

Mr Graham Walker & Mrs Lyn Walker

Cotteridge House

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 

Overall summary

This inspection took place on 7 October 2014 and was unannounced. At the last inspection in November 2013 the provider was meeting the regulations we looked at.

Cotteridge House provides accommodation with personal care for up to 11 older adults some of who are living with dementia. At the time of our inspection 11 people were using the service. All the people we spoke to at the home, relatives and health care professionals who visited the service spoke positively about the care provided, manager and staff. We found there was a

registered manager at this location. 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 and associated Regulations about how the service is run.

People who lived in the home, their relatives and health professionals who visited told us they felt that people at the home were safe. We saw there were systems and

Summary of findings

processes in place to protect people from the risk of harm which staff knew about and adhered to. During our visit we found staff were caring and kept asking people if they needed anything. Staff took time to sit with people and talk with them and we saw staff speak affectionately to people when they required reassurance. People who lived at the home and their relatives told us that staff were kind to them and we saw that people were treated with dignity and respect because staff supported people in line with their preferences.

Staff received appropriate training and were knowledgeable about the needs of people living in the home and provided effective care and support that met

people's individual needs. Staff worked flexibly to ensure there were enough staff on duty to meet people's needs and enable people to pursue their hobbies and interests which they liked.

People were able to make choices about what they did and what they ate. People were supported to express their views and staff were able to explain how people liked to be supported.

Management systems were well established. The manager monitored and learnt from incidents and concerns.

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 at the home told us they felt safe and relatives and other health providers who visited the home also told us they felt the provider kept people safe.

We saw staff deliver care safely in accordance with people's care plans.

Good



Is the service effective?

The service was effective. People received care which met their needs and staff consistently followed guidelines.

People were supported to eat food that met their needs and preferences.

People were involved in deciding how their care was provided and their movements were not restricted unnecessarily because the service supported people in line with the Mental Capacity Act 2005 Code of Practice.

Good



Is the service caring?

The service was caring. People were positive about the care they received and this was supported by our observations.

People were supported to express their views on the care they received and we saw that staff delivered care in accordance with people's wishes.

Good



Is the service responsive?

The service was responsive. Records showed people received care when they needed it and care plans were updated when people's care needs changed.

The provider had an effective system to respond to concerns and complaints about the service.

The provider sought people's opinions and ensured care was delivered in line with their wishes.

Good



Is the service well-led?

The service was well led. The provider had effective systems for monitoring the quality of the service.

The provider actively sought and reviewed comments from people who used the service, their families and other health care providers to identify how the service could be improved.

Good



Cotteridge 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 checked 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 7 October 2014 and was unannounced. The inspection was undertaken by two inspectors. Before our inspection we reviewed the notifications the provider had sent us since our last visit. These contained details of events and incidents the provider is required to notify us about, including unexpected deaths and injuries to people receiving care. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with seven people living at the home, the registered manager, three care staff and a community nurse and social worker who were visiting people who lived at the home. We also spoke with the relatives of four people at the home and spent time observing how care was delivered by staff during the day in communal areas such as the lounge and dining room. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records including four people's care plans. We also looked at records of staff meetings, best interest decisions, residents meetings and accidents and incidents. We looked at the provider's records for monitoring the quality of the service. These included how the provider responded to issues raised, medication audits, action plans and annual service reviews.

Is the service safe?

Our findings

The people who lived at the home, their relatives, staff and visiting health care professionals who we spoke with, all told us that they felt people living at the home were safe. A person who used the service told us, “I feel very safe,” and relatives of a person at the home told us that, “Staff have genuine concern for the people at the home,” and that staff were “very thoughtful.” A member of staff we spoke with told us, “People are extremely safe here because we are watching all the time.” We saw that people were supported by relatives, staff and other health care professionals when necessary to express their views about their safety. A social worker supporting a person at the home during our visit said they felt the home was very safe.

A member of staff we spoke with was able to explain the principles of local safeguarding practices and that they received regular refresher training so they were aware of any changes in safeguarding practices. Staff were able to explain the various forms of abuse that people were at risk of, and which external agencies they could escalate their concerns to if they felt it necessary. Staff told us that they felt confident they would be supported by the manager if they were concerned that people’s safety was not being addressed appropriately.

People who used the service told us that there were always enough staff on duty to support them when necessary. A person who often chose to have meals in their bedroom said that there were always enough staff to bring them their meals promptly and they didn’t have to wait until other

people had been served. Their relative said, “They are very accommodating to [Person’s name] wishes around tea time and their request for something else to eat was dealt with efficiently.”

Relatives visiting people in the home told us that they felt there was always enough staff on duty to ensure people did not experience harm and we saw that staff responded promptly to people’s needs. Staff told us that the service never used agency staff and when necessary existing staff would work additional hours to ensure people were always supported by adequate numbers of staff who knew their care needs. Therefore people were kept safe because the provider had a system to assess how many staff were required to meet people’s needs.

