

HC-One Oval Limited

Cold Springs Park Care Home

Inspection report

Cold Springs Park
Penrith
Cumbria
CA11 8EY

Tel: 01768890360

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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: Cold Springs Park is a residential care home which can provide personal care and support for up to 60 older people, some of whom are living with dementia. Accommodation is provided across two units in a single storey, purpose-built home. At the time of this inspection there were 51 people living at the service.

People's experience of using this service: People and relatives praised the staff for the care and kindness they showed to them and to their families. They commented, "I never knew people could be so kind" and "The level of care here has been amazing and my family member is thriving again."

People said the home was clean, warm and comfortable. They described the food as "very good" and they had lots of choices. People said there were lots of interesting activities and the chance to go out into their local community.

There were enough staff to assist the needs of the people who lived there. People said when they requested help, staff came straight away. Staff were vetted to make sure they were suitable to work at the care home. Staff said they were well trained and supported in their roles.

Staff knew how to protect people from avoidable harm. People at risk of falls or poor health were provided with the assistance and equipment they needed. People's medicines were managed safely. The accommodation was well-maintained and a safe place to live.

People's needs were assessed before they came to the home. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

There was a friendly, welcoming atmosphere in the home. People and staff enjoyed good relationships and spent time chatting together. Staff made sure people were treated with dignity and respect, and their privacy was protected. People were offered choices and their decisions were respected. There was a good range of activities, exercises and opportunities to go outside.

At the last inspection some care plans did not always reflect people's needs. We made a recommendation about that. During this inspection we found care plans had been improved so staff had the right guidance to assist people in the right way. Staff were sensitive and compassionate about the care they provided to people at the end stages of their lives.

People said the home was well-run. They were asked for their views at meetings and in surveys. They had information about how to raise issues and were happy with the way these were dealt with. Staff said the management team were open, approachable and supportive.

The manager and provider worked well with other services and local groups. They carried out regular monitoring checks of the service and had plans to continuously improve the home.

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

Rating at last inspection: Requires Improvement (report published in April 2018).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 ●

Cold Springs Park 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Cold Springs Park is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to be registered with the Care Quality Commission. A registered manager 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: We planned the inspection using information we had received about the service including incidents the provider must notify us about. We reviewed the Provider Information Return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. We asked other care services for their views including the local authority, health care professionals and Healthwatch. This information helps support our inspections.

During the inspection, we spoke with four people who used the service to ask about their experience of the care provided, four relatives and a visiting healthcare professional. Some people who used the service were not always able to verbally tell us about their views of the service. 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 spoke with a unit leader, senior care and care staff, two activities coordinators, two catering staff, maintenance staff, the manager, regional manager and a quality assurance manager.

We looked at four people care records, medicines records, three staff recruitment files, training and supervision records, complaints and quality assurance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in the presence of staff and said they felt safe. Relatives commented they had "no concerns" and described their family members being "happy and safe here."
- Staff understood their responsibilities to protect people living at the home. They completed safeguarding training. Information was available for people and for staff about adult safeguarding and how to raise concerns.
- Any safeguarding issues were reported to the local authority and a clear log was kept of the incidents and outcomes. The manager was also aware of the requirement to report concerns to CQC. There had been no significant safeguarding incidents at the home since the last inspection.

Assessing risk, safety monitoring and management

- The service had systems in place to protect people from avoidable harm. Risk assessments identified the individual risks to each person and the strategies used to minimise these. For example, sensor mats were used to alert staff to the risk of someone falling.
- The service promoted acceptable risk-taking as part of an independent lifestyle where this was appropriate for individual people. For example, going out alone and managing their own medicines.
- Checks and services had been carried out to the building and equipment to make sure they remained safe for use by people and staff.
- An electrical test, carried out before the current provider took over, reported that some parts of the electrical wiring were unsatisfactory. The manager immediately arranged for remedial work to be done and a new test showed this was now satisfactory.

