Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Cosham Court Nursing Home

2-4 Albert Road, Cosham, Portsmouth, PO6 3DD

Tel: 02392324301

Date of Inspection: 11 February 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Crossbind Limited
Registered Manager	Mrs. Alison Louise Lang
Overview of the service	Cosham Court Nursing Home is registered to provide accommodation for up to 47 older people, including those with dementia, who require nursing or personal care. It is located in the town centre of Cosham, Hampshire.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

There were 32 people living in the home on the day of the visit. We spoke to visitors and observed how care was being provided to help us understand the experiences of people using the service. We found that the majority of people's likes and dislikes were recorded in order and influenced the delivery of care.

On the day of the inspection many people were suffering a gastroenteritis type illness and we saw that this was being managed to ensure that people received care, treatment and support that met their needs. Through observation we had concerns that one person did not have their care needs met and we spoke to the manager to ensure this was addressed.

People we spoke with said that they felt safe in the home and that they would "have no problem" to speak to a member of staff if they felt concerned. Staff were knowledgeable on safeguarding matters and recognised that many of the people they cared for were vulnerable and relied on them to protect them.

Care was delivered by sufficient numbers of staff. The records of staff training were incomplete however staff told us that they had received training relevant to peoples care needs.

Systems and procedures were in place to monitor the quality of the care. People's views were sought through a number of systems.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke to five of the people living at the home and we observed how care was being provided to help us understand the experiences of people using the service.

On the day of the inspection many of the people were either recovering or still experiencing a type of gastroenteritis illness and many of the people where being cared for in isolation in their rooms in order to stop the spread of illness.

People we spoke to told us that they were "very happy" and "well looked after by lovely staff." They told us that the home had a "happy atmosphere" and added that there was "plenty of things to do if you want to."

The activities coordinator told us that the usual plan of activities had been amended as many people were temporarily confined to their rooms. Records in the people's care plans told us that people preferences, likes and dislikes are recorded. Their daily records included their preference and involvement in social activities.

Staff told us about an annual event that is held to encourage discussion around dignity. The 'dignity day' involved inviting local people and families in to celebrate life in the service. We were told that part of the day had involved the people writing down a wish of something they would like to do. For example one person wanted to have a steak dinner with their spouse as a result the staff were planning to help the couple have a valentines dinner. Pictorial records showed us how many people where involved in the day and the range of activities.

We saw that signs were used on people's doors to inform others if care was being delivered in order to further promote people's privacy, this included instructions to knock and wait to be invited.

The majority of the interactions we saw were good and staff were observed to be speaking to people in a respectful manner and allowing time for response. We saw staff taking time

to make eye contact and appropriate body contact when speaking to people so that they allowed people time to express themselves.

We spent time observing the staff interaction during lunch. Staff were seen to be busy providing support to people who had been confined to their rooms due to the gastroenteritis illness, we were told that normally there would be more people in the dining room.

We spoke to two visitors, they all told us that there were very happy with the care that was being provided.

We saw person centred information and preferred daily routine on display in the bedrooms so that their individual wishes were known to everyone and supported.

Our observations provided evidence that the majority of people's individual wishes and needs were considered and met. The manager and staff were aware of people's likes, dislikes and abilities and through observation, discussion and review of individual records we saw that people's views and experiences were taken into account in the way that care was provided and delivered and that most staff provided the care and support people needed.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Overall, people experienced care, treatment and support that met their needs and supported their rights.

Reasons for our judgement

We spoke to four people about the care they received, they told us that they were "comfortable and keeping well." They told us that they felt staff were very kind and took their time when attending to personal care. One person who had recently joined the service told us that the staff were helping them settle in "staff are nice, I've been here before for a short visit."

During our visit we viewed the premises, and talked to visitors and staff. From our observation, we saw that the communal areas were designed to create a choice of homely, sociable environments or more private areas on both floors. We saw from the activities calendar that a range of activities were provided every day of the week but due to many people being confined to the rooms because of a illness, most of the activities, including an external visitor had been postponed. The activities coordinator was visiting people in their rooms to help prevent any feelings of isolation.

We reviewed six people's records and found that admission details, risk assessments, daily summaries of care, care plans and communications were kept on file. Daily care records confirmed the care delivered and an update on the health of people.

We saw that some people had a variety of mobility needs, all of the records we saw had moving and handling assessments that provided information on the level of mobility, what equipment was required and actions to take to minimise risk. The provider might like to note that not all of the care records had been completed in full. For example the manual handling assessment had missing information in some areas of the assessment.

