

SheffCare Limited

Cotleigh

Inspection report

31 Four Wells Drive
Hackenthorpe
Sheffield
South Yorkshire
S12 4JB

Tel: 01142633800
Website: www.sheffcare.co.uk

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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

Cotleigh is registered to provide accommodation and personal care for up to 62 older people, some of whom may be living with dementia. The home is situated in a residential area of Sheffield, close to local amenities and transport links.

There was a manager at the service who was registered with CQC. 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.

Our last inspection at Cotleigh took place on 15 September 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 5 July 2016 and was unannounced. This meant the people who lived at Cotleigh and the staff who worked there did not know we were coming. On the day of our inspection there were 60 people living at Cotleigh.

People spoken with were mostly positive about their experience of living at Cotleigh. They told us they felt safe and they liked the staff.

Relatives spoken with felt at times, insufficient numbers of staff were provided as they were not always visible around the home. Relatives had no concerns regarding the staff and no complaints about the home. We found sufficient staff were not always present to provide the support people needed.

Healthcare professionals spoken with told us they had no concerns about Cotleigh and felt people were well cared for.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They told us they liked their jobs, worked well as a team and were well supported by the registered manager.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied diet was

provided to people which took into account dietary needs and preferences so their health was promoted and choices could be respected. Some people were not provided with adequate support to eat their meal, which meant the meal time was not a positive experience for them.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We found new activity workers had been employed to improve people's choice of activity.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement.

We found one breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach in regulation 18: Staffing.

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 always safe.

Staff were not always deployed in a way that meant people's needs were met in a timely way.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Is the service effective?

Good 

The service was effective.

A varied menu was provided to people.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Is the service caring?

Good 

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Is the service responsive?

Good 

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good ●

The service was well led.

Staff told us they felt they were part of a good team. Staff said the registered manager and senior staff were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available for staff.

Cotleigh

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 registered 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 5 July 2016 and was unannounced. The inspection team consisted of two adult social care inspectors 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 our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. We asked the provider to complete 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. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with nine people living at the home and six of their relatives or friends to obtain their views of the support provided. We spoke with eight members of staff, which included the registered manager, the deputy manager, care staff, team leaders, the administrator and ancillary staff such as catering and domestic staff. We also spoke with two community professionals and one community representative who were visiting the home during our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. 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 we could not fully talk with.

We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

We found sufficient numbers of staff were maintained to meet people's needs, but staff were not always deployed so they were available for people and could provide the support needed.

Whilst people living at Cotleigh generally felt there were enough staff, two people commented, "I think there aren't enough staff here, sometimes there is only one [care staff] on and it is too much for them. I have to wait for assistance but they do their best" and "I think there are enough staff to look after everyone but sometimes I have to wait for help if they are busy."

All six relatives spoken with had some concerns about staffing levels. Their comments included, "Staffing is a problem and it definitely has an impact on the care given. People are just left in the lounge without any staff overseeing them," "Staffing levels are a concern to us. Staff have to do everything, they are chief cooks and bottle washers and they don't have the spare time to sit with residents" and "I really think that staff need more help, especially at meal times."

We saw some instances where staff were not visible or available to provide support as needed. One person was observed by a relative to accidentally spill a drink over another person who then became upset. The relative could not find staff to support this person and alerted us. We located staff on the corridor after five minutes and they supported the person to change.

We observed the lunchtime meal that was served for people living with dementia. We saw four people needed help to eat their meal. One member of staff was available to support people for parts of the meal. This meant whilst the member of staff supported one person, this left other people with limited help. We saw one person's meal was untouched and left to go cold. Occasionally the member of staff would leave the person they were assisting to encourage others to eat. We saw the member of staff provide a spoon to another person struggling to use their knife and fork but left the knife and fork on the person's plate causing further confusion. We saw one person trying to eat their meal with their fingers.

At the time of this visit 60 people were living at Cotleigh. We found eight care staff, two team leaders, the deputy manager, the registered manager and ancillary staff that included domestics; laundry and kitchen staff were on duty.

We saw some instances where people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. The registered manager told us staffing levels were determined by people's dependency levels and occupancy of the home. We looked at the home's staffing rota for the four weeks prior to this visit, which showed the calculated staffing levels were maintained so people's needs could be met. The registered manager explained a minimum of eight care staff and two team leaders were provided each day, and four staff were provided each night. Team leaders provided additional support to care staff throughout the day.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

We spoke with the registered manager during our inspection and the area care manager following our inspection about staffing. They informed us a minimum of two team leaders are provided each day to work on each area of the home and provide cover where needed. The registered manager gave assurances staff would be reminded to obtain cover from team leaders so sufficient staff were available to support people and this would be monitored to ensure people's mealtime experience was more positive.

