

Cooperscroft Care Home Limited

Cuffley Manor Care Home

Inspection report

Coopers Lane Road
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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

Cuffley Manor Care Home is a newly purpose built home that is registered to provide residential accommodation and personal care for up to 60 older people some of whom are living with dementia. At the time of our inspection 24 people were living at the home.

The home had a registered manager in post; however this had been a temporary arrangement as another of the providers registered managers provided cover whilst a new manager was recruited. This was due to be transferred to the newly appointed new manager shortly after our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Cuffley Manor Care Home. Staff were aware of how to keep people safe and ensure risks to people's safety and well-being were identified and managed. There were sufficient numbers of staff deployed to support people in a timely manner and recruitment checks were robust to ensure staff employed were sufficiently skilled. There were suitable arrangements for the safe storage, and administration of people's medicines, including controlled drugs, and people's medicines were regularly reviewed.

Staff had the skills and knowledge necessary to provide people with safe and effective care and demonstrated this throughout the inspection. Staff received regular support from management which helped them feel supported and valued. People were asked for their permission before staff assisted them with care or support. People received appropriate support and encouragement to eat and drink sufficient quantities and people's nutritional needs were assessed and monitored effectively. People had access to a range of healthcare professionals when they needed them and feedback from health care professionals was positive.

People's privacy and dignity was promoted. People told us they were treated with care, kindness and compassion by staff who listened to them and clearly knew them well. Staff spoken with knew people's individual needs and were able to describe to us how to provide care to people that matched their current needs. Advocacy support was available to those people who wished to have support.

People received care that was responsive to their needs and took into account their preferences and supported their independence. A range of activity and stimulation was provided both to people within groups and also individually. People were supported to maintain hobbies and interests. People told us they felt confident to raise anything that concerned them with staff or management. Complaints reviewed demonstrated the manager responded to these appropriately.

People, staff and relatives were positive about the appointment of the new manager. The culture in the

home was open, and transparent. Regular meetings were held with staff to discuss improvements and a robust system of auditing the quality of care was operated by the manager. People's care records required improvement to ensure they provided a comprehensive account of people's needs. Arrangements were in place to obtain feedback from people who used the service, their relatives, and staff members about the quality of care services provided. Arrangements were in place to regularly monitor and review the quality of the care and support provided for people who lived at Cuffley Manor Care Home.

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 is safe.

People told us they felt safe living at Cuffley Manor. Staff were aware of how to identify and report possible abuse.

People were supported by sufficient numbers of staff who met their needs in a calm and attentive manner.

People were recruited following robust recruitment processes to ensure they were suitable to work with elderly people.

People's risks to their wellbeing and safety were managed and responded to, however care plans lacked some detail.

People's medicines were managed safely and people received their medicines as the prescriber intended.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support, capacity assessments had been carried out for specific decisions where appropriate, although not consistently documented.

People were supported to eat and drink sufficient amounts, and their weights were regularly monitored and reviewed.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind, caring and respectful manner by

staff who demonstrated a caring and empathic approach,

Staff had a good understanding of meeting people's individual needs and wishes.

People's dignity and privacy was promoted.

Advocacy support was available to people living in the home.

Is the service responsive?

Good ●

The service was responsive.

People were given the support they needed, when they needed it, and were involved in planning and reviewing their care.

People were supported to engage in a range of group and individual activities.

People were aware of how to make a complaint but had not done so. Where relatives raised concerns these were managed appropriately.

Is the service well-led?

Good ●

The service was well led.

People's care records were not consistently reflective of their needs or preferences, however the management team were aware of this and were in the process of making improvements to address these areas.

Robust arrangements were in place to monitor, identify and manage the quality of the service people received.

People, staff and relatives were positive about recent management changes and felt they were able to comment on areas for the home to improve.

Cuffley Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 October 2017 and was unannounced.

The inspection team was formed of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires the provider to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We spoke with one health professional who had experience of working with Cuffley Manor for their views of the service provided.

During the inspection we observed staff supporting people who used the service, we spoke with nine people who used the service, three people's relatives, five members of staff, the manager and regional manager for the provider. We also spoke with one visiting health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and various management records.

Is the service safe?

Our findings

People told us they felt safe living at Cuffley Manor. They told us they were happy with their care and were comfortable with the staff that supported them. One person told us, "I do feel safe. I have my own room and I have my call bell if I need assistance. My [relative] lives here as well. We are both very happy here." Another person said, "I feel safer here than when I was at home on my own. I am well looked after and it is lovely here."

Staff were knowledgeable about how to keep people safe from harm. Staff told us they had received safeguarding training and they knew how to report their concerns both internally to the manager and externally to local safeguarding authorities. Staff were aware of how they could report their concerns confidentially regarding whistleblowing to either the provider or externally to organisations such as CQC. Through discussion staff were clear when describing possible signs of abuse and how they would document and report their concerns.

