

Coton Care Limited

Coton Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 was unannounced and took place on 14 March 2016. At the last inspection in July 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

Coton Grange is registered to provide accommodation for up to 26 people who require personal care and support. On the day of the inspection there were 26 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive their medicines as prescribed and staff were not always clear about when people should be offered their 'as and when required' medicines. People told us they felt safe. Risks to people's health and safety had been assessed and were managed. There were sufficient staff to support and respond to people and the provider carried out appropriate recruitment checks to reduce the risk of employing unsuitable staff.

People and relatives expressed confidence in the staff who supported them and staff felt they had received training that gave them the skills they required to meet people's individual needs. People were asked for their consent before care was provided and staff had assessed people's capacity to make certain decisions.

People and their relatives liked the staff and felt they were friendly and caring. Staff understood people's individual needs and spent time with people getting to know them. Staff supported people in a way that protected their dignity and privacy.

People and their relatives were involved in decisions about their care and support. Activities were offered which took account of people's interests and hobbies. People and their relatives knew how to complain and the provider had a system in place for managing complaints.

People and staff felt the home was well managed. The provider welcomed feedback from people, relatives and staff and held regular meetings to gather people's views. Staff felt supported by the registered manager and provider and were confident they would be listened to if they raised concerns. The registered manager and provider had a good knowledge of their responsibilities and had notified us of things they were required to do by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People did not always receive their medicines as prescribed. Staff understood how to identify and report any concerns for people's safety. There were sufficient staff to meet people's care and support needs.

Is the service effective?

Good ●

The service was effective.

Staff received training that enabled them to be effective in their role. People were asked for consent before care was provided. People had sufficient amounts to eat and drink and had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us staff were friendly and caring. Staff understood people's needs and supported people in a way that maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives had contributed to their care planning. Staff understood people's personal histories and preferences. People knew how to complain and there was a system in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt the home was well managed. The provider actively sought feedback and used this to improve the service. There were systems in place to monitor the quality of care people received.

Coton Grange

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 14 March 2016 and was unannounced.

The inspection team consisted of two inspectors. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority for information they held about the service. This information helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We spoke with four people who lived at the home, two relatives, five staff members, the registered manager and the provider. We looked at three records about people's care and support, medicine records for five people, three staff files and systems used for monitoring quality.

Is the service safe?

Our findings

We found there were some shortfalls in the way people's medicines were being managed and administered by the provider. We looked in detail at five medicines administration records (MAR) and found that on the whole people were receiving their medicines as prescribed by their doctor. However, there were two people whose medicines were not available and as a result they had not received their prescribed medicines for four days. Some of these medicines were used for pain relief and had been taken daily until the stock had run out. Staff explained to us that these people were living at the service on a short term basis, however their stays had been extended which had resulted in their medicines running out. The provider explained that the GP had been contacted on a daily basis in an effort to obtain new medicines, but at the time of our visit the people were still without their required medicines.

We reviewed medicines that people received 'as and when required', such as pain relief and found some inconsistencies in the way these were being administered. Records showed that staff did not always offer people their as and when required medicines and staff we spoke with had differing views on what should be offered and when. Guidance was not available for staff with regard to when these medicines should be offered which meant that people may not have received their medicines when they needed them. We also looked at the way in which staff administered prescribed creams, which were used to protect people's skin. We found the system used for recording the administration of creams was not consistent and there were numerous gaps in the Medicine Administration Record (MAR) sheets. Staff were unable to tell us whether people had refused their creams or whether they had not been offered. This meant people may not have received their medicines when required which could have an impact on their health. We discussed our concerns with the registered manager and provider who advised they would make improvements to the systems currently in place. We found that medicines were being stored securely and at the correct temperature.

