Barchester Healthcare Homes Limited

Cubbington Mill

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

About the service
Cubbington Mill is registered to provide accommodation, nursing and personal care for up to 56 older people, including people living with dementia. At the time of our inspection visit there were 44 people living at the home. The home has two floors with numerous communal areas and a main dining area on the ground floor. People had their own bedrooms and had access to a garden.

People's experience of using this service and what we found
We found some improvements were still needed to improve the quality of risk management through better and clear recording. This included more effective monitoring of people who required support to maintain skin integrity through repositioning and pressure relieving equipment. This was a concern at the last inspection and although no one had any pressure areas this time, we would expect a robust process to be in place. We raised our concerns to the manager and deputy manager. Following our visit, the regional director sent us an immediate action plan which would address these concerns.

People told us they felt safe living at the home. Staff knew how to protect people from poor and abusive practice. Not everyone felt staffing levels met their needs, however staff and our observations during our visit showed staff met people's needs and requests for assistance. Staff followed safe principles for infection control and their knowledge, training and practice meant the potential of cross infections was minimised.

Staff were confident in their abilities to support people. Staff training included refresher training alongside an induction for new staff. One to one supervision meetings and regular staff meetings gave staff the opportunity to discuss any developmental opportunities.

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 told us staff were respectful, kind and caring with their choices being respected. Care plans provided staff with the information and guidance they needed but in some examples, clearer recording would ensure staff support remained consistent. People were supported by other health professionals and agencies.

People were involved in pursing their interests and hobbies. People's life history information was used to inform staff about their interests. Regular activity sessions were planned and further work was planned to increase people and family's engagement.

Staff supported people who required end of life care and people's advanced wishes and preferences were respected. Our planning identified a higher than average number of expected deaths at this home. The deputy manager was confident this was because of the high number of admissions in the last 12 months for people who needed palliative and end of life care.

There were opportunities for people and relatives to give their feedback on the service. The provider's complaints policy was recently updated and displayed so people had the information they needed. The new manager had plans to improve the service and although not every person or staff member had chance to meet the manager, those who had, gave us positive comments.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 22 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 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**

Cubbington Mill

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
On 7 January 2020 one inspector carried out this inspection visit, one specialist advisor and one expert by experience. The specialist advisor was a nurse experienced in supporting older people and the expert by experience has experience of caring for someone in this type of setting.

Service and service type
Cubbington Mill is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service doesn't currently have a registered manager, as the previous registered manager had left the service on 31 December 2019. A new manager has been appointed and is in the process of registering with the Care Quality Commission. Once registered 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
We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the provider and information received from the public and health agencies. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people and six visiting relatives to get their experiences of what it was like living at Cubbington Mill. We spoke with one visiting healthcare professional. We spoke with two nurses, one-unit lead, a care team leader and three care staff (in the report we refer to them as staff). We also spoke with the manager, a registered manager from another of the providers homes (who was supporting the manager) and the deputy manager. The deputy manager was also the clinical lead. In the report, we refer to them as deputy manager.

We reviewed a range of records related to five people's care such as care plans, risk assessments and daily records. We reviewed provider records related to the management of the service, audits, complaints, evidence of activities people were involved in as well as how people's feedback led to providing good care outcomes.

Requires Improvement

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 requires improvement because the provider had not always provided safe care to manage pressure relief and to maintain and record skin integrity. At this inspection visit the rating has stayed the same. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Examples of risk management included safely transferring people or regularly re-positioning people to minimise skin breakdown. Staff knew what to do to keep people's exposure to known risks reduced, however the recording did not always accurately show the support people received.
- Some staff were not clear when they described the repositioning codes to us and what they meant. On one day, records showed a person had stayed in the same position for 18 hours, despite assessments stating every four hours. Staff were confident the person was being repositioned.
- We found similar concerns at the last inspection continued with incorrectly set pressure relieving equipment. We checked six mattresses and found five were incorrectly set. This had potential to put people at unnecessary risks. Speaking with staff, it was clear some did not know where to find the correct setting for the person's weight as it was recorded in different plans of care.
- Clinical audits showed no one had any wounds or pressure sores, however we recommended immediate action was taken. Following our visit, the manager implemented more robust processes to ensure settings remained correct.
- One person identified at risk of falls was assessed by an occupational therapist as requiring a sensor alarm mat to be placed in front of them when seated or in bed. This would alert staff to the person's movement. The sensor mat was under the person's bed. Staff told us they only used this mat at night. The manager told us they would remind staff of the importance of using alarm mats to minimise the potential of falling.

Using medicines safely

- People received their medicines safely. One relative said, "They make sure that she takes it."
- For medicines that needed to be applied via a patch, we found patch medicines were documented to show where on the body the patch was applied and when. This followed manufacturers guidance.
- Medicines were administered safely by trained staff. Medicine administration records (MAR) we checked, showed staff had correctly signed MAR's when medicines had been given.
- As and when required medicines were administered in conjunction with safe protocols that explained when to give these medicines, why and maximum dosages.
- Medicines were stored safely and within manufacturers guidelines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe comfortable and settled here, I have friends here I wouldn't have had before."