We saw from the care plans, assessments to identify need and risks, actions for staff to take including equipment required and reviews of the care provided. We saw that body map pictures were used to record any wounds and details of what dressings were used. We saw in one record that pictures had been taken of a wound which staff told us was a useful record that helped them track healing. It was noted there was not a separate consent form for medical related photographs however we did see that consent was documented in the daily records.

During lunch we observed a person not receiving support with their lunch, during a 50 minute observation period, their food was untouched; one part of the meal was removed and replaced without any communication with the person. We had concerns that the nutritional needs of this person were not being met. We saw that the person was shouting and disorientated due to their dementia and staff appeared to be unsure how to deal with the behaviour. The care records showed us that the service was seeking a review by the mental health team. The provider might like to note that we asked the manager to intervene in order to meet the persons nutritional needs and our observation of the assessment of this persons needs did not appear to correspond with the care required in order to promote their care and welfare.

We saw there was good documentation of visits from a range of healthcare professionals. For example details of visits and interactions with the physiotherapist included their professional judgements and suggested actions which we saw were recorded in the care files this told us that there was a good partnership working in the service.

Relatives told us that care of people's health was good, and that staff responded quickly when they suspected that someone was unwell and kept them informed. One relative told us that "(their) appetite and mobility was so much better" since they came to the home.

During our visit we found that the home was kept in good order. The manager described the ongoing redecoration plan and we saw two recently upgraded rooms. At the time of the visit, the manager had closed the service for any new people due to the current gastric illness that many people including some staff. Visitors told us they always found the home clean and smelt fresh which they told us was important to them.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with said that they felt safe in the home and that they would "have no problem" to speak to a member of staff if they felt concerned, one person added "I feel safer here than at home."

The manager told us about a recent safeguarding concern. The matter had been referred to the local safeguarding team. The home had taken action and the matter had been closed by the safeguarding team. The manager had notified the Care Quality Commission, and showed us documentation of the communication. The manager told us that as a learning outcome from the event, all staff needed to be updated with regard to whistle blowing. We saw that a staff meeting had been planned. We saw the agenda on display which included whistle blowing. This told us that the service has a system in place to report concerns and to learn from events to safeguard people.

We spoke with four members of staff who told us that "most of our residents cannot speak for themselves very well and rely on us to protect them. Staff we spoke to had knowledge of the different types of abuse that could affect the people who used their service.

Staff we spoke to confirmed that they had attended vulnerable adults training in the last year. We saw training records that showed us that training had taken place. The provider might like to note that the training records did not confirm that all members of staff had received training.

The manager showed a good awareness and knowledge of the Deprivation of Liberty safeguard (DoLS) standards and described a referral that had been made in the past. The person was no longer using the service.

We saw that there were up to date policies for both safeguarding service users from abuse and whistle blowing. These were linked to the relevant outcomes in the Health and Social Care Act 2008 (updated March 2010) Essential Standards of Quality and Safe

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

On the day of the visit the manager told us that they a number of people had developed gastroenteritis type symptoms, this had included some staff.

We saw the emergency plan that was in place to deal with a variety of interruptions that could happen to the service. This included outbreaks of communicable diseases such as gastroenteritis and Norovirus. At the time of the visit the plan had been put in place.

We saw signage on external doors to limit visitors. The manager had been in contact with the Health Protection Agency to ensure that they were following up to date guidance.

Staff who had been ill had been advised to remain off work until they had been clear of symptoms for a period of time. The duty rota showed us that additional staff including agency staff had been on duty to support people's increased care needs during the outbreak. We were told that this included additional laundry staff, one of the laundry team described how they were dealing with contaminated linen. This told us that the service had made efforts to minimise cross infection. We saw that there were gloves and aprons outside of all of the rooms where people where unwell. In addition to hand gel sanitizers placed throughout the home with signs encouraging use. We saw staff supporting people to wash their hands before and again after eating which told us that they were promoting good hand hygiene. This told us that the service had made efforts to minimise cross infection.

The manager told us that they were confident that they "were over the worse" and that the numbers and symptoms had significantly reduced. They were waiting for results from the doctors' surgeries to tell them what the outbreak had been.

