

Pool Cottage Limited

Pool Cottage

Inspection report

Pool Road
Melbourne
Derby
Derbyshire
DE73 8AA

Tel: 01332863715

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Pool Cottage is a residential care home for up to 17 people which provides accommodation and personal care to older people. At the time of our inspection there were 13 people living there. The home is situated in the village of Melbourne, in the grounds of Melbourne Hall. It is accessible to people who use wheelchairs because there is a stair-lift to the first-floor accommodation.

People's experience of using this service:

The service met the characteristics of good overall with requires improvement in well-led.

The provider and registered manager did not always have clear responsibilities and defined accountabilities. This meant there were sometimes difficulties managing priorities, responding to concerns and supporting staff. After our inspection, the registered manager and provider provided us with a joint action plan which added clarity to their roles. It gave us an assurance that they had addressed these concerns.

People continued to receive safe care. There were systems in place to safeguard people from abuse and staff showed understanding of their responsibilities. Staff assessed risks to people and monitored these to keep people protected from harm. People received their medicines as prescribed. There were enough staff to support people and the provider recruited and trained staff as required. Good infection prevention and control practices were in place to protect people.

The care given continued to be effective. People enjoyed the meals available and could exercise choice. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had access to healthcare services and received coordinated support, to ensure their preferences and needs were met. The provider continued to improve the environment to meet people's needs.

Staff were kind and caring when interacting with people. We received many positive comments from people and their relatives. Staff made relatives feel welcome. Staff respected every person's privacy and dignity. Staff supported people to be involved in their care.

The staff and provider continued to be responsive. People had personalised and holistic care plans that staff regularly reviewed. Care plans incorporated information about positive risk-taking and empowering people to be independent. Staff encouraged people to access activities and arranged for external people to facilitate them. Staff identified people's information and communication needs by assessing them. People knew how to make a complaint and felt confident they would be listened to. Staff had written comprehensive end of life care plans which detailed people's preferences about their care. The provider showed compassion and kindness when dealing with bereavement.

All staff shared the positive culture and vision to support the people's health and wellbeing. There were strong links to the community in the service and multiple people told us how the service was a real part of the village. Improvements to the building were ongoing. The registered manager was transparent, open and collaborative with external agencies.

More information is in the full report below.

Rating at last inspection:

Rated as good, report published 5 July 2016.

Why we inspected:

This was a scheduled inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Pool Cottage

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

A team of two inspectors completed the inspection.

Service and service type:

Pool Cottage is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

We used information we held about the home which included notifications the provider sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this eleven months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about the support they received. We also spoke with two people's relatives and a visitor to gain their feedback on the quality of care received. We also received written feedback from another relative after the inspection.

We spoke with the registered manager, the provider, the deputy manager, one senior care staff, one care staff, and the cook. We spoke with a visiting health and social care professional to gain their feedback. We also received written feedback from another healthcare professional before the inspection visit. We reviewed care plans for two people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management and fire policy.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility around safeguarding and could tell us what constituted abuse.
- We saw there was a positive and supportive culture when it came to safeguarding people from abuse. One member of staff told us, "We are open and transparent." One person told us, "If I was worried [the manager] is alright to talk to."
- People told us they felt safe. One person told us, "They look after you here." Another person told us, "My son said the other day that he's glad I'm here as I'm safe."
- We saw staff had followed up any safeguarding concerns correctly and other health professionals had been involved where necessary.
- All the staff had received suitable and effective training in this area.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- We saw staff supported people in line with the care plans. Staff we spoke with knew of any risks to people's health and wellbeing and how to manage these. One person told us, "I cannot see but know my way around. I never walk alone and always have a member of staff to support me." Our observations of staff supporting this person confirmed this.
- Records showed us staff approached risks in a holistic manner and people were enabled to take positive risks to maximise their control and independence. For example, assessments showed one person was considered high risk of falls and their care plan said, '[Name] likes to go up and down stairs independently with staff present and feels it gives them independence and keeps them mobilising. There is low risk of pressure damage because they mobilise all day.' This showed staff had considered risk of falls and pressure damage whilst also maximising the independence of the individual.
- Staff had received fire safety training and could explain emergency procedures and responsibilities. Each person had an evacuation plan which identified their individual needs if an emergency was to occur.
- Records showed us staff regularly checked the environment for risk and regularly serviced and maintained equipment.

