

Random inspection report

Care homes for older people

Name:	Cosham Court Nursing Home
Address:	2-4 Albert Road Cosham Portsmouth Hants PO6 3DD

The quality rating for this care home is:	two star good service
The rating was made on:	10/03/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Janette Everitt	1	8	0	3	2	0	1	0

Information about the care home

Name of care home:	Cosham Court Nursing Home
Address:	2-4 Albert Road Cosham Portsmouth Hants PO6 3DD
Telephone number:	02392324301
Fax number:	
Email address:	coshamcourt@btinternet.com
Provider web address:	

Name of registered provider(s):	Crossbind Ltd
Name of registered manager (if applicable)	
Anne Margaret Hazeldine	
Type of registration:	care home
Number of places registered:	47

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	47
physical disability	47	0

Conditions of registration:									
The maximum number of service users who can be accommodated is: 47									
The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the Home are within the following categories: Old age, not falling within any other category - Code OP - maximum number of places: 47 , Physical disability - Code PD - maximum number of places: 47.									
Date of last inspection	1	0	0	3	2	0	0	9	

Brief description of the care home

Cosham Court is registered with the commission for Social Care Inspection to provide nursing and personal care to forty-seven service users in the older persons category. The home can take a total of two service users aged 55 with physical disability. The Home is situated close to Cosham shopping centre and has easy access to both train and local bus services. The majority of the bedrooms are single occupancy. The service users do not have access to a garden but there is a courtyard area and a second sitting area at the side of the building where a conservatory has been erected. Please contact the service for up to date information about the current fees and charges. There are additional charges for chiropody, hairdressing, telephones, newspapers and toiletries.

What we found:

We undertook an unannounced visit on the 18th March 2010 to follow up on the previous key inspection where a number of requirements had been made with regards to care planning around some specialist care needs of some of the service users and also to ensure that the care plans were person centred and reflect current needs of the service users. We looked at four care records for service users accommodated, which included tracking from the initial assessment of needs, which encompassed all aspects of a persons physical and emotional well-being, through to delivery of care and included the management of their medication.

The care planning system was identified, in most cases, as being comprehensive and person centred. Risk assessments had been undertaken that covered all aspects of a person's well being and care plans had been written to describe how to manage any risk identified.

For one service user who was nursed on the bed at all times and whose nutrition and hydration was delivered via a PEG (percutaneous endoscopic gastronomy) tube, the charts in their room and the care plan described clearly the management of the PEG. Feeding and hydration regimens were stated on the plans and detailed instructions on how often the tube should be flushed following administration of medications, with times of rest periods between feeds.

There was evidence that the service user had been assessed by the dietitian and that their nutritional status was being monitored regularly.

Risk assessments were in place for the use of bedrails and an agreement had been sought for their use from the next of kin owing to the service user having limited capacity. There were risk assessments to identify risks with moving and handling, tissue viability and swallowing. The care plan identified that the service user was at high risk of skin breakdown and a turning chart recorded that the person was turned at appropriate intervals and also described the condition of the skin. This regimen together with the profile bed they were being nursed on, demonstrated that the home was managing the risk appropriately.

Another service users was an insulin dependant diabetic. Their care plans reflected the management and monitoring of this condition and blood sugar monitoring record charts were evidenced in the care plans. Also records were maintained of all foods eaten to ensure their good health and nutritional well-being was being maintained.

Care plans had recently been re-written and at the date of this visit there was no signature on some care plans from the service user or their relatives, but information in care plans indicated involvement of the service user or and their relative.

In conclusion although the care planning system does not lend itself easily to person centred care planning details in the care plans are very person centred and evidence good involvement of the multidisciplinary health care team to achieve best outcomes for service users. Observation during our visit indicated that care plans do inform practice and care is delivered as stated in the care plans. Daily records are maintained and these

detail how the service user has spent their day and what activities they have been involved in.

We looked at the medication administration records (MAR) charts for the service users being tracked. For three of the four service users' MAR charts tracked, these were found to be documented well with allergies stated on the front of the chart.

When people had medicines prescribed to be given only when needed (PRN), records were kept to show when people had their medicines and what dose was given to them. We looked at the care plans for these people. Three of the four tracked evidenced that they did not have a care plan to describe to staff what the medicines were for, the trigger factors for their use, if the person was unable to communicate their needs, or when they should be given and when they should not be given this medication. This also applied to skin creams that had been prescribed. The lack of care plans for these people to guide the administration of medicines prescribed in this way may well put those service users at risk of not receiving the medicines when they need them. This was discussed with the manager who told us that she would ensure care plans were written to guide practice.

There were no service users managing their own medication. Reading medication policies it appears that service users are not encouraged to self medicate. This was discussed with the manager that people should have the opportunity to administer their own medication if they choose to and it is within a risk assessment framework.

What the care home does well:

The home undertakes comprehensive assessments and produces person centred care plans that document how each service users' physical, emotional and health needs are to be met.

Service users with specialist health needs have care plans in place to inform staff how their needs are to be met and how to manage any specialist treatment.

What they could do better:

The service should ensure that care plans are written for service users who have been prescribed medication on an 'as needed' (PRN) basis to guide staff to trigger factors and indications of when they should offer or administer medication that has been prescribed PRN.

The self-medication policy should state that service users have the opportunity to choose if they wish to administer and manage their own medication within a risk assessment framework.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	12	<p>Service users must be given the opportunity and supported to manage their own medication.</p> <p>To enable service users choice and independence to manage their own medication within a risk assessment framework.</p>	30/04/2010
2	9	12	<p>Care plans must be written to guide staff on when to offer or administer medication that is prescribed on a PRN basis.</p> <p>To ensure that service users receive medication appropriately.</p>	30/04/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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