Employment records were held at the services head office, but these were available to view on the service's computer system. We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw the company had a staff recruitment policy so important information was provided to managers about the information and documents required in the safe recruitment of staff. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

All of the people spoken with said they felt safe living at Cotleigh. People told us if they did have a worry or any concern they would tell a member of staff and staff would listen to them.

We found questionnaires had been sent to people living at Cotleigh, to obtain their views of the support provided. Twenty two people had completed the questionnaire and this had been audited by an independent company. The report from this audit showed 100% of respondents said Cotleigh was a safe and secure place to live (86% strongly agree and 14% tended to agree).

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The service had a policy and procedure on safeguarding people's finances. The registered manager explained each person had an individual record and could access funds from a petty cash float. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw the registered manager and administrator undertook audits of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

We found there was a detailed medicine's policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered manager told us staff were observed administering medicines before they were deemed competent to make sure they had understood their training and were following the correct procedure for administering and managing medicines. We found a community pharmacist had inspected the medicines systems in March 2016 and recommendations made had been acted upon. For example, the pharmacist had recommended stock levels of medicines were continuously monitored so medicines were only ordered when needed. We saw evidence this had been undertaken. No follow up visit had been identified as needed by the pharmacist.

We found identified staff were designated to administer medicine. We observed staff administering part of the breakfast medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

A small number of people were prescribed controlled drugs (CD's). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. We checked the records of two people who were receiving controlled drugs. The drugs were stored appropriately in a CD cabinet and signed by two people in a CD register. This showed procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We found Cotleigh was clean. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed procedures were followed to control infection.

Is the service effective?

Our findings

People told us their health was looked after and they were provided with the support they needed. One person told us, "I see the (district) nurse regularly and the doctor when I need to. I've no worries and feel looked after."

We looked at the report compiled from questionnaire results and this showed 100% of the 22 respondents said staff were capable of providing the care people needed. (77% strongly agreed and 23% tended to agree.) 100% of respondents stated they were happy with the access to doctors, nurses and dentists (82% strongly agreed and 18% tended to agree.)

Whilst some relatives expressed no concerns regarding the support provided, one relative spoken with said they did not always feel they were kept up to date and told us, "Staff do not keep us informed and sometimes we have to push for them to get a doctor to come out and see [name of relative]." Another relative told us, "I sometimes have had to tell staff that [name of relative] chest is bad and they really need to see a doctor."

We spoke with two visiting community professional during our inspection. They told us they had no concerns about Cotleigh. Comments included, "This is a really good home, and it is a clean home. We are in here all the time. They are good at letting us know about the residents. We did a full equipment audit recently and every one had the specialist equipment that they should. They keep good records. It's a stable staff team that seem to know people well. We have no worries or concerns at all."

During our inspection we observed one person with a bandaged leg. The bandage was stained which gave the impression the wound was leaking. A visiting community professional spoken with told us, "As soon as I came in this morning they asked if [name of person with bandaged leg] was on my list and they were. Their leg was fine; it was a drinks stain on the bandage (which was replaced.)"

We observed a further person with a wound on their arm which was not dressed. We asked the registered manager about this who showed us records to evidence the wound had been attended to by the district nurses and had been 'signed off' as not requiring any further attention the day before this inspection.

We received mixed comments about the food. Some people told us the food was good and they enjoyed the meals. Comments about food included, "I am a funny eater so my daughter brings me food in which I keep in my fridge in my room. I dislike some of the food and staff always ask me what I would like to eat instead," "The food is alright; we are able to more or less choose what we want. If I don't like the look of something, I wouldn't eat it, but wouldn't get anything else," "The food is nice; there is nothing wrong with it at all" and "I like the meals we have, you can't complain about them."

Relatives told us, "[Name of person living at Cotleigh] is well fed and has put on weight. When [name] is not well, they leave them in bed and fetch toast and marmalade" and "Staff have told us [Name of person living at Cotleigh] is a really good eater and they have put on weight since being in here".

In their questionnaires, 100% of the 22 respondents agreed with the statements, 'The food served at mealtimes is of good quality' (32% strongly agreed and 68% tended to agree) and 'The menu offers good choice and variety' (45% strongly agree and 55% tended to agree).

