

Cow Lees Care Home Ltd

# Cow Lees Care Home

## Inspection report

Astley Lane, Bedworth,  
Warwickshire, CV12 0NF  
Tel: 02476 313794  
Website: [cowleescarehome.co.uk](http://cowleescarehome.co.uk)

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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 

### Overall summary

This inspection took place on 29 April 2015 and was unannounced.

Cow Lees care home provides nursing care and support to older and younger people who have dementia or a mental health diagnosis. The home comprises of two buildings; Cow Lees which provides accommodation to a maximum of 18 people, and Astley House which provides accommodation to a maximum of 24 people. At the time of our visit there were no vacancies.

The home has a registered manager. 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 2014 about how the service is run.

The home had good staffing levels. Staff had the skills, knowledge and experience to work well with people who lived at the home. This was due to the thorough induction and ongoing training provided to staff to ensure they understood how to work effectively with people who had dementia and behaviours which challenged others.

Staff understood safeguarding policies and procedures, and followed people's individual risk assessments to

# Summary of findings

ensure they minimised any identified risks to people's health and social care. Checks were carried out prior to staff starting work at Cow Lees to ensure their suitability to work with people in the home.

Medicines were managed well to ensure people received their prescribed medicines at the right time. Systems were in place to ensure medicines were ordered on time and stored safely in the home.

Staff respected and acted upon people's decisions. Where people did not have capacity to make informed decisions, 'best interest' decisions were taken on the person's behalf. This meant the service was adhering to the Mental Capacity Act 2005.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and had followed the advice of the local authority DoLS team. The provider had referred some people to the local authority for an assessment when they thought the person's freedom was restricted.

People were provided with sufficient to eat and drink and people's individual nutrition needs were well supported. People enjoyed the food provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People and visitors to the home were positive about the caring attitude of the staff. During our visit we observed staff being caring to people. We also saw staff and people enjoying each other's company and having fun with each other. Staff understood the importance of promoting people's dignity and encouraging independence.

People participated in a well-planned activity programme both within and outside the home. People were supported with undertaking individual interests.

People who lived at Cow Lees, their relatives, and staff, felt able to speak with management and share their views about the service. Complaints were responded to appropriately.

The management team were supportive to staff and worked with them to provide good standards of dementia care. There were effective management systems to monitor and improve the quality of service provided.

# Summary of findings

## 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.

People felt safe living at Cow Lees. Staff knew how to protect and safeguard people from abuse and other risks relating to their care and support needs. There were good staffing levels to support people. Medicines were administered safely.

Good



### Is the service effective?

The service was effective.

Staff had received training and support to provide effective care to people with dementia. Staff understood people's rights under the Mental Capacity Act. People received food and drink according to their needs, and had access to health and social care professionals when required.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect. People were supported to make choices in their daily living. Visitors were welcomed at the home.

Good



### Is the service responsive?

The service was responsive.

Staff responded well to the individual needs of people who lived at Cow Lees. People enjoyed a range of group and individual activities. Management were responsive to any concerns or issues raised by people.

Good



### Is the service well-led?

The service was well-led.

The home had an open and approachable management team who received effective support by the provider. People were supported to have a good quality of life, and the manager and staff worked hard to continually improve the service provided.

Good



# Cow Lees 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 29 April 2015 and was unannounced.

The inspection team for this inspection consisted of an inspector, a specialist advisor for nursing and dementia care, 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.

Before the inspection we looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare. We also contacted the local authority commissioners to find out their views of the service provided.

We spoke with seven people who used the service and six relatives. We interviewed 11 staff (this included nurses, care workers, domestic, activity, and kitchen staff), observed the care provided to people and reviewed six care records. We also reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), medicine records, two staff recruitment records, complaints, and incident and accident records. We also spoke with the registered manager and deputy manager.

# Is the service safe?

## Our findings

People and their relations told us people felt safe at the home. One person told us, "I feel very safe here, there's always enough staff here to help you." A relative echoed this by saying, "[Person] feels safe here. The staff are very attentive." Our inspection team found there were good staffing levels to support people's needs, and like the relative, we found staff were very attentive to the people they supported. Staff told us there were sufficient staff on duty to meet people's needs. We looked at the staff rota for the 24 hour period. We found the number of staff on duty reflected the needs of people who lived at Cow Lees.

Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at Cow Lees until the checks had been received by the provider.