● Staff knew how to protect people from abuse and poor practice. Staff were confident any concerns raised would be investigated if abuse was suspected.
● The manager was clear about their responsibilities and how to safeguard people.

Staffing and recruitment
● Staffing levels met people's needs and from speaking with staff and our observations during our visit, showed there were enough staff to respond.
● Some people and relatives gave us examples of when staff turned off call alarms and did not always respond or come back. We told the deputy manager who agreed to review staffing although they felt confident staffing levels and numbers on shift were enough.
● The deputy manager regularly assessed people's dependencies and changing health conditions which helped them to continue to provide safe staffing levels. Skills, knowledge and experience was used to inform safe staffing levels.
● We did not look at recruitment records, however the manager said all new staff continued to have pre-employment checks before they commenced work.

Preventing and controlling infection
● People were satisfied with the cleanliness of the home.
● Staff told us and we saw, they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. This included wearing aprons and gloves. To manage virus outbreaks, additional measures were put in place to protect the person as well as staff and visitors.

Learning lessons when things go wrong
● The deputy manager knew what to do to investigate any issues and to learn from them. For example, falls and incident analysis was completed and monitoring of clinical checks such as skin integrity and weight loss/gain were completed. The deputy manager said they reviewed this information to see if any additional health intervention was needed.

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.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider assessed people's needs before they started using the service. Following the managers appointment, they undertook pre-assessments so they could get to know the person and their needs.
- Pre-assessments formed plans of care for staff to learn and follow. Assessments included people's care needs, life histories and individual preferences. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.

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 when this is in their best interests and legally authorised under the MCA. 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.
- Where people required authorisations to be made under the Deprivation of Liberty Safeguards these were completed and followed.
- Staff followed the principles of the MCA. Staff explained what they were going to do and always sought people's consent and offered choices, before carrying out any tasks. Staff understood when they needed to act in people's best interests to maintain their overall health and wellbeing.

Staff skills, knowledge and experience
- People and relatives thought staff were trained and knowledgeable to meet their needs. One relative said, "I think that the staff know what they are doing when looking after (relative)."
- The provider's staff training records showed training was refreshed when needed.
- Staff told us they were trained to meet people's physical, health and emotional needs. Staff told us their training was effective and having training helped them keep up to date with current practice.

Supporting people to eat and drink enough to maintain a balanced diet
- People's nutritional and hydration needs were known and provided to them. One relative told us, "(Person's) food is pureed, it is separated on the plate, you can see what the vegetables are - it is not mixed together." This meant the food was presented in a more appetising way for the person.

● People were offered choice for their meals. One person said, "The food is quite pleasing and thoughtfully prepared. We have a choice of two or three dishes every day." Choice of hot and cold drinks was provided throughout the day.
● Mealtime experience on the ground floor at lunch was organised. People were relaxed and enjoyed their meal. Where people lacked capacity to make an informed choice, plated meals were shown to them to help them make a visual and sensory choice.
● Food and fluid monitoring was completed for those identified at risk of malnutrition or dehydration. Where needed, dieticians and speech and language therapists were involved in people's care.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access health professionals when they needed it. For people reaching or at end of life, health professionals were involved, including GP's, speech and language therapists. One visiting health professional told us the staff teams' knowledge had improved over the past months and that communication from the team was better.

Adapting service, design, decoration to meet people's needs
● People had their own room and communal areas enabled people to spend time with others and family members. Quieter areas were available for time spent more privately.
● An indoor lift supported people to access other parts of the home.
● People and relatives were complimentary about the home. One relative told us, "It is always clean, tidy and well maintained here." Another relative said, "There is always a wonderful welcoming feeling coming here."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff had a kind and caring attitude and were friendly and approachable and they were looked after very well. One person told us, "I am well cared for and I think that they understand my needs."
- We saw staff supported people at their own pace so they did not feel rushed. Staff referred to people using their preferred names and people received support from staff of the gender they had asked for.
- One relative explained how staff thought and cared about their welfare following a bereavement. This relative said, "Staff listen and support me…this helps me to get through this difficult time."
- Staff said they cared because they wanted to. All staff we spoke with said the staff team worked well together. The manager said they noticed how well staff worked together and the team goal was to provide the best care possible.

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

- People told us staff supported them to be involved in making decisions about their care.
- Relatives felt involved and were made aware of any changes in their family members health condition.
- The manager had planned yearly meetings with people and relatives called 'family forums'.
- The previous registered manager held meetings and we were told they were useful.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent where this was possible. Individual care plans explained the levels of support each person needed and what aspects of their care they could complete themselves, or with encouragement.
- People told us staff were respectful of their privacy and dignity. One staff person described how staff made them feel when being cared for. They said, "Staff take time with me…they treat me with respect." Another person said, "The staff are dedicated and excellent, some have been here for a long time. I am absolutely respected here."
- Our observations showed staff were respectful and discrete when talking with people.
- We saw staff had taken time and effort to support people with their personal care and appearance. People were dressed in a way that reflected their own individuality.