We saw some people in different dining areas at breakfast and lunch time. The rooms were clean. Tables were set with cloths and place settings. During breakfast staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. People were allowed to eat at their own pace and no-one was left waiting for help. The staff were cheerful and encouraging. However, during the lunchtime meal some people did not have as positive an experience and were left waiting for assistance because not enough staff were available to support them with eating their meal.

We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so these needs could be met. We looked at the menu for four weeks and this showed a varied diet was provided and choices were available at all mealtimes. The records showed people's dietary and cultural needs were met. Where people wanted different to the menu, this was provided. For example, one person was provided with a jacket potato at their request because they did not want either of the two hot choices available at lunch. This demonstrated a flexible approach to providing nutrition. During the afternoon we saw homemade cakes being offered to people with a hot drink.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and dementia awareness. We saw a training matrix was in place so training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job. The majority of the staff training was provided by e-learning on the home's computer. Practical moving and handling training was provided to staff to make sure they had the skills to promote people's safety. The registered manager told us he had been trained to deliver moving and handling training but this required updating to make sure his skills and knowledge remained up to date. Following this inspection we spoke with the area care manager who confirmed two senior staff at the home had been trained to deliver moving and handling training by a relevant health professional external to the company. This meant staff were provided with training which was relevant and up to date.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us where needed DoLS had been referred to the local authority in line with guidance and we saw records of these applications.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw care plans had been signed by the person or their representative to evidence their agreement where they had been able to sign. Care plans contained people's signed consent to photographs and medication administration to show they had been consulted.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed.

We found parts of the environment were being refurbished as part of the home's improvement plan. One area of the home that had recently been refurbished was dedicated to providing support to people living with dementia. Whilst most bedrooms had 'memory boxes' outside to help people recognise their space, we found limited signage in other areas to help people navigate their way around. We discussed this with the registered manager who told us as the area had just been refurbished, appropriate signage had not yet been provided and confirmed this was on order.

Is the service caring?

Our findings

People told us they were happy living at Cotleigh. They told us the staff were respectful and they could choose what to do with their day. Their comments included, "The staff are nice to me, and they care for me," "All of the staff are friendly here," "They [staff] look after me as best they can. There is always someone with me when I have a bath and they make me feel comfortable about this," "I love every minute of it here, there is a nice atmosphere," "They look after me very well and we are all very friendly with one another" and "The staff are angels, they look after me so well."

We looked at the report compiled from questionnaire results and this showed 100% of the 22 respondents agreed staff were sensitive to how they feel and they were treated with kindness, dignity and respect. In addition, 100% of respondents agreed they could choose what time to get up and go to bed and whether they wanted visitors or not. This showed people's choices and opinions were respected.

Relatives told us the care staff were caring. Comments included, "[Name of relative] gets on well with all of the carers and we have seen they are always nice and caring towards everyone," "Staff come in and love her, especially when [name of relative] isn't well". One relative told us they had visited and occasionally found their relative in dirty clothes. All of the people living at Cotleigh at the time of our visit were wearing clean clothes appropriate to the weather. We observed one staff approach a person after lunch that had a small spill on their top. The staff gently pointed out the spill and kindly explained and encouraged the person to change so they were clean.

Relatives spoken with said they visited regularly and at different times of the day. We saw the home had some visitors throughout the day and all were greeted warmly by staff that knew them.

We saw compliments cards were on display in the entrance area of the home. One card received a few weeks prior to this inspection held comments from a relative in relation to the end of life care their relative had experienced. They had written, "You cared for my mum and ourselves with dignity, thoughtfulness, honesty and 'love' through to the very end. The team at Cotleigh have got it right, when important times come along in people's lives and beyond you pull together to get everyone through."

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. It was clear staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw care staff knock on bedroom doors before entering. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

The SOFI observation we carried out showed us there were some positive interactions between the people we observed and the staff supporting them. Most people appeared content and we consistently saw staff

were patient with people who needed repeated reassurance. Staff did not rush people.

We found systems were in place to encourage people's involvement. The registered provider held 'resident's forum' meetings where representatives from each home within the organisation met with senior representatives of the registered provider to discuss issues and share ideas. We found two people from Cotleigh attended the forum. The registered manager told us people had chosen to hold the forum four times each year. The next forum was due to take place on 14 July 2016.

All of the staff spoken with said they would be happy for their relative to live at Cotleigh.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking to people and explaining their actions so people felt included and considered.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this.