The home supported a number of people who had behaviours which could challenge others either physically or verbally. We saw staff supported people with behaviours which challenged, in a calm, measured and respectful way. Where necessary, additional staff were provided to ensure the person and others were protected from abuse and avoidable harm. We found staff had a good understanding of the triggers which might cause a person to behave in a challenging way, and minimised the risks of these happening. For example, one person was known to have more challenging behaviour in the afternoon and early evening and so one member of staff was assigned to the person to provide one to one support and supervision.

We found the home took extra measures to support the safety of people. For example, the home agreed to support a person who was ready to be discharged from hospital, but had experienced difficulty in finding a care home because of their behaviours which challenged. The staff from Cow Lees had attended the hospital for 2-3 weeks before the person's discharge to get to know the person, and for the person to get to know and feel safe with them. We spoke with a visiting social care professional who regularly visited the service and knew many of the people

who lived in the home well. They told us the home often took people that other homes had not been able to support. They said the staff knew the people well and knew their ways. They felt people were safe and well cared for.

We spoke with staff about safeguarding procedures. Staff were clear about their responsibilities to report these incidents to the manager. For example, we asked one of the senior care workers what they would do if they saw another member of staff put a person at risk by not using the right equipment to help them move. They told us they would make sure the staff member stopped what they were doing, ensure the person was moved correctly and then report this to the manager or nurse in charge. We also asked staff what they would do if they witnessed either verbal or physical abuse by another member of staff or a person who lived in the home. All responded clearly that they would intervene directly to prevent further abuse and immediately report the incident to more senior staff.

Notifications received by us confirmed that the home had followed the local authority safeguarding protocols. Updates from the local authority also confirmed that where an incident had occurred, the home had taken appropriate action to minimise risk.

Risks related to people's physical, emotional and behavioural care needs were identified and managed safely. For example, the home looked at the risks people had of depression and moods, as well as risks associated with incontinence and skin care. We looked at the care records of six people. Risk assessments were updated monthly to ensure any new risks were identified and acted upon. The home had the equipment necessary to keep people safe. For example, people at risk when moving, had the appropriate equipment such as hoists and slings to support them.

We checked the administration of medicines at the home to see if they were managed safely and whether people received the medicines prescribed to them. People told us, "I get my medication at regular times throughout the day." We observed medicines being administered to people. We saw the nurse ensured the medicine trolley was locked each time it was unattended, and personally ensured each person had taken their medicines before attending to the next person. People and their relations confirmed this always happened. One person said, "The staff give me my medication at regular times and watch while I take it."

## Is the service safe?

We saw medicines were stored safely and securely. There were systems to ensure people received their medicines at the right time. There was detailed information for medicines given to people on an 'as required' basis. Records for the administration of medicines were accurate and met good practice guidance.

We looked at the premises and equipment. We found the registered manager took action if they thought the premises were not safe for people. For example, one person was moved to a bedroom on the ground floor of Cow Lees because it was not safe for them to be supported

on the first floor, due to steps up and down to their room. We saw there were a few bedrooms where this could potentially be an issue. We were concerned that in the longer term, the home may not be able to accommodate people in the same position if no bedrooms were available on the ground floor for them to use.

We saw accidents and incidents were reviewed and changes made to care if necessary. For example, as a consequence of the review of one person's falls, their medication was stopped and this resulted in a reduction in them falling.

# Is the service effective?

## Our findings

Staff had received comprehensive training to meet the needs of people living at Cow Lees. The training was provided to the whole staff group including kitchen and domestic staff. Staff told us they felt the training had given them the knowledge required to support people with dementia and people with behaviours which challenged. One member of staff told us, The dementia training has been helpful, it refreshes your mind and gives insight into how people could be feeling.” Another told us, “I’ve had loads of training, it’s helped a lot because I didn’t know a lot about dementia.” Staff had also received MAPA training (Management of Actual or Potential Aggression). This training supported staff to safely disengage from situations which presented a risk to themselves, the person or others.

Staff had also received training considered essential to meet the health and safety of people. For example staff had undertaken training to move people who could not move themselves. We saw staff using equipment such as hoists, safely, and re-assured people as they used the equipment. People and their relatives confirmed to us that staff had the skills to meet their needs. They told us they felt staff had the right skills to care for themselves or their relations.

