

Cornwallis Care Services Ltd

Cowbridge residential care home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cowbridge Residential Care Home is a residential care home providing personal and nursing care for up to 30 people. At the time of our inspection there were 24 people using the service.

People's experience of using this service and what we found

People were protected from the risk of abuse and avoidable harm. People told us that they felt safe in the home and risks in relation to people's care were identified and managed to keep them safe. A relative told us, "I visit most days and always leave confident [person's name] is safe".

Staff had been recruited safely and during the inspection we observed there were enough staff to respond to people's needs. 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. Staff did tell us that staffing levels could fluctuate but that they always felt they were safe.

People's medicines were administered and managed safely. We looked at infection prevention and control and were assured the provider was protecting people, staff and visitors from the risk of infection.

Accidents and incidents were recorded and monitored to ensure trends and patterns were identified and action taken to reduce risks occurring. The registered manager took appropriate actions to improve the service.

The environment was spacious and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place. There were certificates in place to evidence this. Systems were in place to support people in the event of an emergency.

The systems in place to monitor the quality of care within the service were effective. The registered manager promoted a positive person-centred culture and fully understood their responsibilities as a registered manager

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 good (published 19 December 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cowbridge Residential Care Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Cowbridge residential care home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Cowbridge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided. Both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager had recently left. Another manager was due to take

over the role and apply for registration with the commission.

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, such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people who lived in the home and 1 relative about their experience of care and support. We spent time observing staff interacting with people. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 7 staff including the administrator, senior carer, 3 care staff, housekeeper and cook. We also spoke with a professional who works with the service.

We looked at a range of records. This included 3 people's care plans, 3 medication records and 2 staff files. We also looked at audits, policies and safeguarding records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. Feedback from staff confirmed that they had received safeguarding training and followed policies and procedures to raise any concerns.
- Appropriate actions were taken to keep people safe. There were no ongoing safeguarding concerns at the time of inspection. People told us they felt safe living at Cowbridge Residential Care Home. Comments included, "I do feel very safe living here" and "The staff are so kind and patient. Yes, I feel safe."
- The service was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- People's risks were managed safely. People's care plans had individual risk assessments which guided staff in providing safe care. For example, one person was at risk of falls and had been provided with a low mattress to mitigate risk. All risks were reviewed monthly or sooner if required.
- Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- People had personal emergency evacuation plans (PEEPs) in place to assist staff to support people in an emergency.

Staffing and recruitment

- Staff were recruited safely. This included pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us there could be times when they were short of staff but that any gaps were filled in by other members of the staff team. The provider had its own internal bank staff thereby limiting the need for agency staff.
- Staff told us they worked well as a team. Comments included, "Love working here. It really is a supportive staff group" and "I had a good induction and find the practices and support very good". A professional told us they found the registered manager and staff to be competent and excellent communicators.

Using medicines safely

- Medicines were managed safely and effectively. People received them on times and as prescribed.

- Medicine administration record (MAR) sheets were completed correctly and entries in the controlled drugs (CD) book were recorded appropriately. There were monthly medicine audits. Any concerns were identified and actions taken when required.
- Medicines were stored appropriately and there were robust systems in place to manage the return and disposal of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service had systems in place to support visits from families and friends. Protocols were in place to support any disruption due to Covid-19 outbreaks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Some applications which required renewal were delayed, due to the volume of applications sent to the local authority. We were assured the registered manager was monitoring this.

Learning lessons when things go wrong

- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

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 we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. A staff member told us, "[Registered Manager, senior carers] are all very supportive and always available. We work well together as a team and support each other". A relative told us they found the manager and staff to be supportive. They said, "I'm in here a lot and always made to feel welcome. They [staff] tell me if [relatives name] is not well or needs the doctor".
- The registered manager and the staff team were caring and supportive. They ensured people's needs were met and there were a range of different activities for people to enjoy. On the day of the inspection there was a lunch to celebrate the Chinese New Year. A Chinese theme menu had been put in place. Chinese background music was playing during lunch and the wellbeing member of staff was dressed in Chinese dress. A relative was invited to take part in the lunch. People were seen to enjoy the event and it demonstrated the service embraced other cultures.
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people. For example, staff knew each person's individual choice about how they liked to spend their day.
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager had recently left the role, but another experienced manager in the organisation was due to commence the role in the following week. They were also planning to submit their application to register with the commission in order to meet the condition of registration for a registered manager to be in post.
- There was good oversight of the governance systems for the service in place.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance. There were regular audits in place to check systems were effective. These were reported to and monitored by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had systems in place to positively engage with all stakeholders. For example, regular meetings with all stakeholders. and carrying out surveys to gain the views of all stakeholders. The most recent survey was positive. People were satisfied with the care and support.
- The manager and staff had a good understanding of equality issues and valued and respected people's diversity. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service. A member of staff told us, "It is all about respecting residents for who they are. We do respect their views and their rights to express them".
- People were complimentary about the service. One person said, "Yes I like living here. It gives me everything I need". A relative told us, "The staff do a very good job".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Continuous learning and improving care

- The provider had a system in place to monitor the quality of service and used action plans to address any concerns or areas for improvement.
- Staff had daily handover records identifying any immediate issues. Huddle meetings that focus on people's day and any changes to their care and support were held. Staff found these meetings essential to the care they delivered. One staff member said, "We have a meeting every morning where we discuss any changes or updates [to people's care]."
- Regular management meetings were held to support improvements to the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services. A health professional told us, "We have a very good working relationship with the home and they respond well to any instructions or advice".