People and their relatives told us they felt safe. One person told us, "It's safe here, people look after me, I can't do things on my own." Another person told us, "I am safe, it's good here, keys are given to people if they want to lock their rooms." Relatives also told us they were confident their family members were safe. One relative said, "I'm happy [person's name] is safe, it's secure." We spoke with staff who understood their responsibilities in keeping people safe from harm. Staff told us how they would identify signs of possible abuse and knew what action they should take if they saw anything that concerned them. One staff member told us, "I know how to report concerns to the senior staff or managers, and I'm happy to raise issues with other staff if their practice isn't up to standard." Two staff members told us they had recently undertaken training in safeguarding people and told us this had improved their knowledge of the procedures they should follow when reporting any concerns.

We found that risks to people were assessed by staff and risk management plans gave staff the information they needed to support people in a way that kept them safe. Staff were able to tell us about the risks involved in people's care and support and we saw examples throughout the inspection of staff responding to people to reduce the risk of incidents occurring. For example when people became anxious, staff approached them and spoke calmly with them to reduce the risk of other people becoming distressed. Staff

told us they shared information about potential risks with other staff members through a communication book as well as staff handover meetings. This showed the provider had systems in place to ensure risks were well managed and staff were aware of current information about people's needs. Where risks presented by people required specialist healthcare intervention we saw the provider had contacted relevant professionals and actively sought advice and guidance from them. Where incident and accidents had taken place we saw these had been recorded by staff and investigated by senior staff or the registered manager. Where necessary these incidents had been reported to the local authority or CQC as required by law. We saw the provider had learned from incidents that had taken place and had taken action to protect people's wellbeing. For example through reviewing and updating care plans and risk assessments.

People were supported by sufficient numbers of staff to meet their care and support needs. People and relatives told us there were enough staff to respond to their needs in a timely manner. One person said, "There are always plenty of staff." However one relative did comment that at times they felt they "had to look for staff" if they needed them. Staff told us they felt there were enough staff available to respond to people when needed. One staff member told us, "I think there are enough staff and they have the right skills to do the job." Another staff member said, "Generally there are enough staff, except when there's sickness, but you can't predict that." The registered manager told us they covered for staff absence at short notice and if necessary staff from the provider's sister home would be contacted and asked to support. The provider told us that people's needs were regularly assessed to ensure staffing levels throughout the service were appropriate and there were enough staff to respond to people when needed. They shared with us examples of where people's needs had increased and they had requested assessments be carried out by the local authority because the person was no longer appropriately accommodated at the service. We saw throughout the inspection that staff were available to respond to people quickly when they needed them.

We looked at recruitment files for staff and found the provider had followed safe recruitment practices. We saw the provider had carried out checks on new staff including obtaining references from previous employers and checks by the Disclosure and Barring Service, which provides information about people's criminal records. This recruitment process helped to ensure that staff who were employed were safe to work with people living at the service.

Is the service effective?

Our findings

People and their relatives were confident staff had the skills and knowledge required to support them effectively. One relative told us, "I think the staff understand [person's name] very well, they know what they need." Another relative expressed they felt the staff provided "high quality care" for their family member. Staff told us they felt support in their role and had received relevant training. One staff member told us there was an on-going training plan which ensured staff training reflected the needs of people living at the service. Another staff member said, "The team have good knowledge and skills which I learn from every day, you never stop learning." The registered manager and provider told us they attended local information sharing events which enabled them to keep up to date with best practice.

Staff told us they attended regular supervision meetings with the management team which enabled them to receive feedback on their performance in their role. They shared with us how they felt able to give feedback in both formal meetings and more informally directly to senior staff or the registered manager. Staff told us if they required additional training then this was arranged and they were able to "access support on a daily basis from managers and supervisors."

We saw that staff had a good knowledge of people's preferences and used different methods of communication when responding to people, according to their individual needs. Staff knew how to communicate with each person in a way that they were comfortable with and would understand. For example, staff took time to sit next to people and explain people's care in a clear concise way before they started to support them.