Learning lessons when things go wrong

- The provider took action to reduce accidents and incidents and learnt from these. This included regular analysis to respond to changes in people's needs and to keep people safe.
- Staff held falls meetings to share learning on how to minimise accidents to people. The management team held reflective discussions with individual staff members to identify any reasons for medicines errors and learn how these could be prevented.

Staffing and recruitment

- People and relatives said there were enough staff to provide the right support. Their comments included, "If I press the buzzer I know they will be there at once, someone comes straight away" and "Staff are always up and down the corridors."
- The provider used a dependency tool to determine monthly dependency levels of each person and these

were used to calculate the required staffing levels. The manager described how staffing could also be "flexed up" if people's well-being deteriorated or if there was an increase in people with higher levels of need.

- The provider used safe recruitment practices to check new staff were suitable to work with people. Some of the information about staff was disorganised and not readily available in their personnel files. The manager explained that personnel files were to be audited and brought in line with the provider's standards.

Using medicines safely

- Medicines were administered safely. People who required support with medicines at specific times were provided with this.

- Staff responsible for administering medicines were trained and had regular checks of their competence.

- There were some minor recording shortfalls and inconsistent practice between the two units. The manager took immediate action to address this and wrote to us to confirm what they had done.

Preventing and controlling infection

- People and visitors said the home was clean and tidy.

- Housekeeping staff were proud of the cleanliness of the home. The home was visibly clean, odour-free and there were good standards of hygiene.

- Staff used appropriate aprons and gloves to prevent the spread of infection. The manager carried out regular infection control checks of the standard of cleanliness and hygiene in the home.

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.

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 came to the service to make sure the right care could be provided.
- Information about people's needs and abilities was used to develop individual plans of care.
- The provider used best practice guidance to design the care service, for example for people living with dementia.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to their role. All staff undertook health and safety training. Care staff also had opportunities to complete a care qualification.
- New staff completed induction training and the Care Certificate.
- Staff said they were well supported by the management team. They received supervision and annual appraisals. Some staff supervisions had fallen behind as a result of the provider prioritising other improvements. There were clear plans to get these back on track. Staff told us this had not impacted on them as the manager's door was always open.

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

- People said the quality and choice of meals was "very good".
- Catering staff were very knowledgeable about people's individual dietary needs and preferences. Special diets were catered for and people could choose from a range of options at each meal.
- Care staff and catering staff communicated well about people's nutritional well-being and whether they had eaten enough each day. Staff followed the guidance of nutritional specialists where necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People described the support they received to access local health care services. Their comments included, "These carers are worth their weight in gold; if I am unwell they call the nurse or GP."
- Staff had good working relationships with health care services. External health professionals said the service was "proactive" and "staff listen to our advice".

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

- The environment was dementia-friendly. People's rooms were personalised and had familiar objects outside to remind them which was their room. There were picture signs and colour-contrasting to support people with memory loss to find their way around.

- The premises were single storey so in all areas of the home people had easy access out into secure, sheltered courtyards and gardens.
- The provider had a memory care strategy called Harmony and there were plans to further improve the environment and experience for people living with dementia.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- People were involved in decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interests.
- Staff followed the principles of MCA and DoLS. People were not unnecessarily restricted, so their rights were not compromised.

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.

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 and relatives had many positive comments to make about the caring and kind staff. Their comments included, "I am so happy and thankful to be here. It is a really friendly place to be, everyone stops and chats and it is like one big family" and "The carers are worth their weight in gold."
- People gave examples of the kindness they received including a quick hug when not feeling 100% or a wave when passing by, an 'extra cuppa' when someone was feeling unwell or that special shawl when it is chilly. They said, "The staff are caring all the time - when the visitors go and it is just us, it is just as good" and "My family member is so, so happy here, it is truly humbling. The staff always care and do it with a smile."
- There were some lovely interactions between staff and people. There were reassuring touches when people became upset or frustrated. Staff explained step by step instructions when they were assisting people with moving or dining.
- People's diversity was respected and care plans identified people's spiritual, physical and cognitive needs. Staff made sure that people were treated in a way that was free from discrimination.