We looked at the support staff were given from the management team. When staff started work in the home they had induction training and spent a week shadowing (not being part of the rota) their more experienced colleagues. Staff told us they received good support from senior staff. Support was on an informal observational basis, than through structured supervision sessions, however staff felt this was sufficient to meet their support needs. The manager told us if they had concerns about a care worker or a nurse’s practice, they would undertake formal supervision. We saw the recently appointed care supervisors had undertaken training in supervision to provide more structured supervision sessions to care staff.

The home supported student nurses in their learning, and students from the local hospital had placements at the home. The registered manager told us this was a two way process. They learned new initiatives from the students and the students had the opportunity to engage and use their nursing skills with people living with dementia and learn from their experienced staff. We spoke with one of the student nurses who told us, “Everyone knows what they are doing; if someone is new the staff are very supportive.”

Another student said, “I am really lucky to have got this placement as there is so much to learn and gain from experience at Cow Lees, much more than many other placements.”

The senior team at the home demonstrated a good understanding of the Mental Capacity Act, and all staff had received training to help them understand what the Act meant for people who lived at Cow Lees. Staff understood that people had choices and supported people to make their own decisions. People we spoke with told us staff consulted them about their support needs. One person said, “They always explain what they want to do and ask permission.” A relative told us, “When staff approach my [relation] they always explain what they want to do and re-assure her.” Our observations during the inspection confirmed this. We also saw people informing staff of what they wanted to do, and staff supporting them to do it.

Where people did not have the capacity to make their own decisions, records demonstrated that the right people were consulted to make decisions in the person’s best interests. For example, one person had medicines given in disguise (covert). Records showed that this course of action had been discussed with the person’s GP, their family and the care staff at the home.

We found that where people’s freedom was restricted, the management team understood their responsibilities to apply for a Deprivation of Liberty Safeguard (DoLS). We saw some applications had been made to the local authority to deprive people of their liberty and two had been agreed. We noted the home had acted on advice from the local authority about the submission of DoLS applications. Not all people who lived at the home had a DoLS in place; however the manager was ensuring that those who met the criteria were having applications submitted.

People and their relations told us they were supported to see other health care professionals when required. One person told us the staff made appointments for them to see the doctor, dentist and optician. A relative said, “[relation] has recently seen an optician, and if she needs to see a dentist etc. the staff will make appointments for her.” Records demonstrated that people were referred, when necessary, to other health and social care professionals such as speech and language therapists, consultant psychiatrists, social workers and a chiroprapist who was visiting the home on the day of our inspection.

## Is the service effective?

People were supported to have enough to eat and drink. During the day we saw people regularly provided with hot and cold drinks, and staff encouraged people to drink who were at risk of dehydration. We saw some people who had lost weight were provided with fortified food such as yoghurts in between meals to help them gain weight. We spoke with the cook who demonstrated a good understanding of people's dietary needs, their likes and dislikes. For example, it had been noted that one person in the home regularly changed their view of what they liked and disliked, so their changing needs had been identified and acted upon.

People told us they liked the food provided, one relative told us, "[person] likes the food here and eats well." We saw people enjoy the lunchtime meal. We heard one person say, "Wow" when the home-made éclair was placed in front of them for their dessert. We saw staff gave people who required assistance to eat, time and patience to ensure they enjoyed their meal and the support was at a pace suitable to them.



# Is the service caring?

## Our findings

People and their relations told us staff were caring. One relation said, "It's very good care here. When I leave having visited, I feel comfortable knowing my [relation] is in good care." Another told us, "I think the care here is not just good, it's excellent – the staff have a real knowledge of Alzheimer's."

We saw prior to admission, the manager ensured staff had detailed information to understand how to care for people well. For example, in one person's file it informed that when the person was in a bad mood, a joke would diffuse the situation. It also provided staff with knowledge of people's preferred routines, for example, the time people liked to get up out of bed in the morning and the time they liked to go back to bed in the evening. The staff we spoke with and observed had in depth knowledge of the people they supported, and their histories.

Throughout our inspection we saw staff responded to people in a kind and supportive way. There was also a lot of fun being had with people who lived at the home. People appeared to be in good spirits, were smiling, and at times singing. They displayed affection to the staff they had become fond of, and staff acknowledged and made sure in response that people felt loved. We overheard one member of staff say to a person, "Oh [person] you've had your hair cut, you look beautiful." Staff demonstrated through their words and actions that people mattered to them and were important.