Staffing and recruitment

- Staff were sufficient in number and trained to be able to give care that met people's needs.
- People spoke highly of staff. One person told us, "They are very good and very helpful." Another person told us, "There is always plenty of staff."
- A staff member told us, "I love it here, the staff are brilliant. I never feel rushed."
- The registered manager told us they could adjust staffing levels to meet people's needs if needed.
- We saw staff were present in communal areas and answered any call bells promptly.

- The manager told us they did not use agency staff and a visiting health professional told us, "There is stability here."
- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.

Using medicines safely

- Systems to manage medicines were organised and ensured safe and timely administration of medicines to people.
- Staff were following safe protocols for the receipt, storage, administration and disposal of medicines.
- Some people were prescribed 'as required' medication and there were suitable assessments and guidance in place to support staff to administer these.
- We observed staff administering medicines and saw they took their time to explain to people what the medicines were.
- We spoke with one person who told us staff had helped with their pain management by working with other health professionals to adjust the prescription.

Preventing and controlling infection

- Practices were in place to ensure prevention and control of infection protected people.
- We saw high standards of cleanliness and hygiene in the premises.
- Staff had access to personal protective equipment such as gloves and aprons. We saw staff wearing these and a visiting health professional told us, "They are always wearing personal protective equipment when needed."
- Staff understood the importance of food hygiene and we saw a clean and organised kitchen.

Learning lessons when things go wrong

- The registered manager and staff learnt lessons when things went wrong.
- A staff member responsible for medicines told us they had noticed more medicines errors were happening at teatime due to lower staffing levels. They adjusted the shift times to allow for an extra member of staff at that time and this allowed one member of staff to administer medicines without interruption. Staff showed us how this had led to less errors.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Care plans demonstrated staff assessed people's needs and expected outcomes and regularly reviewed this. Staff recorded people's likes and dislikes and respected their choices.
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life.
- Specialist health professionals had trained staff to be able to give insulin and this led to good outcomes for the individual receiving it. A visiting health professional told us, "It's a massive help that they have had training to give insulin. They understand their limits and when to ring us."
- Staff had a comprehensive induction which included shadowing experienced staff and a variety of relevant training sessions. This gave them the right skills and knowledge to be able to carry out their role
- A staff member told us, "I feel confident" following their induction.

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

- People had access to sufficient food and drink throughout the day. People told us they enjoyed the food and one person told us, "The food is excellent here."
- People could exercise choice and one person told us, "The cook comes every morning with option of two and I am spoilt for choice." A member of staff told us, "I go around every day going through the menu and asking residents what they would like to eat. We always find something they like."
- We observed lunchtime to be a pleasant experience and staff had presented the food in an appetising way. Staff ate lunch with people which meant they socialised and gave any support required discreetly.
- Staff monitored people's weights and any other dietary needs. Referrals to other healthcare professionals were made when necessary, for example when people were at risk of choking.

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

- Staff worked with different health and social care professionals to provide consistent care.
- A visiting health professional told us, "They always follow our instructions but are also forward thinking and ring the doctors when they need them."
- We saw care records had information about any referrals and correspondence with other health professionals.
- Staff could tell us the history of a person's care needs and district nurse input. This showed us they worked effectively with the other agencies.