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

- People said they were encouraged to give their views and these were respected. For example, a person said, "The staff always ask if I want to have a shower or exercise and if I say no then they understand."
- The staff team worked well together and consistently engaged people in conversations and activities. There was a calm, friendly and inviting atmosphere within the home.
- Staff provided information in a way that helped people make choices. For example, showing them two different dishes at mealtimes, and recognising when they wanted something else. Staff understood people's communication needs and this was documented in care plans.
- Information was available for people to access advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with dignity and respect. Their comments included, "I just love it here - I have all my special things and it is just how I imagined being cared for as I got older."
- Relatives said their family members had thrived since coming to live there. Their comments included, "My family member looks so smart now with regular hairdo's, nails painted and clean clothes - what a difference."
- People's independence was promoted depending what people could manage themselves. For example, there were big bowls in communal areas which were full of fruit, crisps and biscuits. People were able to help themselves to these at any time and enjoyed these snacks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection, published in April 2018, we found some people's care plans did not always reflect people's needs. This meant people might receive inconsistent care. We made a recommendation about this. We rated this key question as Requires Improvement. At this inspection we found improvements had been made.

- Care plans were written with the involvement of people or relatives wherever possible and were regularly reviewed by staff. The care plans were personalised and provided clear guidance to staff about how each person wanted and needed to be assisted.

- Staff knew people very well and were alert to any changes in their well-being. People and relatives said the service was responsive to changes in needs. A relative commented, "The level of care here has been amazing and my family member is thriving again."

- There was a good range of activities and social events for people to join in. People and relatives knew the wellbeing co-ordinators who arranged activities. They were unanimous in praising them for all the activities and social inclusion they offered to people, family and friends. These included exercise, arts, music and quizzes. The home had accessible patios and courtyards for people to enjoy.

- People were also assisted out for lunch and had regular trips to the shops or other places of interest. This supported people's continued contact and inclusion in their local community.

- There was information for people in accessible formats that met their communication needs. These included the complaints procedure and the activities programme.

Improving care quality in response to complaints or concerns

- People and visitors had clear information around the home about how to make a complaint. They were encouraged to make comments about the service.

- People and relatives said they would feel comfortable to raise any concerns. Their comments included, "We were made aware of the complaint procedure as soon as our family member became a resident but a chat is all that is needed if we have concerns or questions."

- The manager kept a written record of each complaint received, which included details of how the issues were addressed and resolved.

End of life care and support

- Staff provided sensitive, compassionate support to people who were at the end stages of their lives. A staff member said, "Good end of life care means being comfortable and pain free. The atmosphere needs to be calm."

- People were supported to make advanced decisions about their preferences for end of life care. Health care professionals were involved where appropriate.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a positive culture that was person-centred, open and inclusive.
- Staff said the new manager was approachable, reasonable and fair. They said the morale at the home had recently improved because of the new manager and their ambitions for the home's future.
- The manager and senior management team were committed to the delivery of high-quality care. They had plans to further improve the experience of people who lived there, especially for people living with dementia.

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

- The manager and quality assurance manager completed a series of quality audits and safety checks and used them to make improvements.
- Staff understood the provider's values and standards for the service and said they were proud to work at this home.
- The provider had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service involved people and their relatives in day to day discussions about their care.
- People completed a survey of their views and the feedback had been used to continuously improve the service. The results were openly displayed on a 'You Said, We Did' poster.
- Staff felt the service was more settled and were positive about opportunities for further improvement with the new management arrangement. Their comments included, "It's a lovely place. I wake up in the morning and look forward to going to work."

Working in partnership with others

- The service had good links with local community services that reflected the needs and preferences of people.
- The service was involved with the local Parkinson's Support Group which planned to provide awareness training for staff.
- Various church groups regularly held church services and coffee mornings for people to join in.