We saw that people’s medicines were managed safely. A member of staff told us that they had received training in how to manage medicines appropriately and was able to explain the provider’s policy for reporting medication errors. During our visit we saw people being supported to take their medicines and records showed this was in line with their care plans. Medicines were stored safely in a locked cabinet and the provider had suitable arrangements for medication which required chilled storage in order to remain effective. The manager conducted regular audits to check that people had received their medicines as prescribed and we saw they conducted investigations when errors had been identified. We audited one person’s medicine and found that the quantities held matched the provider’s records. Therefore people’s medicines were managed so they received them safely.

Is the service effective?

Our findings

People living at the home and their relatives told us that staff knew how to support them with their care needs. One person told us, "Everything I ask to be done, is done."

Another relative told us that people were, "Well cared for," and a visiting friend said, "I can't fault the place, it never smells, it is always clean and the staff are always pleasant."

Staff told us that they felt they had suitable training in how to meet the specific care needs of the people in the home and they were able to tell us about people's life histories and how people liked to be supported at the home. Staff told us and we saw that as people's condition changed they received training in the skills required to meet people's care needs such as dementia, diabetes, nutrition and safeguarding. A member of staff told us that they were going to receive falls prevention training the week after our visit. Therefore people were supported by staff who had the skills and knowledge to meet their care needs.

People were able to consent to the care they received and during our inspection a person who used the service was being supported by a visiting social worker to review their care with the manager and express if it was delivered in accordance with their wishes. Both the social worker and the person at the home told us that they were very happy with the care received. In the care records we looked at, there were clear records demonstrating the steps taken to support people to make specific decisions for themselves. For example we saw that the provider had taken steps to discuss people's end of life decisions with them, their families and other health professionals who also supported them so their preferences would be respected in line with their expressed wishes.

The provider followed the principles of the Mental Capacity Act 2005 including Deprivation of Liberty Safeguards (DoLS). Where assessments determined a person lacked capacity to make a decision, records showed that the person and other people concerned with their care and welfare had been consulted. All relevant factors, including finding the least restrictive option, had been considered before a best interests decision was made on a person's behalf. People received care in line with their wishes and

best interests and records showed that regular reviews of mental capacity assessments and best interest decisions were undertaken to ensure that decisions remained valid. Therefore people were safe from having their rights restricted inappropriately.

We observed how people were supported at lunch time. All the people at the home had a choice of meals and could choose to sit with other people to promote their social interaction or to eat in their own room. The food was hot and appeared appetising. A person told us that the food was, "Fabulous", and other person told us, "It's always lovely, always". Staff were knowledgeable about the support each person required and this included preparing soft foods and providing crockery and cutlery which enabled people to eat independently. We observed a person was supported by a member of staff and provided with equipment in line with their care plan. We observed that when a person was unable to continue their lunch that staff made arrangements for the person to eat their lunch later in the day.

Staff were able to explain to us people's specific nutritional needs and could access records about people's care needs and information about balanced diets and healthy eating. People had nutritional assessments to identify what food and drink they needed to keep them well and what they liked to eat. Records of people's weights were maintained and we saw that people's care plans were updated as their nutritional needs changed. Therefore people were supported to eat and drink enough.

A district nurse and social worker, who regularly supported people at the home, told us that staff would always seek support promptly when they felt people were unwell or required guidance. One health professional told us that they felt they had a good relationship with the home and they had no concerns with the home. They also said that they were confident that any instructions they provided to support people would be followed. People told us and records showed that people also received regular visits from GPs and other health professionals such as speech and language therapists and dieticians. This showed that people at the home would receive timely support from other health services when necessary.

Is the service caring?

Our findings

People who lived at the home and their relatives told us that they felt the service was very caring. A person at the home told us, "The staff are very caring they will do anything for you." Relatives visiting a person at the home told us, "They can't do enough for them. I don't worry when I go home." Staff spoke about the people at the home with warmth and kindness. A member of staff told us, "I love it here." A visiting health professional told us that they felt people lived like a family at the home.

There was a relaxed atmosphere in the home and staff prompted and supported people's social interactions. People told us that they were regularly supported to express their views of the care they received at regular meetings and told us that they felt listened to. We observed that people in the lounge engaged in social "banter" and saw a person at the home tell a member of staff how much they meant to them and held hands while they spent time talking together.

People were relaxed with staff and confident to approach them throughout the day. Staff we spoke with told us they enjoyed supporting the people living there. A member of staff told us, "I couldn't think of anything else I would rather be doing." We found that there was a low staff turnover at the home which enabled people who lived there to build meaningful and caring relationships with the staff.

Staff interacted positively with people and could explain the specific support people needed in order to meet their individual care needs. Staff responded promptly to prevent people suffering discomfort or agitation which included repositioning and supporting people to access television programmes. Staff explained people's personal preferences and knew how they supported them to engage in interests they wanted to pursue.

The provider had a policy to protect people's independence and dignity. We saw that people were provided with suitable equipment in order to maintain their dignity. These included mobility aids, crockery and cutlery which enabled them to be as independent as possible.

Staff were able to explain to us the provider's policy and the actions they would take to protect people's privacy when delivering personal care. For example, staff told us that they would not enter people's rooms without knocking and introducing themselves first and we observed that staff asked permission from people before they entered their bedrooms. When people shared a bedroom we saw that the provider had supplied screens in order to protect people's privacy when in bed or receiving personal care.