We saw a record of the last infection control audit dated 31 January 2013, the record noted that parts of the home were found to be below standard and the action report identified that the cleaning schedule required reviewing to ensure that all parts of the service where kept clean. We saw weekly cleaning schedules for staff to ensure that all clinical equipment was kept clean and ready to use. Records told us and this was confirmed when speaking with the cleaning staff that they had received training in infection

control.

We observed that there was appropriate flooring in the different areas of the home that allowed for deep cleaning. The manager described an ongoing programme of carpet replacement when rooms are vacant or the carpet was contaminated. Cleaning equipment such as steam cleaners were available. Cleaning staff had given instructions with regard to the extra precautions to take during the outbreak of a gastroenteritis type illness. The home was routinely equipped with hand sanitizers in all bathrooms and we observed these fixed to the walls at regular intervals in the corridor and communal areas. Staff told us that they had a sufficient supply of uniforms to be able to wash them daily and that there was plenty of disposable aprons and gloves for them to use when providing personal care. Catering staff were observed to use protective clothing when serving food and supporting people to eat and drink. The service had sufficient processes and procedures in place to meet the needs of the people and promote good infection control.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We did not speak to people living in the home about staff training but observed how the care was delivered to help us understand the skills of the staff.

The manager told us that the staffing levels had been increased recently to ensure that there were sufficient staff to provide for people's increased personal care needs. This has included an additional registered nurse and an additional member of cleaning staff together with additional laundry hours. On the day of the inspection there were three registered nurses, six care staff supported by three cleaning staff, a cook, a kitchen assistant, a handyman and the activities coordinator who worked 30 hours per week. The manager was additional to the care staff. At night the care was provided by one trained nurse and three care staff. Due to the gastroenteritis type illness staff were observed to be providing additional support to people who would normally be more independent. For example staff told us that more people would usually ask to be escorted to the lounge after breakfast but people were feeling tired and unwell and had requested to stay in bed. From our observations staff were meeting people's needs.

Most staff were observed to offer appropriate support to people with dementia, speaking in a clear manner, making appropriate eye contact and rephrasing questions to ensure people's understanding and agreement. For example one person was encouraged to make their way to the lounge, the staff member showed patience and understanding of the persons needs. This told us that staff understand how to meet the needs of people with dementia.

When we visited we talked to staff about training, and we were told that training was well organised and delivered by competent people. Information on the office walls showed us that training had been booked for a range of subjects. For example First aid, Automated External Defibrillators (AED) training, Fire, safeguarding and phlebotomy (blood taking).

The training records showed us that the service offers a range of training to help staff support the needs of people. For example in dementia care, Mental Health Capacity Act, safeguarding of vulnerable adults and Deprivation of Liberty Standards (DoLS). The manager was new in post and was not familiar with all of the information contained in the files and was unable to confirm from the records that all staff were up to date with the

training that they had set out in the training plan. The manager told us that this was one of the key areas that they had intended on reviewing but events of the outbreak of illness amongst the people and staff had caused a delay.

Our observations and discussions with staff told us that the numbers of staff had been increased in order to meet peoples needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

We asked people and their relatives living at the service if they had been asked for their views about the quality of the home. They told us that they couldn't recall any formal process being in place but told us that they would feel confident to raise issues, or to compliment staff, as the occasion arose. The manager showed us that comment cards were available in the hallway, including a book to capture comments. In addition a complaints log that had been updated when actions had been taken and the matter concluded. We saw an information folder about the service; we noted that some details about the change of manager were out of date.

People told us that the felt that the quality of care was good and that they were involved in developing and discussing changes to care plans. One visitor told us "if I had to go into a home it would be here." Visitors said they felt their family members were looked after by staff with the right skills.

The new manager told us that they were in the process of familiarising themselves with the quality assurance processes and procedures in the home. They were aware of regular audits that had been completed in areas such as medication, infection control and care plan records. The manager told us that she was already aware that there were areas that they felt required improvement. For example the care plan audit did not ensure that all care plans were sampled over a period of time and the manager wanted to make the audit more comprehensive.

We saw that the service had developed a system to seek the views of people using the service, their relatives and carers and visiting professionals. A summary report developed following showed us that 18 people had completed these, some with the support of family members or the activities coordinator. All completed surveys had positive comments and were complimentary about the care and the staff. Ten questionnaires were returned by relatives and these were seen to thank staff for the care and had no suggestions for improvements. No professional had responded directly to the questionnaires. We were shown a comment book where the manager had recorded a comment made by a lead nurse, which praised the quality and details of information that the service had supplied

when a person had transferred to another service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk