

Home of Comfort

Home of Comfort 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? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Home of Comfort Nursing Home is a residential care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. One person was being supported in hospital at the time of the inspection. The service can support up to 30 people. The care home accommodates people on three floors in one adapted building.

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

People's needs were met in an individual and personalised way by staff who were kind, caring and responsive to their needs. People felt listened to and knew how to raise concerns. Enough staff who had been recruited safely were available to meet people's needs. We observed staff respecting people's privacy and protecting their dignity.

People could be confident they were supported by staff who had access to appropriate guidance and understood how to keep them safe. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with people's care and how to minimise these.

People's medicines were managed safely, and people were protected from the risk of infection because staff used protective equipment. Incidents were used to identify improvements that could be made to people's care and support.

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 had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People knew how to raise concerns. They had confidence in the registered manager. A quality assurance system was in place to assess, monitor and improve the service. Incidents and accidents were monitored by the registered manager. Where accidents and incidents occurred in the home the registered manager ensured appropriate action was taken for people to reduce the likelihood of injury or reoccurrence.

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

Rating at last inspection

The last rating for this service was good (published 7 December 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Home of Comfort Nursing 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Home of Comfort Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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. We sought feedback from professionals who work with the service and relatives of people who used the service. 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 to three people who used the service and five relatives about their experience of the care provided. We gained feedback from six members of staff including the registered manager, deputy manager, a nurse, care workers and the admin manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the staff roster and the providers policies. We sent some additional questions to the registered manager and received a response.

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 as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives consistently told us they felt safe. One person told us, "I feel safe here, I have a neck call bell, when I press it someone comes," and a relative told us, "Staff go in her room regularly. She feels safe, she is normally a very nervous person, but not here."
- The provider had safe, effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. The registered manager told us the home has two trustees with safeguarding expertise. Documents showed that the home liaised with the local authority if safeguarding concerns were raised.
- Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by senior management. Staff had confidence that their concerns would be listened and responded to. One staff member told us, "If there is any abuse it has to be reported to the nurses or the manager."
- One staff member was a safeguarding champion, they were available to support staff who needed advice or support and to keep up to date with legislation changes. Staff told us, and records confirmed that they had safeguarding training, this was repeated yearly.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained detailed explanations of the control measures for staff to follow to keep people safe.
- People's records were checked monthly to monitor the information was up to date and accurate.
- The provider had quality assurance procedures in place to check the safety of the service. A range of audits were undertaken such as, fire safety, medicines management and kitchen. These enabled the registered manager and provider to monitor and identify any risks to people. An action plan was completed to identify any improvements required as a result of audits by the provider and registered manager. This showed action was taken in response to the findings and monitored for completion.

Staffing and recruitment

- Staff were recruited safely, and all the required checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment were completed prior to staff starting work in the service. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.

- People and their relatives told us there were enough staff and one relative said, "There are more staff in the week than there are at the weekends, there is ample in the week. I think they are short of staff at weekends." We reviewed the rota and made observations during the inspection. There were enough staff to support people safely and to ensure people's needs could be met. This included staff support for participating in activities and outings. Staffing levels were calculated according to people's needs using a recognised dependency tool. Staffing levels were consistent during the week and at weekends.
- The registered manager told us staff shortfalls were mostly covered by their own staff doing overtime or through their bank staff however, on occasions they used two preferred agencies to ensure safe staffing levels are maintained.

Using medicines safely

- People and their relatives told us that they received their medicines as prescribed. Relative's comments included, "She always has them [medicines] at the same time every day," and, "Medicines are managed fantastically, the optician commented how well her eyes are being managed."
- Nursing staff told us, and documents demonstrated they received medicines training and had their competency checked to ensure their practice was safe.
- During the inspection, we observed nurses supporting six people with their medicines in a safe and unhurried manner. They wore a tabard to highlight they should not be disturbed during the medication round. We observed good practice and staff demonstrated they had good knowledge of people needs.
- Procedures were in place to ensure medicines were ordered, stored, administered and disposed of safely.
- Where people had been prescribed 'as required' (PRN) medicines, a clear PRN protocol was in place which outlined key information, such as why the medicine was needed and the dosage, to ensure this was administered appropriately.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The service was clean, tidy and odour free. The registered manager had effective systems for prevention and control of infection in place.
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff and people to use throughout the home. We observed staff using gloves and aprons when required throughout the inspection.
- There was an infection prevention and control link nurse and two infection prevention and control champions in place.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Incidents, accidents and near misses were clearly recorded, acted upon and analysed. The registered manager told us, "I review all accident and incident reports at least once a quarter to identify any trends or recurrent issues." They told us they make further investigations to try and reduce levels of incidents and report to the relevant authorities.
- The registered manager told us they were a great believer in reflective practice. They said, "I hold regular staff meetings, and any feedback and changes being made following feedback is shared with staff at those meetings." They gave an example of when they had changed practice following feedback from a visiting professional.