Is the service responsive?

Our findings

The relatives of a person who lived at the home told us they felt the service was very responsive to people's needs. One person told us, "We raised a concern and it was sorted after the manager discussed it with the residents". Relatives told us that they found the manager to be helpful and one person commented that they were, "Pro-active and sorts things straight away."

We found that the provider did an initial assessment of people's care and welfare needs before they joined the service. We saw evidence that relatives were also included in the assessments to ensure that people were supported to express their views. This ensured that the provider could identify if they had the resources and skills to meet people's needs. We saw that these assessments identified people's individual preferences and how they wanted their care to be provided when they lived at the home. Staff were able to explain people's specific preferences and interests which enabled them to provide care which reflected people's choices and wishes.

There were systems in place to review and update assessments and guidance for staff as people's care needs changed so that staff would know how to keep people safe from the risks associated with their conditions. We saw that the provider had recently taken action to support a person with end of life care. This involved discussing the person's wishes with relatives and agreeing a care plan to support the person in accordance with these wishes. We saw that the plan was shared with the person's GP to ensure it would meet the person's care needs. A social worker and community nurse who were visiting people at the home during our inspection both said they were confident that the provider made every attempt to deliver care which was in the best interest of the people who lived at the home. People received continuity of care because care plans were updated so they contained guidance for staff about how to meet people's care needs when their needs changed.

People had the opportunity to take part in activities they liked and to maintain relationships which were important

to them. During our visit one person had been supported to meet with visiting friends for coffee in the dining room and another person who used the service was away on holiday. People told us that they took part in regular group exercises however one person told us that they felt there was not enough to do in the home and they did not go out as often as they liked. People's records confirmed that they had the opportunity to take part in regular activities if they wanted and although there were no plans about how staff were to support people to pursue personal hobbies and interests we observed a person was supported to knit and another person was provided with a daily paper. The manager told us they were reviewing people's records to help staff support people to pursue their personal interests. Staff were also able to explain what each person liked doing each day. Therefore the provider responded to people's expressed choices and preferences.

We saw evidence that people were regularly supported to comment about the service they received. The provider had a system to record formal complaints, however the manager told us that they had not received any. There was information about the provider's complaints process available around the home and included in information packs which were given to people when they started to use the service and their relatives. People had been supported to complete a quality questionnaire and we saw that comments about the service were positive.

Throughout our visit staff regularly asked people if they were comfortable or needed any assistance. The manager told us that they met people to get their opinion about the care they received and if they were happy with the staff who supported them. This included supporting people to review their care plans so that they recorded their preferences and what was important to them and where possible people had signed their updated plans to say they agreed to how their care would be delivered. When necessary the manager arranged for people to be supported by family members or other health care professionals to express their views. This allowed the provider the opportunity to ensure the service reflected the views and opinions of people at the home.

Is the service well-led?

Our findings

People who used the service and visiting health professionals who supported people at the home told us that they felt the home was well-led. People said they were well cared for and comments included, “I love the manager,” “I like the staff” and “This is one of the best homes I visit.” The relatives of four people who lived at the home were happy to speak to us and expressed their satisfaction with the service and the care their relatives were receiving.

We found that the provider had a system in place to help people living at the home and their relatives express their views about the service at regular meetings. People were also supported by a variety of formats to help them comment about the service. This enabled people to be supported by staff they liked and engage in tasks they wanted to do. During our visit we saw that people were regularly asked what they wanted to do, what they would like to eat and drink and that staff responded promptly to meet these needs.

Staff told us that they were asked for their views of the service at regular meetings and said that the manager was approachable and welcomed their comments. A member of staff told us, “I have a good relationship with the manager, they will listen to me.” We saw the manager had identified when staff required additional training as the needs of the people in the home changed. A member of staff told us, “As and when it is due [training] we do it.” Therefore both the manager and staff understood key challenges and how the service needed to be developed in order to meet people’s care needs.

The provider had a clear leadership structure which staff understood. In addition to the manager there was a deputy manager. The manager conducted monthly reviews of each person’s care needs with other members of staff so they would also know if or when people’s individual care needs had changed. The manager told us, “Staff have my home telephone number, I’ve told them to contact me day or night if needed,” and staff confirmed to us that they had always been able to contact the manager when necessary. A member of staff told us, “We have a good relationship,” and another member of staff told us that the manager was, “Very approachable.” Therefore people would receive the care they required because the provider had developed a system to ensure staff could always receive advice and guidance in the event of a difficult situation occurring.

The provider monitored the quality of the service to ensure people received support which met their care needs and kept them safe. We saw evidence that the manager conducted monthly reviews of each incident and accident, including falls, to identify if people were at risk of harm and if appropriate how to stop similar incidents from happening again. There were established policies in place to support people who wished to raise a complaint which enabled the manager to assess if the quality of the service was meeting people’s expectations. We found that no complaints had been raised, however staff, relatives and health professionals we spoke with told us they would feel confident to raise matters of concern and they would be acted on. We saw that the manager had organised activities people had requested and reviewed the home’s menu in response to feedback they had received for people who used the service.