

Mr Graham Walker & Mrs Lyn Walker

Cotteridge House

Inspection report

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Date of inspection visit:
29 September 2022

Date of publication:
18 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cotteridge House is a residential care home providing personal care and accommodation to up to 10 people. The service provides support to older people and people with dementia. At the time of our inspection there were 8 people using the service.

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

Some people, whose personal budgets were managed by the home did not have a written agreement in place giving the provider authorisation to manage their personal budgets. The entrance to a fire door on the ground floor was blocked due to items being placed in front of the door, such as a wheelchair and cleaning equipment.

Some staff members had a temporary Disclosure and Barring Service (DBS) certificate and did not have the required risk assessment in place or evidence they were being supervised when administering care tasks.

We were not assured that the provider was supporting people living at the service to minimise the spread of infection.

Some people had mental capacity assessments records however the mental capacity assessments were not signed, no name details of the person undertaking the assessment and no date. In addition, the mental capacity assessments were not decision specific. The lack of information recorded did not assure us people were being supported to make their own decisions. Some people's Deprivation of Liberty Safeguards (DoLS) authorisation renewals were not sent in a timely manner.

The provider had safeguarding systems and processes in place to keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs.

People felt safe and were supported by staff who knew how to protect them from avoidable harm.

Audits undertaken by the provider were not effective at monitoring the quality of the service, some risk assessments lacked detail to clearly identify what mitigation was in place. In addition, some care plans did not contain enough detail.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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

Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, (published on 11 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about care delivery. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well Led.

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

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, the need for consent and governance.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how changes will be implemented. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Cotteridge House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 1 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

Cotteridge House 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.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 8 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, seniors and care workers.

We reviewed a range of records. This included 8 people's care records, financial management records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, including information about the provider's staff training programme and financial management policies.



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 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- We found the provider was managing personal budgets for some people. We found some people and people who lacked capacity did not have a written agreement in place giving the provider authorisation to manage people's personal budgets. In addition, some people did not have recorded details of acceptable items that could be purchased. Written agreements are important because it helps to ensure personal budgets are not being used inappropriately and the provider has permission to support people in this manner.
- We raised this with the registered manager who confirmed signed personal budget written agreements would be arranged for all people and instructions for staff to follow.

We found no evidence that people had been harmed however this was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives explained how staff promoted people's safety. One person told us, "They [staff] do keep me safe. They check up on me."
- Staff members had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse can be different types such as verbal, physical, emotional and financial."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I witnessed any type of abuse, I would inform the management. If I was unhappy with how the matter had been dealt with, I would contact CQC, the local authority or the police."

Assessing risk, safety monitoring and management.

- The entrance to a fire door on the ground floor was blocked due to items being placed in front of the door such as a wheelchair and cleaning equipment. This placed the people in the home at risk in the event of a fire. We raised this issue with the registered manager, and they confirmed after the inspection all items had been removed from the fire door.
- Risk assessments had been carried out but lacked detail to identify what had been put in place to keep people safe, for example some people displayed distressed behaviour. Risk assessments stated people can become unsettled however there were no details about what this behaviour looks like and actions to take to reassure individuals. A risk assessment for a person who needed support with moving and handling stated staff to use the same technique at all times. The risk assessment did not describe the tasks, risk or how to

support the individual. However, staff were aware of the risks to people and how to manage them.

- Staff demonstrated a good understanding of potential risks and how to keep people safe.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "I have never noticed [staff shortages] that at all. If they need anything, there is always someone".
- Pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. We found one staff member had a temporary DBS certificate however they did not have the required risk assessment in place or evidence they were being supervised when administering care tasks until their full DBS certificate had been received. A temporary DBS certificate allows providers to start a new employee before their full DBS certificate is received, as long as there is a risk assessment in place and the staff member is being supervised.

Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "I get my medication on time."
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' required.
- The provider had procedures to ensure medicines were stored and managed safely.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. For example, we found only one clinical waste bin and this was located in a shower room. We found a clinical glove and used Lateral Flow Device (LFD) testing equipment in a general waste bin. We raised this issue with the registered manager who confirmed clinical waste bins would be placed throughout the home.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the

likelihood of reoccurrence.

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 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to ensure care and treatment was being provided with the consent of the relevant people. This was a breach of regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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.

- At the last inspection we found there was no evidence of decision specific capacity assessments for people that may lack capacity or best interest's decisions being completed. In addition, DoLS applications had not been made for people who required them.
- At this inspection some people had mental capacity assessments records however the mental capacity assessments were not signed, no name details of the person undertaking the assessment and no date. In addition, the mental capacity assessments were not decision specific. The lack of information recorded did not assure us people were being supported to make their own decisions.
- We found some people's Deprivation of Liberty Safeguards (DoLS) authorisation renewals were not sent in a timely manner.

We found no evidence that people had been harmed however, the provider had failed to ensure care and treatment was being provided with the consent of the relevant people. This was a breach of regulation 11

(consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training about the MCA however they needed more support to understand the importance of ensuring people's rights were protected in care recordings.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- Relatives were confident staff had the skills and knowledge to meet people's needs. One relative told us, "The carers up there are good. They have a lot of mature carers which I think helps. The younger staff are learning from the older ones on site, and they are learning similar traits."
- Staff were positive about the provider's training programme. A member of staff said, "The training is good, we complete online modules."
- New staff had completed an induction, however we found one new starter had not completed a number of training subjects in line with their induction programme. We raised this with the registered manager who confirmed she would arrange for the staff member to complete all their required training as a matter of urgency.

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

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One person told us, "The food is excellent, I let them know what I would like to have."

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

- People and their relatives told us the service worked very closely with other agencies and health professionals in order to meet people's specific needs. One relative told us, "The manager has rung me to say that they had a visit from the local mental health authority, they inform me about the visit and what has been discussed."
- Care plans were reviewed however they lacked enough information to demonstrate they were up to date. Recorded entries stated no changes required with no evidence of information reviewed or recommendations from healthcare professionals to ensure no updates were required. Staff told us they were confident changes to people's health and well-being were communicated effectively.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- The premises provided people with choices about where they spent their time.

- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The provider failed to ensure that governance and managerial oversight were effective at monitoring the quality of the service. Audits undertaken by the provider had failed to identify some people's DoLS renewals had not been submitted in a timely manner.
- Audits undertaken had failed to identify mental capacity assessments were not decision specific and were not signed or dated. In addition, Records relating to care and treatment were not always accurate and did not contain up to date information. Risk assessments lacked detail to clearly identify what mitigation was in place. Care plans did not contain enough detail. For example, one person care records stated the person becomes distressed in relation to oral healthcare however there were no recorded instructions on how to reassure the person and how oral care should be managed. Care records were last updated during 2020, we raised this with the Registered Manager and care staff, they stated people had no significant changes since 2020 so there was no need to update the care plans. Care staff told us they reviewed handover records to check if any changes were required to make to people care records. There was not a comprehensive care record review process and as a result we were not assured care records were up to date.
- The provider's money management policy only detailed instructions for staff to follow in relation to gifts, and not how personal budgets should be managed.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by staff who were motivated to carry out their role.

- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The management are all very approachable and will always listen to me If there is anything to discuss. Although I have had no problems, I am confident that if I did, they would listen and sort them out."
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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 registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- The registered manager confirmed feedback was obtained from relatives using structured telephone calls. We reviewed the results from the last survey and the feedback received was positive.
- People's views were sought daily when receiving support.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings are an opportunity for all to raise any issues or ideas for improvement."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- The management team spent time working with staff on the floor to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider could not show they had acted in accordance with the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from abuse and improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.