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

- The home was set in the grounds of the local hall and people have a lounge with large windows to overlook the pond with bird feeders for people to view wildlife. One person told us, "Where else would you get a care home in this setting?"
- There were several indoor and outdoor spaces which people could access. There were specialist chairs and portable buzzers available if people required them.
- Bedrooms were personalised and people who used the service could bring their own personal belongings for decoration.

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 with appropriate legal authority. 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.

- When we inspected, there were no residents who required a DoLS application.
- Staff had a good understanding of capacity and the registered manager told us, "We believe all our residents have capacity to make day to day decisions and we respect that."
- People had access to the grounds and one person told us, "I have the code for the door and I do go and sit outside in the summer."
- Care plans showed us staff suitably assessed capacity and there was detail about people's ability to make decisions.
- We saw staff gained consent when assisting people. One person told us, "Staff always knock on the door."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff were kind and caring when interacting with people. They took time when helping people to move around and this gave people the opportunity to be as independent as possible.
- We received many positive comments from people and their relatives. This reflected what we saw. One person told us, "They are all very nice here." Another person told us, "The staff are very nice; they come every morning with a cup of tea." A third person told us, "Without a word of a lie it is lovely." A relative reinforced this; they said, "We are pinching ourselves we cannot believe our luck. It is beyond our expectations."
- A visiting health professional told us, "They are fantastic here. They are very caring here. I would be happy for my own mother to live here."
- We saw feedback which said, 'I know for sure that (my relative) is part of a kind, supportive and generous community. I could not be more grateful.'
- We saw relatives were able to visit freely and one relative told us, "We were worried about how we would fit in but we can come and go whenever we need to and we feel so welcome."
- We read in a care plan, "[Name]'s privacy and dignity is of paramount interest while at Pool Cottage."
- We saw staff responded promptly to any discomfort and understood people's needs. Staff were observed to be discreet when supporting people with personal care.

Supporting people to express their views and be involved in making decisions about their care

- Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.
- Staff supported people to be involved in their care. The registered manager told us, "When I first arrived everyone could only have a bath once a week. I've worked hard to change that culture and now people can have a bath whenever they wish." A staff member confirmed this and told us, "People can have a bath whenever they want to here. I have time here to give the care I want to."
- One person told us, "I feel well looked after. They do everything I want them to and I can do what I want."
- We saw information about advocacy services was available in easy-read formats and people who wanted advocacy information could be directed to this by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had personalised and holistic care plans that staff regularly reviewed. These included preferences and interests.
- For example, one care plan said family had requested for them to be settled early in the evening to watch a television soap. This was updated to say their preferences had changed since moving to the home and they now preferred to stay up in the conservatory with other residents until night-time.
- A staff member told us, "I feel the care plans have lots of useful information including important things like what people's fears are."
- Care plans incorporated information about positive risk-taking and empowering people to be independent. For example, one care plan detailed how a person 'may have sore skin sometimes but independence of washing themselves is important. Staff are to prompt and remind about pressure area care.'
- We spoke with one person with visual difficulties and they told us, "The staff suggested sitting in this chair so that I am close to the thoroughfare. Everyone says hello as they pass as I cannot see so I don't feel isolated." Their relative told us, "The staff are very thoughtful."
- Staff held regular handovers throughout the day and this involved going through a summary of each care plan.
- Staff encouraged people to access activities and arranged for external people to facilitate them. For example, people from a local church denomination came to the home on the day of the inspection visit and gave a service which people were involved in. From posters around the home, we saw this was a regular occurrence.
- There was a part-time activities coordinator employed at the service. People could join in other activities each day such as dominoes, a quiz, days out and a 'sherry night'. One person told us, "I'm not lonely here. I do activities like dominoes and cards."
- The registered manager showed us a calendar with multiple days out planned. They told us most people went out on these, including the frailest people using the service.
- People were also able to go out with relatives and friends. One person told us, "My friend comes down and we go out together." This showed staff encouraged companionship.
- Staff identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard and could meet identified needs. The Accessible Information Standard was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, there was a large button telephone for a person with deteriorating sight and they told us, "Staff help me to press the buttons." Staff assisted another resident who had limited sight to use a talking clock.
- Where people had relatives who lived far away, staff supported them to maintain these relationships using

