Philip Cussins House

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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

This inspection took place on 27 July 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Philip Cussins House is a care home. People in care homes receive accommodation and personal care as a single package under contractual agreements. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is provided from one three storey building and accommodates up to 26 older people, including people who live with dementia or a dementia related condition. At the time of inspection 16 people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

The atmosphere in the home was relaxed and welcoming. All people told us they were well-cared for. There was a programme of regular activities and people had the opportunity to be part of the local community.

The environment was well-maintained with a good standard of hygiene. People received a varied and balanced diet to meet their nutritional needs. Systems were in place for people to receive their medicines safely.

There were enough staff available to provide individual care and support to each person. They were supported to have maximum choice and control of their lives. Staff assisted people in the least restrictive way possible, the policies and systems in the service supported this practice.

Staff upheld people's human rights and provided support to them as they followed their religious beliefs.

Detailed records reflected the care provided by staff. Care was provided with kindness and people's privacy and dignity were respected. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Staff knew the people they were supporting well. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse.

When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support. Appropriate training was provided and staff were

supervised and supported.

Communication was effective to ensure staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided.

People had the opportunity to give their views about the service. There was regular consultation with people and family members and their views were used to improve the service. People had access to an advocate if required.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Philip Cussins House

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 27 July 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with nine people who lived at Philip Cussins House, the deputy manager, the administrator, two relatives, the kitchen assistant, the house keeper and four support workers. We observed care and support in communal areas and looked in the kitchens. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for three staff, five people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People who lived at the home told us they were safe. One person told us, "I feel safe here." Another person said, "I'm very safe, if I needed staff they would come." Another person commented, "I have a personal alarm to sound in case I fall." During the inspection we saw people appeared comfortable with staff.

People told us and we considered there were sufficient staff to support people. Staff had time to spend with people and they did not appear rushed in their interactions. The deputy manager told us and staffing rosters confirmed four support workers were on duty in the morning and three support staff were on duty in the afternoon. These numbers did not include the registered manager and deputy who were also on duty. Overnight staffing levels included two support workers.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. For example, risks regarding falls or risks of choking were recorded.The documents were individualised and provided staff with a description of any identified risk and specific guidance on how people should be supported in relation to the identified risk.

Staff had receiving training about safeguarding, they had an understanding of safeguarding and knew how to report any concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Medicines were given as prescribed. We observed part of a medicines round. We saw staff who were responsible for administering medicines checked people's medicines on the medicine administration records (MARs) and medicine labels to ensure people were receiving the correct medicine. Staff who administered the medicines explained to people what medicine they were taking and why. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

Robust recruitment processes were in place. This included thorough checks of applicants for any role. The service ensured the correct information was available in personnel files. This included proof of identity, criminal history checks, and references from prior employers, job histories and health declarations. The service ensured only fit and proper persons were employed to care for people.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. Arrangements were in place for the on-going maintenance of the building. The home was clean and protective equipment was available for staff use, to reduce the spread of infection.

Good

Is the service effective?

Our findings

Staff made positive comments about their team working approach, the support they received and training attended. Their training records showed there was an on-going training programme in place to make sure they were kept up-to-date with safe working practices and that they had the skills to support people. One staff member commented, "I have supervision every six to eight weeks." Other staff comments included, "I started as an apprentice worker", "My training is up-to-date" and "We do loads of training."

People's needs were assessed before they started to use the service to ensure that needs could be met by staff. Assessments identified people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. People were supported to maintain their healthcare needs and specialist was obtained when required. One person told us, "I have improved since I have come to live here."

People enjoyed a varied diet. One person told us, "The food is very good." Other people's comments included, "I have no complaints about the food" and "There is always something to eat." We spoke with the kitchen assistant who was aware of people's different nutritional needs and special diets were catered for. They told us people's dietary requirements such as if they were vegetarian, vegan or required a culturally specific diet were checked before admission to ensure they were catered for appropriately.

We observed the lunch time meal in the dining room. People enjoyed a predominantly positive dining experience. Staff were supportive to people and offered full assistance or encouragement and prompts as required. We heard staff ask people for permission before supporting them. Food was well presented and looked appetising and hot and cold drinks were served. A three course meal was served and a choice of main meal was available at each meal. People ordered their food choices the day before. This process could be refined in case people forgot what they had ordered or did not want the meal when it was served. Menus were not available on tables or in an accessible location, except outside the kitchen, that advertised and kept people informed of the daily food choices. We observed staff did not always explain to people what the meal was as they served them. We discussed with the deputy manager our observations where improvements could be made. They told us these would be addressed. People sat at tables that were set with tablecloths, place mats, napkins, condiments and flowers.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. The registered manager had submitted DoLS applications appropriately.

The home was spacious, bright and airy. The communal areas and hallways of the home had decorations and pictures of interest and sitting areas were available around the home. A quiet room and a Synagogue were also available for people to use. Lavatories, bathrooms and bedroom doors were signed for people to identify the room to help maintain their independence. There was a well-tended garden with garden

furniture which was well-used by people who lived at the home.