People were asked for their consent before staff provided care. We saw, and people and their relatives told us that staff offered them choices. One person's relatives told us, "Staff know the people here very well; [person's name] has had a lie in today, by choice." Staff told us they always asked people before they provided them with care and support and we saw examples of this throughout the inspection.

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. Staff members we spoke with understood the requirements of the MCA and recognised the importance of acting in people's best interests. They told us how they involved people in making choices, for example offering people a choice of clothing, or whether they would like to get up, or prefer to stay in bed longer. We saw that people's care records offered guidance for staff about how they should provide care in people's best interests and also detailed the person's capacity to make certain decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. Although there were no current DoLS

authorisations in place, the registered manager shared with us how consideration had been given to individuals living at the home and whether or not they were being deprived of their liberty. Staff had received training in MCA and DoLS and the management team had assessed people's capacity to make certain decisions. These assessments were recorded in people's care records and shared with the staff team.

People and their relatives told us there was a good choice of food. One person's relative told us, "[Person's name] has a choice, but does need to be directed sometimes. Staff offer a balanced diet." Another relative explained to us how staff supported their family member with meals due to their poor vision. All of the staff we spoke with were able to explain how people's specific dietary needs were catered for. We saw people were offered a range of drinks throughout the day and appeared to enjoy the lunchtime meal. Staff explained that some people required a specialist diet and we found that staff had carried out nutritional assessments with people where appropriate, to ensure they received the correct food and drink. We saw that staff encouraged people to enjoy a healthy diet and when we spoke with staff responsible for food preparation we found they were aware of people's individual needs.

People were supported to access healthcare professionals as and when they needed them. One person told us, "Access to medical appointments is easy and the GP visits here." People told us staff arranged appointments for them when they needed them. One relative told us, "[Person's name] sees people as and when required and their family are always kept informed." We saw staff took appropriate action when people needed additional support from healthcare professionals and contacted, for example, the district nursing team when required. We saw that where people starting losing weight staff had contacted the relevant healthcare professionals for advice and support. We spoke with a visiting healthcare professional who told us staff were generally up to date with people's health care needs and that any guidance or recommendations given were actioned by the staff team.

Is the service caring?

Our findings

People told us staff were caring and friendly towards them. One person said, "The staff are very friendly, they treat people well." Another person's relative told us, "The staff are very supportive and quick to respond." We saw staff treated people with kindness and had established good relationships with people and their families. We observed people laughing with staff as they chatted to them and we saw staff take time to sit next to a person who became anxious speaking calmly to them offering them reassurance.

People told us staff took time to listen and understand their needs. One person's relative shared with us how staff had supported their family member following the loss of their friend. They told us, "Staff know [person's name] well, they understand their relationships and got to know them. They took time to sit and chat." We observed care being provided and saw that staff knew people's preferences and people were comfortable and relaxed in the presence of staff.

People were supported to make decisions for themselves and we saw examples of this throughout the inspection. We saw staff offering people choices about activities, drinks, care and support, as well as where they would like to sit. Staff shared with us how they encouraged people to participate in activities and to do as much as possible for themselves. One staff member told us, "Where people can participate, they are encouraged to be independent." Where people had specific communication needs staff were able to share with us how they best communicated with people, for example showing people picture cards and using lots of eye contact.

People told us staff supported them in a way that maintained their dignity. One relative told us, "Staff are very respectful; incontinence for example, is managed immediately for people." Staff shared examples with us of how they supported people in a way that upheld their dignity. For example, not discussing people's care needs in a communal area, closing doors to maintain privacy and storing confidential information securely. We observed that staff acted quickly when situations arose that could compromise people's dignity and staff lowered their voices when asking people if they wanted support with personal care.

People's relatives told us they were able to visit at any time. We saw family members visiting during the day and staff were friendly and welcomed them. Relatives told us staff kept them updated with any relevant information about their family members when they visited the home.

Is the service responsive?