Good

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised, and staff supported people in line with their care needs and personal wishes.
- One person explained how the support they received, gave them control in what happened, but also how it promoted more independent living. This person told us, "I had to come to terms with being showered and cleaned, they (staff) put me at ease as it was strange for me. Staff encouraged me and helped me and now I do things by myself." They went onto say, "I have nothing but admiration for the staff."
- Care plans remained a work in progress. We saw good examples of plans that supported good catheter care and care for people who needed support to eat via a tube. Some inconsistency in where certain information was recorded, gave staff some levels of confusion. The deputy manager told us a lot of work had gone into improving them.
- 'Getting to know me booklets' helped provide personal and relevant information for staff to know people well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to continue to follow their interests or become involved in new activities and experiences.
- The manager said 'activities were all staff's responsibility' but a dedicated activities person helped promote social inclusion and interests.
- A variety of planned group and individual sessions helped engage people. Group activities included seated exercise, Christmas celebrations, sing a long sessions and partnerships with local schools and colleges. During our visit, some people made sour dough craft. For people who remained in their rooms, hand massages, book reading and visits by church groups were organised.
- The manager planned to engage the wider community further such as the local college who currently visited to speak with people (consent sought) and to learn about those people in the home, such as their previous life experiences. The manager said baby and toddler groups linking with local communities forged strong links and helped support family life.
- Sherry o'clock was recently introduced so people could enjoy a glass of sherry or port. The manager trialled this in a previous home with positive results. They felt it would work well here. From their knowledge, the manager said it helped people feel like it was 'home from home'.

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.

● Information about how people communicated was included in their care records. From our observations, staff knew who needed visual and audio aids and they made sure, these were available to the person. One person said, "The staff make sure that I have in my hearing aid in the morning."

Improving care quality in response to complaints or concerns

● People told us they had not made any complaints because they were pleased with the service.

● The provider had a formal complaints procedure available to people in communal areas. The manager said they knew of one ongoing complaint that the provider was dealing with.

End of life care

● At the time of our visit, nobody was receiving end of life care although some people received palliative care. Some people had life limiting illnesses.

● Where people had made decisions about the care they wanted should a medical emergency occur, this was recorded in their care plans.

● The manager and deputy manager planned to work further with other health professionals and GP practices through closer working and project work focussed on helping people stay at home as long as possible, if that was their wish. The manager was keen to reduce hospital admissions where possible.

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.

At our last inspection the provider had failed to ensure their systems of audit were robust and where improvements were identified, actions had been taken. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and the rating has improved from requires improvement to good. 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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had addressed the issues from the last inspection and additional clinical checks completed by the deputy manager, helped promote good outcomes. Further improvement around risk management and equipment was still needed. The deputy manager and manager addressed this following our visit.
- Systems of audit and checks were a priority for the manager once they had become more established. The manager told us upon their appointment, they wanted more structure in their audits and greater reliance on learning from audits to drive improvement. They had plans to strengthen their checks and responsibilities to drive improved practice.
- Regular audits and checks were completed by nurses, managers and the provider had oversight through their own regulation teams. If themes were identified locally or regionally, actions could be taken. We discussed the mattress setting checks and were told by a visiting registered manager, mattress settings were not currently part of a provider check. They told us these checks would be incorporated into a 'manager's daily walk around'.
- The manager understood their responsibilities as they had been a registered manager at another home regulated by CQC. They understood when to send us statutory notifications for notifiable incidents. The manager had applied to be registered with us at this home.
- The provider had displayed their rating in the home and on their website. On their website, this included their improvement actions to address the breach at the last visit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements had been made since the last inspection. Staff were complimentary of how they all worked together to help support people in their care.
- Staff said since the deputy managers appointment in May 2019 they had improved how care was delivered, systems were clearer and staff said it felt structured.
- The manager explained their vison and what they wanted for people which was to provide the best care possible. Family links were also being improved.

● The manager planned their meetings with people and relatives and had begun introducing themselves to all. An open-door policy would be promoted for anyone to speak with them to share feedback and ideas.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● The deputy manager had improved records for best interest meetings and care plans. They felt records were now more cohesive and in one place which made it easier to identify patterns or trends.
● A new project was being considered for staff to work closely with a local GP surgery around palliative care and people's rights and choices for resuscitation. This work would help people make clear and more informed choices. The deputy manager and manager also felt this work would reduce hospital admissions meaning people could stay at home and receive the care they needed.
● The manager had plans to build upon existing and new local networks within the local and wider communities.