meant that the home had achieved certain standards in end of life care. We saw reflective practice was done following people's deaths. Some people had end of life care plans in place, but this was not consistently the case. For example one person on palliative care did not have an appropriate plan in place. We raised this with the registered manager who took action to address.

A comprehensive pre-assessment process was in place to ensure people's needs were assessed prior to using the service incorporating their care and support needs, communication needs and spiritual needs. Summary care plans were in place to provide concise information to management.

People, relatives and health professionals all said the service provided good care that met individual needs. One relative said "I'm pretty happy with the care." Another resident said the service was very responsive. They said "They don't stand around. If anything needs doing, they do it quickly. It's splendid; lovely." Staff demonstrated they were responsive to people's needs. One staff member said "Residents come first. If they want change (in their rooms). Our core values are that we need to look after them. If someone wants a shower fitting rather than a bath, we would adapt it. If a resident wants a room changing round, we'll adapt that for them." Staff knew people well and their individual needs and care plans giving us assurance that appropriate care was provided. A relative said "Staff know the residents. Residents have good support and they have a laugh and a joke. Staff are helpful and responsive."

People said they had access to a range of activities. One person said "Oh yes, they [activities coordinator] plan for the month ahead." Another person said, "An entertainer came yesterday and sang a few songs." A relative said "We were asked for ideas for outside and we had a gin and tonic day and a Pimm's day, it was excellent; they [provider] paid. We had a family fun day too." An activities co-ordinator was employed to provide meaningful activity to people. We saw they provided flexible activities based on people's likes and preferences. We also saw other staff made the effort to meet people's social needs through chatting and providing companionship. A range of activities were held including 'weekly gin mornings, exercises, and games. Trips out also took place. There had been a recent trip to St Anne's. A staff member said "We got residents involved in the garden. We have a raised bed and we get them involved in planting. We have a fish pond and we get them involved with activities." We saw garden parties and events had been held over the

summer.

People said the management team were approachable and any issues they had raised had been appropriately addressed. Complaints had been logged in a central file. These had been investigated with outcomes, actions and lessons learned as a result. We saw outcomes and actions had been discussed with the person raising the concern. This showed the management team treated complaints and concerns seriously and investigated appropriately, as well as analysing for trends/lessons learned to minimise the risk of recurrence. However, for one person the outcome of their complaint was not recorded. We raised this with the manager who agreed to look into this.

The home had received many compliments such as, "Thank you for making [Person] final weeks of life comfortable and reassuring for them. [Person] told me he was happy there. We the family were supported totally, and I can't thank you enough for making a difficult time easier to cope with." "We wanted to take a moment and thank you from the bottom of our hearts for the love, care and friendship you offered my late [relative]. We hold you in high regards and also want to thank you for looking after us."

Feedback was sort from the people who live at home on a regular basis, through a resident satisfaction survey. Surveys are also sent to family and friends as well as people who use the service short term. Feedback was overall positive.

We looked at what the service did to meet the Accessible Information Standard (2016). People's communication needs were assessed as part of the care planning process. Information could be made available in different formats should it be needed.

Good

Is the service well-led?

Our findings

People and relatives said the service provided high quality care. One relative said "I know the manager, they handle things well. They are good. This home has a good reputation."

A registered manager was in place. They were present on the day of the inspection, but had recently been seconded to another home, so the area manager was temporarily running the service. There was a good support network of managers in place. For example, a deputy manager and support manager who had good oversight of the service. Staff were confident in their role and responsibilities. One staff member said "Like working here, all just like a big family." Another staff member said "Fantastic, everything is good, team work, if you have a problem they [staff] are there for you." Staff said they would recommend the home to relatives.

We observed that the home has a pleasant atmosphere in every respect, the staff appeared to be happy, calm and helpful and people looked relaxed and content.

Audits were completed, which were effective in identifying issues and ensured they were resolved. These included care plans audits, medicine audits, health and safety audits, training and environmental audits. We saw if any shortfalls in the service were found action had been taken to address any issues. For example, an audit had been completed for medication and highlighted staff were not signing when administering topical medicines. We were encouraged that many of the documentation issues we identified during the inspection had been identified by audit systems. Audit findings were discussed with staff on a one to one basis or through staff meetings.

We saw evidence of meetings between the management team, the registered manager and other managers within the organisation. General staff meetings were also held. Staff met with the manager, deputy manager or senior staff more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful. Minutes were in place from these meetings which evidenced the matters discussed. These were used as a tool to monitor performance and continuously improve the service.

People's feedback was sought and used to make improvements to the service. People and relatives said they were asked to complete questionnaires and surveys about the service and felt able to air their views. Resident meetings were also held and were used as an opportunity to discuss areas such as the environment, food and activities. People's views and feelings were regularly sought on an informal basis by the staff team.

The provider and management team were well networked with other organisations and regularly attended and presented at local provider forums. This helped the service keep up-to-date with the latest developments in health and social care. The service had achieved best practice accreditation. For example it was accredited with the Gold Standards Framework (GSF) for end of live care. The service was also accredited with the Investors in People award. This is awarded to organisations that can demonstrate high performance according to 9 key management indicators. The service had submitted the required statutory

notifications to the Care Quality Commission. This helped us monitor events occurring within the service.