We saw the staff's calm and positive attitude particularly during the morning of our visit. When we arrived at the home the chairs from the two communal lounges in Cow Lees had been moved into the dining room and people were sat there. This was because the entrance hallway was due to be re-floored and it would have been unsafe for people to use it to go to the communal lounges. This could have caused distress to people but we saw staff managed the situation very well. When staff found out the scheduled work was not going to take place, they gradually moved the furniture back and supported people to go where they wanted to. This was done with good humour and became an activity rather than a hindrance. During the movement of people and furniture we heard lots of chatter, laughter and kindness afforded to people.

We were told by staff that some staff, on their days off, would visit people who had no relations or friends. They would do the same when it was people's birthdays.

Many people who lived at the home were unable to make significant decisions about their care; however we saw they were encouraged to make decisions about the day to day aspects of their care and well-being. For example, people chose whether they wanted their meals in the dining room or in their own bedroom, what they wanted to eat, the clothes they wore, or whether they wanted to take part in activities. One relative told us the staff knew their mother preferred spending time on her own in her bedroom and so they made sure they 'popped in' to make sure she had everything she needed. Another relative told us their relation was often supported by staff to walk in the secure garden area because they liked the outdoor life. Where people could not provide any indication about their preference, an 'at a glance' list of likes and dislikes was available for staff in the person's bedroom.

We saw staff respected people by the way they spoke, and through actions. For example, we noted one person had a wet patch on their trousers. The staff member was informed of this and gently and discreetly supported the person to their room to change so nobody else would notice. We also saw where people had spilt dinner down their clothing; they had been supported to change into clean clothes after their meal. One woman whose top would start to ride up because of the way she sat in her chair, was attended to quickly each time it happened to ensure her dignity was maintained. Every person or relative we spoke with told us they or their relation was treated with dignity and respect. For example one relative told us, "Staff always treat my [relation] with the respect she deserves and as far as I know they observe her dignity." A senior member of staff told us, "I treat everyone how I'd want to be treated."

We saw relations and friends were able to visit and spend as much time as they wanted with people. One relative told us, "I can visit as often as I like and I frequently spend most of the day with [relation]. The staff make me welcome and will always answer any queries I might have." Another relative told us, "It is very nice and the staff are very good as well, I can come anytime I want to."

# Is the service responsive?

## Our findings

The registered manager ensured staff had detailed information to understand how to care for people well. This was through thorough pre-admission assessments of people, and regular reviews of people's care needs. The staff we spoke with had in depth knowledge of the people they supported, and their histories.

Relatives we spoke with told us that the registered manager was responsive if they had questions about the care and support provided, and staff were, "Very attentive" to people's needs. Some told us they had been involved with care review meetings but others could not recall being involved in discussions about their relations care. The registered manager informed us that relatives were involved in reviews if it had been identified there were changes in the person's care needs. A visiting social care professional told us when they did reviews of people's care the family was always included.

During the day staff ensured that people wore their glasses and hearing aids. A relative confirmed that their relation always had their hearing aid in place. We saw staff were patient and supportive at meal times, ensuring when people required support to eat, the support was given at the pace of the person. We also saw two people being supported who preferred not to sit the table to eat. Staff walked with them around the dining room to ensure they received sufficient nutrition.

We saw some people used dolls which they identified as their babies, staff supported people with this reality as it gave people pleasure and happiness. We noted one person liked to move the dining furniture around. Staff did not discourage this as they thought it linked to the person's past. Instead they watched quietly ensuring the person did not put themselves at risk, but allowed this activity to continue as it appeared important to the person.

Cow Lees had two communal lounges and people could also sit in the dining room during the day. Astley House had two communal lounges and two dining rooms. We saw good use was made of the different areas to provide people the opportunity of quietness, music, and the TV. We saw the TV was only put on at the express wish of a person, or as part of an activity; if nobody was watching it, it was turned off to promote a sense of calm. We saw staff spent

time sitting and talking to people. One staff member told us that if the manager or deputy manager saw a member of staff not talking with people, they would ask the staff member why they were not engaging with the person.

We saw the home had an enthusiastic and committed activity worker who provided one to one support to people as well as activities both within and outside the home. On the day of our visit, people were engaged in a singing and tambourine playing session. We saw one person's face lit up with a beaming smile whilst the music was playing, another sang the words to all the songs, and a third thoroughly enjoyed playing the tambourine to the beat of the music. A relative told us their husband enjoyed bingo, dominoes, cards and the sing-song held each week. We were told that staff were taking a small number of people on holiday to Wales.