video-calling.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt confident they would be listened to.
- One person told us, "I have had no problems here. I'm confident the managers would listen and deal with any complaints I did have."
- Although the staff did not hold formal resident's meetings, people told us they were able to give feedback and this would be listened to. For example, one person told us, "I told them they should give drinks sooner after lunch and now we do get them sooner and people talk more."
- When the registered manager received complaints, they recorded and reviewed them in line with the provider's procedure.

End of life care and support

- There were comprehensive end of life care plans which detailed people's preferences about their care and their wishes about resuscitation.
- At the time of inspection, there was nobody receiving end of life care.
- There had been a recent death within the home and there was a notice of the death on the door to the communal area which read, 'We are sorry to announce the passing of [Name]. [Name]'s humour, storytelling and singing will be sadly missed.' There were also photos celebrating the life of the person around the home. Staff were supporting the relatives and had dedicated a spot for sympathy cards alongside more photos. This showed compassion and kindness when dealing with bereavement.
- When people who were at risk of their health deteriorating, staff had worked with other health professionals to have medicines in place to manage their possible symptoms of pain and sickness.

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

Service management and leadership was inconsistent.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

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

- There was not always clarity around roles and responsibilities. The provider and registered manager did not have clear responsibilities and defined accountabilities.

- Feedback between the registered manager and provider was not always consistent which led to there being no shared understanding of risks and issues facing the service. This led to difficulties managing priorities, responding to concerns and managing staff.

- We raised our concerns and were provided with a joint action plan to address these issues. This has provided us with assurance that risks of impacting on people will be addressed.

- Despite this, there was a clear statement of purpose and all staff shared the positive culture and vision to support people's health and wellbeing. A statement of purpose explains what a provider does, where they do it and who they do it for.

- The registered manager told us, "I have worked hard to get the right staff for the job and it's about valuing the staff." Another staff member told us, "We are a small community here."

- People told us they knew the registered manager and provider well.

- As there was a small team of staff, the registered manager chose to be present at most handovers as opposed to holding formal staff meetings. This gave them the opportunity to update staff informally and give a chance for feedback day to day.

- The registered manager ensured we received notifications about important events so that we could check they had taken appropriate action.

- We saw the rating from the last inspection was visible in the home.

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

- There were strong links to the community in the service and people told us how the service was a real part of the village.

- A visiting healthcare professional told us, "It's a popular place which speaks volumes."

- Over the summer, staff opened the home to the public for a weekly afternoon tea that raised money for the residents. Many people told us how successful this was and one person told us, "I like the events in the summer and the afternoon teas. It's nice to see the volunteers."

- The registered manager told us they used community transport for activities and one person told us, "We

went out in the minibus for a pub lunch last week. You couldn't find anywhere better to live than here?"

- The service also invited a local nursery twice a month to the home and the registered manager told us how one person had enjoyed singing to the children.
- We saw feedback from a relative which said, 'The partnership between the staff and residents has created a terrific atmosphere that was fun to engage in.'

Continuous learning and improving care

- There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were infection control and medication audits monthly which had actions for improvement recorded. Staff who carried out the audits gave feedback to other staff in a positive manner.
- Some staff were involved in a manager's forum which shared good practice. A staff member told us, "We are part of a manager forum and have good links with other registered managers so this helps learning." An example of information shared at this forum was the style of an infection control audit.
- Improvements to the building were ongoing and we saw a recently refurbished communal area which was bright and inviting for people.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- A social care professional told us they had no concerns with the service and provided evidence the service had worked with them to complete an action plan following a visit. This included reviewing policies and care plans.
- We saw the provider had followed up and completed fire safety action plans from external agencies.