Good

Is the service caring?

Our findings

During the inspection there was a relaxed and pleasant atmosphere in the home. People confirmed they were very well-looked after by staff. One person commented, "We are like a family here." People gave very positive feedback about the caring nature of the staff. They told us the staff and management were supportive and spent time listening and engaging with them. Staff interacted well with people. Camaraderie was observed amongst the people who used the service and staff. One person told us, "I am very well-looked after." Another person said, "It is a very friendly home." Other people's comments included, "The staff are very good", "The staff are brilliant" and "Staff are certainly very kind."

People were supported by staff who were warm, kind, caring and respectful. Staff modified their tone and volume to meet the needs of individuals. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging.

People were encouraged to be involved in their daily lives and daily decision-making. Care was provided in a flexible way to meet people's individual preferences. People told us they made their own choices over their daily lifestyle. For instance, people had the opportunity to have a lie-in. They told us they could go to bed when they wanted and staff respected their wishes. One person told us, "I can have a bath or shower." People's care records also encouraged their involvement. For example, one care record stated, "[Name] likes to be involved in choosing what they are wearing each day."

Staff recognised the importance of treating people as unique individuals with different and diverse needs. The home provided care to people of the Jewish faith, as well as people from other religious denominations. Staff were aware of, supported and respected the religious and cultural beliefs and traditions of people including their religious practices and dietary needs. Staff received training to ensure they were aware of the religious observances to help people follow their spiritual beliefs. For example, staff served religious wine for people to take at evening prayers each Friday at 5:00pm, Kiddish. This was in preparation for Shabbat, the 24 hours of the Sabbath when people rested and prayed. Shabbat lasted from sunset on Friday until sunset on Saturday. The catering team provided Kosher food [food that conforms to Jewish dietary regulation of dietary law] and followed strict food preparation instructions.

People's care records were up-to-date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example, one record stated, "[Name] likes wearing make-up daily, lipstick is important." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Information was available that showed people of importance in a person's life.

There was information displayed in the home about advocacy services and how to contact them. The deputy manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People confirmed they had a choice about getting involved in activities. An activities programme was advertised along with available and forthcoming entertainment. One person told us, "We go on mini bus outings regularly." Another person said, "We go out for coffee mornings and entertainers come in to the home." Other people's comments included, "I enjoy dancing", "I get my newspaper delivered", "I like going to museums" and "I go out with my family."

Activities took place each day and they were planned according to the interests of people. An activities programme was designed and incorporated these interests to make activities more meaningful to people. A programme of activities included, letter writing, arm chair exercises, sing-a-long, musical bingo, arts and crafts, floor games, magician, dog and cat visits, films and pamper sessions.

The deputy manager told us there were very good links with the local community. People benefited from a local nursery school that visited. The home held a regular coffee morning with a neighbouring home and people also visited homes from the charity in Sunderland. We were told some people went out independently into the local community. The home was situated in a residential area near to the shops. There were opportunities to go out on organised trips and these included visits to the theatre, coastal areas and places of interest. The hairdresser visited weekly and local members of the clergy visited regularly.

There was a good standard of record keeping. Before people used the service they received information about the home and an initial assessment was completed to ensure the service could meet the person's needs. Care plans were developed from assessments that provided some details for staff about how the person's care needs were to be met. For example, people's plans included details about nutrition, personal care, communication and moving and assisting needs. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations included information about people's progress and well-being. People's care records were kept under review to check that their needs were still being met. One relative told us, "I've been involved in meetings about [Name]'s care."

Other information was available in people's care records to help staff provide care and support. Staff completed a daily diary for each person and recorded their daily routine and progress to monitor their health and well-being. Records were also completed to document any staff intervention with a person. For example, when personal hygiene was attended to and other interventions to ensure peoples' daily routines were met. The food and fluid intake of some people was also recorded.

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people. This meant up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

Good

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in July 2017.

A registered manager is a person who has registered with the Care Quality Commission 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.

The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary.

The deputy manager and administrator assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The deputy manager and staff were open to working with us in a co-operative and transparent way.

The atmosphere in the service was warm, welcoming and open. A variety of information with regard to the running of the service was displayed to keep people informed and involved.

The registered manager was supported by a staff team that was experienced, knowledgeable and familiar with the needs of the people the service supported. The staff team was very stable with a number of staff having worked in the home for several years. We were told communication was effective. The deputy manager told us management were supported by the provider's management team.

People and their relatives were kept involved and consulted about the running of the service. Regular meetings took place with relatives and people who used the service and minutes were available for people who were unable to attend.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. One staff member commented, "We have a staff meeting and minutes are available if you can't attend." Staff said communication was effective to keep them up to date with people's changing needs. A handover session took place, between senior staff, to discuss people's needs when staff changed duty, at the beginning and end of each shift. One staff member commented, "Handover happens at the beginning and end of each shift." Staff told us the diary and communication book also provided them with information.

Systems were in place that continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents and were scrutinised at senior management levels. Records showed that management took steps to learn from these events and put measures in place, which meant they were less likely to happen again.