We saw people in both buildings enjoy a session where all their senses were awoken through music, taste, massage and smells. We were told this was a regular event, and people were visibly relaxed as a consequence of the session.

We were told that a volunteer and the provider came to the home each Monday morning to engage people in a quiz and a sing along, and every Wednesday during the early evening there was a tea dance. People who wanted to, were supported to go into town with staff on a regular basis, and there were walks in the large grounds of the home each day for those who wished to get fresh air. These walks could range from five minutes to 45 minutes dependent on people's wishes. A relative told us, "[person] can do a lot for himself, he likes to walk round the garden and the staff keep an eye on him but allow him the freedom." We were told two people in the home could play the piano, and in response to this, the provider had just had one delivered for people to play. They were waiting for the new flooring to be laid before it was positioned for people to use in the main hallway in Cow Lees.

The registered manager had a dog which she brought to the home each day. We found the dog was used at times to help the emotional well-being of a couple of people who lived at the home. One person used the dog to talk to about their problems, and helped look after the dog which gave them a sense of purpose.

We asked people and their relatives if they felt able to speak with the registered manager if they had any concerns

## Is the service responsive?

about the home. One relation said, “I have no cause for complaint and the management make themselves available and are happy to answer any questions.” Another relation told us they had made, “A small complaint”, and that management had responded “In a timely and professional manner.” We asked management if they had received any formal complaints in the last year. They told us they had not received any formal complaints, but had dealt with two informal concerns to the satisfaction of those who raised them.

We saw there were a large number of compliments the staff at the home had received regarding the care they had given to people. We also saw a testimonial from a training assessor. This said, “Whilst training in the home, I have seen first-hand the kindness and respect that your staff always show to the residents and their families.”

# Is the service well-led?

## Our findings

The registered manager and her deputy had both worked at the home for many years. The provider is a family owned company, who were involved in the day to day running of the home.

Management were visible and open to people and their relatives. A relative told us, "I see the manageress quite often in the lounge and she makes herself available for any queries." Another relative said, "I've seen the management frequently and they are very approachable."

Leadership and staff at the home provided care which was focused on the individual needs of each person. Staff were observed to enjoy their work and we asked staff how they felt about working at Cow Lees. All staff we spoke with told us they liked working at the home. One member of staff said, "I love it here." Another said, "I wouldn't leave this care home to work at another care home." One of the nurses we spoke with had started work at the home on student placement. They had returned to work at the home once they were qualified because they enjoyed the experience so much.

We found that the registered manager and her deputy were open to change and learning from experience. For example, they told us they would work as nurses on a shift when necessary, and as a consequence of undertaking some of the shifts they learned their nurses did not have sufficient time to do all the tasks assigned to them. To alleviate the pressure on the nurses, they created the position of care supervisor, and these roles had recently been filled. This meant that some of the more senior but non clinical tasks could be shared with non clinical staff. Staff also told us they could approach management with ideas, for example one staff member said, "If you have an idea to see if things could work better, you can approach [the manager]".

The home encouraged staff to undertake training over and above the training considered essential to meet people's needs. Staff had undertaken national diplomas in care and the management had recently hosted an awards presentation to congratulate staff for their achievements. The manager and deputy manager had also tailored the dementia training to meet the specific needs of people who lived in the home and to give staff practical experience of what it might be like living with dementia or to be reliant on others.

We saw by looking at team meeting minutes that where managers observed poor care, they were quick to deal with this. For example, the minutes made it clear that managers expected staff to take pride in their work, and if one person on the team did not do this, they let the team down. They gave examples of where they saw staff had not taken pride. We saw both day staff and night staff had meetings with management. The minutes showed that staff were being kept informed of the progress of the new building which will accommodate people with early onset dementia. We saw the provider had contacted the University of Sterling to provide a three day training programme for staff who would be working with this group of people. The University of Sterling is widely acknowledged as being a specialist in the field of dementia care.

The registered manager and her staff were working towards accreditation in the Gold Standard Framework for palliative care. This is an initiative which means that people, who are moving towards the end of their life, get good quality end of life care in their home environment without needing to go into hospital.

There was a system of checks to assure management that good care was being delivered in a safe environment. This included regular checks on medicine records, and checks on the competency of staff to ensure medicines were administered safely.