People told us there were enough staff available both day and night to meet their needs promptly. One person said, "I think there are enough staff because they are always around and regularly stop and ask if I need anything. Even in the night we have staff around." Another person said, "There are enough staff because whenever I need or want something they will come straight away. I always get the attention I need." Staff confirmed what people had said and told us they felt there was enough staff to meet people`s needs. One staff member said, "We do have busy days and not so busy days. Staffing is okay because we really help each other out." Another staff member said, "We are fine with staffing. We can always ask for help if for some reason we are more busy than usual."

Cuffley Manor used a number of agency staff whilst recruitment of permanent staff was on going. However as the manager booked the same agency staff to provide continuity for people this had caused minimal issue. People commented that at times they did not know some of the staff who assisted them. However the manager was in the process of ensuring agency staff received the same training and support as permanent staff, and were supervised by experienced senior staff. This would help ensure that agency staff had the same development and knowledge of providing care to people in the home as permanent staff.

Staff employed followed robust recruitment processes with all appropriate pre-employment documentation being sought. This included written and verified references, criminal record checks, evidence of eligibility to work in the UK and proof of previous qualifications. Staff told us they had to provide details for the provider to ask for references from their previous employer and also they had to wait to receive a satisfactory criminal record check before they could work in the home.

Risks to people`s well-being were identified and effectively managed by staff. For example staff told us, and we observed a person who was unable to use their call bell. We heard they were shouting out for staff when they wanted something. Staff immediately attended to the person and they told us this was because the person was at risk of falls if they attempted to mobilise without assistance. Staff knowledge of this person and their responsiveness had ensured the person had not had a fall or injury; however we found that care

plans were not comprehensive and did not provide staff with clear guidance on how to manage those risks. We found similar examples of care plans missing up to date or key information for people; however also found that staff were acutely aware of how to manage those risks. Staff and the manager told us they had identified this issue and were in the process of developing new care plans for people.

People's medicines were managed safely. We saw that staff followed safe working practices while administering medicines and records checked were completed consistently. Medicine administration records (MAR) charts were signed after staff gave people their medicines. There were protocols in place to help ensure staff had guidance in how and when to give people medicines prescribed on as and when required basis (PRN), however we found these were generalised and not always descriptive of people`s individual symptoms. Staff were aware when spoken with regarding how people communicated their discomfort, but acknowledged the documented PRN protocol was not reflective. Medicines were stored appropriately in a temperature controlled room, and staff followed strict receipt and collection processes to safely record when people's medicines were received or returned. At the time of the inspection, the home was about to move to another pharmacy to manage their medicines. On the day of our inspection, this pharmacy was carrying out their own audit. One visiting professional told us, "I am impressed with the medicines management here. Staff are following best practice and they date boxes when they open them and they sign the MAR charts, there are no problems.

Is the service effective?

Our findings

People and their relatives told us they felt staff were knowledgeable and able to meet their needs effectively. One person told us, "They [staff] all know what they are doing. They seem well trained." Another person said, "They are very skilled in what they are doing. Even the new ones [staff] seem to know what they are doing."

Staff told us they had regular training in key areas to support them to carry out their role. Newly employed staff told us they received induction training which included both formal classroom training and also shadowing a more experienced staff member until they felt confident in working independently. One staff member said, "I had training in safeguarding, manual handling, health and safety among loads of others and I also shadowed another staff member for a while. When I then started working I was paired up with another member of staff to make sure I had somebody to ask if I was not sure about something." Another staff member said, "I worked in care for many years, however when I came here I had to have all the training again so I feel am well trained."

Staff told us since the manager started they felt supported and listened to. Staff had begun to regularly receive supervision sessions with their line manager. This was an opportunity to review their performance and discuss any concerns or issues they may have. One staff member said, "Since the manager came I feel more supported. Supervisions started happening again and staff meetings are regular where we can say what we think. It`s all good now." Another staff member said, "I really felt listened to when the manager came. The first thing the manager did was asked what we think and where we can improve."

We observed numerous examples where staff sought people's consent prior to assisting them. When staff sought a person's consent they did so in a calm and respectful manner, explaining clearly what they wanted to assist with and waited for a response. People were seen to frequently suggest a different option, which staff diligently agreed to with no fuss and carried on in the manner the person requested. People were asked for their consent for staff to share information about them with other health and social care professionals and people signed the consent forms if they were able, and also documented that they consented and agreed with their care plans.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Peoples` mental capacity had been assessed when staff felt people were unable to make their own informed decisions relating to their care. For example where people had a diagnosis of dementia staff then assessed to see if they were able to understand and make decisions about them living in Cuffley Manor and receiving care. We saw from records that although staff had appropriately carried out the MCA, and

subsequently made decisions in people's best interests, these best interest decisions were not well documented. However there was evidence in the care plans that professionals were involved and consulted when a decision needed to be made in the person`s best interest as staff had then applied where needed to the local authority for an assessment to be carried out to deprive a person of their liberty. For example, where it was felt people were unable to leave the home alone as they may become disorientated or at risk of harm.