Our findings

People and their relatives were involved in decisions about their care and support. One relative told us, "Review meetings take place and I can always speak to the staff if I need to." Another relative said, "Staff take time to talk to people and find out what they like, contact with the family about care is continual."

Staff had a good understanding of people's needs and were able to tell us how they responded to changes in people's health or preferences. One staff member told us, "If I notice a change I would speak to the senior to see if there is a requirement to act. For example if someone is in pain they may require medicines." Staff told us and we saw they used a range of methods to keep the staff team up to date with people's needs and requirements, these included handover meetings between staff and a communication book. We saw that information relating to people's health needs was shared appropriately within the staff team on the day of the inspection, and we observed staff monitoring people's health needs to ensure healthcare professionals would be contacted promptly if required. For example where people expressed they were in pain, staff offered them appropriate medicines and also continued to check on the person to see if they required further assistance.

Relatives we spoke with told us staff updated them with details of their family member's health and wellbeing. During the inspection we saw staff updating visitors and sharing information about any changes to people's needs.

People were supported and encouraged to participate in activities that interested them. We saw a range of activities were offered throughout each week and during the inspection we saw people taking part in singing and organised games as well as reading and crafts. Staff told us they tried to support people to maintain their hobbies and interests, which included both 'in house' activities as well as trips out to local places and events. People told us their religious or spiritual needs were met by visitors to the service. For example one person was provided with a service of communion by a visitor from a local church.

People and their relatives told us they knew how to complain if they were unhappy about their care and support. A relative told us, "I understand the complaint's procedure and I made complaints to the previous owners, but I haven't needed to complain recently." Staff told us they were aware of the provider's complaints procedure and knew how to escalate any concerns raised. There were no outstanding complaints and the registered manager told us they tried to communicate with people and families as much as possible, "Sometimes relatives call to tell us they are concerned about something, we try and have regular communication and deal with things straight away."

Is the service well-led?

Our findings

All of the people and relatives we spoke with told us they felt the home was well managed. One relative told us, "Everything works really well, the managers are known to family members." Another relative expressed how the current provider had made improvements since taking over the service a few years ago, "The managers have made massive improvements, it is much friendlier now." People told us they liked living at the home and we saw that the provider welcomed feedback from people and their relatives through the use of feedback forms and also inviting people to contribute their reviews to independent websites. The registered manager and provider were also involved in resident's meetings where they encouraged people to share ideas and give feedback on the service.

Staff told us there was an open culture and they felt comfortable expressing concerns or raising any issues with the registered manager or provider. One staff member told us, "There is an open door policy, anyone can raise issues." Another staff member said, "Any concerns are sorted out, managers are very supportive and communicate well with staff." We saw that staff attended quarterly team meetings, which followed the resident's meetings, so that issues raised by people could be shared and actioned promptly. Staff told us they felt they had an opportunity to develop within their role and that this was supported by the provider. One staff member told us, "The management team are good and there is the opportunity for development, which is important. There's an opportunity to make a difference."

The registered manager and the management team carried out regular auditing to review the quality and standards of care provided. We saw that these audits included staff training, monthly activity monitoring, as well as environmental audits of the kitchen, treatment room and laundry. People's care plans and risk assessments were also reviewed on a monthly basis. The registered manager shared with us changes they had made following feedback from staff, for example, improving paperwork after staff suggested things could be recorded in a more concise way. We saw action plans were developed to track the changes and improvements that had been identified which were then monitored to ensure the required improvements were made.

There was a registered manager in post who managed the home on a day to day basis, along with a team of senior staff. We spoke with the registered manager who demonstrated a good knowledge of all aspects of the home including the needs of people living at the home and their responsibilities as registered manager. The registered manager and provider were aware of their legal responsibilities and had notified us of events that they were required to do so by law. The registered manager and senior staff members worked with other professionals including district nurses and GPs and had contacted them when they needed specialist guidance or advice.