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

- People's needs were assessed before they moved into the home. Once this information was gathered, it was used to develop people's support plans and risk assessments with the involvement of people and their relatives.
- Staff completed regular assessments of people's ongoing needs using recognised tools for areas such as nutrition and skin integrity.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff support: induction, training, skills and experience

- Staff received regular supervisions in line with their policy. Staff told us they felt supported by the management team and felt able to gain support from them at any time.
- Staff received a variety of training including, MCA and DoLS, fire safety and safeguarding. Staff had received training specific to people's needs. For example, dementia training and end of life care.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. People and their relatives told us staff were skilled and experienced. One relative told us, "I think they work very, very hard. I think people are born to be carers. Mum has favourites but generally they are all very compassionate, they speak very nicely."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met. People were provided with a nutritious and balanced diet and a choice of meals and drink. Additionally, a range of drinks were available for people to help themselves to in the lounge and the entrance hall, throughout the day.
- People were positive about the food on offer. One person told us, "The food is lovely here, sometimes they give you too much." A relative said, "The food is really good, mum was on a mashed-up diet when she came here, the speech and language therapist (SaLT) came and assessed her, she now has a normal menu, she has lunch and supper and it always looks delicious." Another relative told us, "The food is excellent, lovely cakes and the food looks amazing and plenty of it, a very balanced diet."
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in a positive and appropriate way. People were offered a choice of where to eat.
- The chef was aware of people's SaLT guidelines and people's like, dislikes and preferences which were detailed in the kitchen.
- The home had two nutrition and hydration link nurses as well as a champion in place to support staff and

monitor people's nutrition and hydration.

Adapting service, design, decoration to meet people's needs

- Although the service needed some redecoration and modernisation in places, it was warm and welcoming. The registered manager told us they had plans in place to replace some of the carpets that were old and stained.
- People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them. One person told us, "My room is very, very comfortable, very nice. It's good here, very comfortable."
- Efforts had been made to make the home dementia friendly and there was a dementia champion in place. However, we found this could be further developed in line with best practice guidance. Some bathrooms had temporary door frames which were unpainted thin strips of wood and some carpets were patterned. Bedroom doors were not personalised. There were some reminiscence and comfort items around the home.

We recommend the provider researches guidance and best practice in relation to the environment for people living with dementia to ensure it is suitable for people who live with dementia.

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 services to maintain and improve their health. A relative told us, "[Person] developed a rash and the doctor came out straight away. Her skin is the best I have ever seen it, she is always clean. Her skin is as soft as a baby."
- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary.
- Staff told us they worked well as a team and took part in daily handovers and communicated well with each other to ensure good outcomes for people.
- The registered manager told us they worked with other agencies and have, "An excellent relationship with the professionals and agencies we work with and are always pleased to receive feedback from them."

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 lacked capacity to make certain decisions for themselves, this was referenced in their care records, capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family's involvement.

- DoLS authorisations were in place or had been applied for when people required them. Where people had conditions attached to their DoLS authorisation, these had been met.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. Staff knew who had a DoLS authorisation in place. Additionally, the deputy manager was an MCA champion.

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were always treated with kindness and were positive about the staff's caring attitude. One person told us, "They are considerate, kind and helpful, I have been extremely lucky," and a relative told us, "They [people] are all treated like individuals, they are so attentive to her, they always make us happy as well. If ever I needed nursing care this is where I would come."
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences.
- The registered manager and staff told us that they aimed to ensure people's equality, diversity and human rights needs were supported and respected. They did not always ask questions about all protected characteristics during the assessment stage however, they told us they ensured they looked at individual needs during care planning. The admin manager told us they had new form which now included the protected characteristics. It is against the law to discriminate against someone because of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are called protected characteristics.

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

- Records demonstrated, and the registered manager confirmed people were initially involved in the implementation of their care plans and ongoing reviews. People and their relatives told us they were involved in decisions about their care. One relative told us, "They always tell us when someone is coming [for a meeting], we saw the care manager here, mum always likes one of us to be here when she sees anyone," and another relative told us, "A friend has been involved in her meetings and they show the care plans to me twice a year, I did pick up on one thing that needed changing and it was changed."
- People told us they had choice and control over their care and daily lives. We observed people being given choices throughout the inspection. A relative told us, "If they [people] are used to a glass of sherry, they [staff] are wonderful and carry it on."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors and waiting for a response before entering people's rooms. One person told us, "Staff treat me with respect, they knock on the door, they are helpful and polite. We are very lucky with the staff here."
- Staff respected and promoted people's independence. For example, we observed a staff member asking

someone if they could manage to feed themselves, they received verbal support and encouragement when required." Some people requested female only carers, and this was respected.