Where a Deprivation of Liberty (DOL's) assessment had been granted, the conditions of these were then followed. For example where a condition may be that people were able to leave the home, we saw numerous examples of people going on day trips and visiting families. Where people had given their relative Power of Attorney (POA) to make decisions relating to their care and welfare, staff ensured they had verified this by reviewing and retaining a copy of the document.

People told us the food they received was very good and they felt spoiled by the choices and the varied menu provided to them by the chef. One person said, "I think we are really spoiled by the chef. The food is restaurant quality and very varied." Another person said, "The food is excellent and a lot of choices are offered. I can have anything I want."

Meal times were pleasant and provided people with the opportunity to socialise. Dining areas were appropriately designed to provide a restaurant style service. Tables were nicely laid with condiments, glasses and cutlery. This was particularly effective for people who lived with dementia as it gave them a visual prompt that there was food served in there. The chef visited each unit during meal times to ask for feedback from people about the meals provided. If people had any feedback or if they did not like something this was recorded in the feedback book and taken in consideration by the chef when preparing meals. For example, one person commented that they were not impressed with the way the chicken was cooked. This was noted by staff in the book and they were reassured that the chef would receive their feedback.

We sampled the food at the home on the day of the inspection and found that the food served was hot and tasty with a good selection of vegetables and meat. People were offered several drinks and snacks throughout the day and staff monitored and recorded people`s nutritional intake. If people had specific dietary needs these were known to the kitchen staff who appropriately prepared the meals to meet these needs, for example people who may be diabetic or allergic to certain foods.

Peoples weights were regularly monitored and where people suffered weight loss this was identified and staff involved the person`s GP and a dietician to ensure they had specialist advice in meeting people`s nutritional needs.

We saw that staff involved health care professionals in people`s care when it was a need for it. Care plans evidenced involvement from GP, dieticians, chiropodists and opticians. We spoke with one healthcare professional prior to our inspection who told us, "Having visited Cuffley Manor I am impressed by the manner which staff care for and respond to people, and when they need advice or guidance they immediately will seek that professional support."

Is the service caring?

Our findings

People told us that all staff were caring, sensitive and kind. One person said, "I have never experienced so much kindness from everybody [staff]." Another person said, "Staff are very caring here and they are always ready to help. I was in another home before I came here and I thought it was okay there, but here is even better. The staff are all marvellous."

People received care from staff in a kind, caring and respectful manner. Staff were friendly, courteous and smiled when approaching people. We observed sensitive and kind interactions between staff and people who used the service. The way people related to staff demonstrated good relationships between them based on respect and trust. People were clearly at ease with the staff and it was apparent from the interactions that staff had developed close and friendly relationships with people. Throughout the inspection we observed light hearted conversation about meaningful topics that people were engaged in. People told us this helped them feel listened to and valued. One person said, "I really value the fact that the staff show a genuine interest in me and what I have to say, I find they listen to what I have to say, and give a considered and measured response which clearly tells me they think I am important."

People were treated in a dignified manner that protected their privacy and maintained their independence. Staff knocked on people's doors and waited for a reply and then addressed people using their preferred names when they went in. People looked presentable and well groomed. People's hair was clean and combed and people told us they were not made to feel uncomfortable at any time with the care they received. Where people wished to only have a certain gender of staff member assist them this was provided. One person said, "I do feel my privacy and dignity is respected. They [staff] are very considerate." A second person said, "It's so refreshing to know we are respected and valued here, our dignity is top of the agenda and I feel thankful we are so well cared for."

Care was observed to be centred on people's individual wishes and preferences. People freely chose where and with whom to spend their time, where to sit for lunch, what drinks they wanted to have and when, and whether they wanted to socialise or be left alone. People told us they could have their loved ones visit any time day or night, and were freely able to choose to leave the home as they wished. People told us that the ethos of the home was to include people and listen to their choices. One person said, "Everyday is a little different and that is because I may choose to do things differently." This demonstrated that people were able to make their own choices about how they spend their day and receive their care.

People told us they were involved in their care and they signed their care plans. People told us the care they received was how they wished it to be carried out, and they were given clear explanations as needed in a way that they understood. One person told us, "Over the years my hearing is not what it was, but they [Staff] just talk a bit louder and slower so I can understand them, they always give me all the information I need to make my own decisions."