- Staff had a good understanding and were keen to ensure people were supported to maintain their dignity and independence.

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 good. At this inspection this key question has remained the same. 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

- Care plans were reviewed monthly, or when people's needs changed and were up to date. Documents demonstrated that people had been involved in this process. Staff were able to demonstrate that they had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge.
- Staff used an electronic care planning system, a care worker showed us hand held devices which relayed important current information to them.

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.

- The registered manager had good knowledge about the AIS and had cascaded this to all staff.
- There was a communication champion in place whose role was to ensure that information was available in an accessible format for people. For example, some information was available in large print and photographs or pictures were used in the service. We saw leaflets were available in an accessible format informing people what support is available for them.

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 provided with a range of activities, both within the home and externally. Activities available to people included social events such as, 'boogie mites' where children come in with their parents to dance, sing along sessions, pamper sessions, exercise and theme nights. For example, Halloween, Christmas and Burn's night. One person told us, "I get out and about a lot. My interest outside is a writer's group locally." A staff member told us, "We will be having two activity coordinators soon to cover the whole week. Some activities take place at the weekend like the royal wedding party or the band on Sunday's."
- Relatives and friends were actively welcomed at any time and were always made to feel welcome. One relative told us, "They take her out shopping to get her bits and bobs, they try to keep her interest all the time." Another relative told us, "[Staff name] goes and cleans mums' room, she will sit with mum and put a bit of lipstick on for her."
- People who were cared for in their bedrooms were supported with one to one activity sessions. For example, pamper sessions, hand massage or something else of their choosing.

Improving care quality in response to complaints or concerns

- People and relatives told us they did not have cause to complain. Only one person we spoke to had made a complaint and they told us it was put right. Relatives told us the management team were always accessible and they would raise any issues with them. They were confident it would be taken seriously and acted on. One relative told us, "When mum was first here we had little niggles. It was dealt with appropriately."
- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them. Documents demonstrated that complaints were managed in line with the provider's policy and resolved in a timely and satisfactory manner. Records showed that when concerns were raised verbally they were investigated and addressed for people.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were clearly recorded.
- We saw some people had completed 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms and plans for end of life care, which showed people's wishes had been discussed with them and their relatives.
- Care staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. They respected people's religious beliefs and preferences and had received end of life training.
- There was a palliative care link nurse and a champion in place to ensure people had good end of life care.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives told us they received personalised care and were happy with the service. One person told us, "[Registered manager is a very pleasant person, [Admin manager] is very nice as well." A relative told us, "Very easy to talk to [registered manager], there is also a deputy manager, they are all very approachable to be honest." The culture of the home was positive.
- Staff said they enjoyed working at Home of Comfort Nursing Home and felt supported by the home manager and the registered manager. Staff comments included, "You can always ask someone, [the manager] and [admin manager] and the committee are always there," and, "[Registered manager] accommodates all of our requests, she is really supportive and does whatever she can."

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 previous performance rating was displayed prominently in the home and on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

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

- The service was well-run and well-led. People were supported in a service where the management teams caring values were embedded into the leadership, culture and staff practice.
- Quality assurance systems were in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.
- Staff at all levels understood their roles and responsibilities and were confident in the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found the feedback gathered was predominantly positive. We saw that

where people had made suggestions, these were acted on. For example, visiting professionals gave feedback which led to the registered manager arranging a meeting to discuss communication styles and to remind everyone of the benefit that input from others could bring to their practice.

- People and their relatives attended meetings, and this helped to keep them informed about the service.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- Appropriate and up to date equality and diversity policies were in place to ensure peoples diverse needs were considered and supported.
- We observed that people and staff were treated fairly and individually respected. People and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, clearly recorded documents demonstrated this.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by attending training and reading CQC bulletins. They told us, "The Home is a member of [a local Care Association] and benefit from their work to collate and share information on relevant topics. There is an 'ask the inspector' service we can use if we want clarification or advice on any particular issue, and which sends out bulletins specifically on CQC updates." They also received information from the local authority. The registered manager told us, "Information is cascaded to staff at handover, using notices in the staff room and messages on the care records system and at meetings and in supervisions."
- The registered manager was responsive to feedback given during the inspection.
- There was a clear action plan is put in place to address concerns found in audits and from feedback and this evidenced continuous improvement.