Advocacy services were freely available within the home that were able to speak up on people's behalf regarding how they were supported by the home, and also to make a range of other decisions.

Is the service responsive?

Our findings

People told us they were happy with all aspects of the care they received. One person told us, "My life has changed since I moved here. I was all alone at home and I had no social life. I am very happy here." Another person said, "I absolutely love it here. I am very happy with everything."

Care plans contained information about people's medical conditions, personal care needs, medication, risks to their well-being, mental capacity and also documented where other health or social care professionals visited to review people's care. However care plans were not as personalised as they could have been and contained little information about people's preferences. For example what time people preferred to go to bed or rise in the mornings, or what gender staff they preferred to attend to their personal care needs. We found this information was shared between staff and people verbally. Although this information had not been recorded in care plans staff were knowledgeable about what people liked and disliked and what their preferences were. One person told us, "They [staff] know me very well and they know what I like." Another person said, "I am telling them what I want and like and they [staff] listen. They all know me well."

People told us they were never bored and there was plenty for them to do in the home. One person told us, "I am very well entertained here. The other week we had the fire brigade coming in to tell us about fire procedures. It was fun and useful in the same time. I got to wear their helmet." Another person said, "There is always something going on and staff will let me know what it is. I can then decide if I go or not, but I am never bored here."

People were excited when telling us about a fashion show they had and that they were asked to do modelling. Prior to the inspection people had begun a 'Cruise' where they experienced different cultures and countries, some of which they may not have done so before. We saw where people had 'Visited' Italy and had foods from the region alongside entertainment and education. People told us they enjoyed this very much and were looking forward to more. One person of a significant age told us how they had been a dance instructor. They told us they had been able to teach staff and other people living in the home how to dance and was clearly energised by the thought of a party planned the following week.

People told us that they frequently used social media and video calling to keep in touch with their relatives. People were pleased that there were no restrictions in place for their relatives to visit them. One person said, "I have my relatives pop in almost every evening. We meet up in the café downstairs and we enjoy a cappuccino and cakes. I really think they come for the treat most times [person told us jokingly]. The cappuccino is very good and the cakes are lovely."

During the day of the inspection we observed people spending time together and with staff, having a good time laughing and joking a lot. People spent time looking through old records and playing their favourite songs. They were singing along and tapping to the rhythm with staff joining in and having fun together.

People told us they would complain to staff or managers if they had any issues, however they all told us they

had nothing to complain about. Information was made available to people about making a complaint however people told us they felt this was not necessary based upon the responsiveness of the manager. One person said, "I would talk to staff or managers. They are so nice but I have nothing to complain about." Records we looked at demonstrated that where relatives had raised a concern or complaint the manager took their time to investigate and respond to the concern appropriately.

Is the service well-led?

Our findings

All the people, relatives and staff we spoke with were complimentary about the new manager in the home. Staff told us that morale had improved since the appointment of the new manager only a few weeks prior to the inspection. They told us the manager had sought their views on setting priorities within the home and had openly discussed areas in need of improvement with them. One staff member said, "The manager has a clear vision of what they want to achieve and they are very fair." A second staff member said, "I have the feeling that with [Manager] we will be the best home we can be."

Staff told us they had meetings and felt better supported by the new manager than they had previously. One staff member said, "The manager is very good. Their attitude towards us [staff] is nice. They came and asked, 'Where do you need help and what do you think needs improving?' It is very promising the way they listen to staff." A second staff member told us, "We have the regular meetings which are a good way to know what is going on, and also have snap meetings during the day. It is much better now and I feel part of the home now because I know what is going on."

The manager told us, "I like the vision of the provider about wanting to provide the best care for people and also to support the staff team." They continued, "We were nominated for a business award and 10 staff are going to the ceremony because it is all about them. We need to recognise their contribution."

A system of assessing, monitoring and improving the quality of care people received was in place. The manager told us they recently carried out an audit of staff's employment files and found that in the past not all the references received were verified to confirm authenticity. Following the audit the provider's HR team held a workshop with admin staff to ensure they were knowledgeable about what they had to do when a new staff member was employed. The manager was also signing employment files after checking that all the necessary documents were received. We discussed with them the quality of people's records including assessments of capacity. They told us that they had identified this as an area that required improvement and were in the process of supporting staff to rewrite and develop the care records.

We found historic incidents that had been documented in people's care records but not reported to the previous registered manager and when we discussed this with the manager they took further action to ensure this was managed appropriately. Since being in post the manager had also identified issues with the management of medicines and were in the process of changing pharmacies to improve this system. Overall we found the manager to be responsive in the manner they had identified and responded to areas that required improvement. The manager continued to carry out audits of the home on a regular basis and was supported by the regional manager to identify areas for improvement and then make the necessary changes.