The care plans seen had been signed by the person or their relative to show their involvement.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was on display at the information point in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, "I can get up when I want, they [staff] never pester," "They leave it to me as to what time I want to get up. If I don't get up they come and wake me at about 8 am but if I want to have a lie in, they let me." Some people told us they would like further leisure opportunities and commented, "There is not a lot for me to do. I don't know what to do; most of the other people can't talk to me," "There is not a lot to do, I sit and read. I would like to play games sometimes but staff don't have the time to sit with us," "I mainly sit in the lounge all day. Sometimes there are things to do but I haven't the energy to do different things now" and "We are spoilt here. The staff are lovely and we can do as we choose."

We looked at the report compiled from questionnaire results and this showed 100% of the 22 respondents agreed they could take part in activities if they wanted to (45% strongly agreed and 55% tended to agree), have visitors when they wanted to and could choose when to get up and go to bed."

We spoke with the registered manager about activities in the home. They told us the previous activity worker had left and a new activities worker had transferred from another home within the same company a few weeks prior to this inspection, to work 27.5 hours each week. In addition, a further 27.5 hour activity worker post was being recruited to so further leisure opportunities could be provided. We spoke with the registered manager the week following this inspection who confirmed the second activity worker had commenced and this meant an activity worker would be provided each day. Records of activities showed some trips out of the home had been organised, for example to the local club. During our inspection we saw women having their nails painted and people enjoying a game of dominoes in the afternoon.

One person told us, "I am a church person but haven't been to church since I have been in here." We asked staff and they informed us a church service was held at the home every two weeks, and a representative from the church gave communion each week. We spoke to a Church representative who told us, "This is a good home; I have no worries at all and think people are happy here."

People living at the home and their relatives spoken with all said they could speak to staff if they had any worries.

The report questionnaire results showed 100% of the 22 respondents agreed staff dealt with complaints and concerns, (50% strongly agreed and 50% tended to agree).

Relatives told us they found the home very welcoming and we heard staff asking visitors if they needed anything and checking all was well. Staff appeared to know relatives well and greeted them by name.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and where they wanted to sit.

Peoples care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. The care plans seen had been signed by the person supported and/or their relative to evidence their involvement. However, one relative spoken with told us they had not been invited to any review. The registered manager gave assurances relatives were routinely invited to reviews and their opinion was also sought in annual surveys.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

The care plans checked identified any specific support that was needed to maintain health. We found records showing the support was provided as identified as needed. The care plan contained details of the intervention from other healthcare professionals to support the person. This showed care planning was person centred and care plans contained relevant and accurate information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and 'Tell us how it really is' leaflets on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Cotleigh. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. There were no complaints about the home at the time of this inspection. A range of recent compliment cards were on display in the entrance area of the home.

Is the service well-led?

Our findings

The manager was registered with CQC and had transferred from another home within the same company in November 2015.

People living at Cotleigh told us they found the registered manager approachable.

Throughout our inspection we saw the registered manager greet people by name. We saw people living at the home and staff freely approached the registered manager to speak with them.

Relatives told us staff were approachable, friendly and supportive. One relative told us, "The staff are lovely, they always make you feel welcome."

Staff told us the registered manager was approachable and supportive. The staff members we spoke with told us they were provided with regular supervisions and were able to put forward suggestions and ideas.

We saw a positive and inclusive culture in the home. All staff said they were part of a good team and could contribute and feel listened to. They told us they enjoyed their jobs and they would be happy for a relative to live at Cotleigh. We saw a quarterly newsletter was on display that gave information on forthcoming events and news so people were kept informed.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We saw the area care manager had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus. The registered manager told us the most recent visit had a focus of 'care planning'.

We saw checks and audits had been made by the registered manager and team leader's staff at the home. These included care plan, medication, health and safety and infection control audits.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. We saw records of a 'daily walk around' the registered manager completed to check and audit the environment to make sure it was safe. Health and safety checks were also undertaken as part of the registered manager's daily walk around and the area care manager's monthly visits.

Whilst we found questionnaires had been sent to people living at the home, their relatives and professional visitors, two relatives told us they had not been asked to complete a questionnaire. We saw the results of questionnaires from people living at the home had been audited by an independent company. Information from the returned questionnaires has been reported on throughout this report. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis. Where people had identified any improvements needed, an action plan would be developed to act on this. We saw the results of the survey were on display in the entrance area of the home so people had access to this information should they choose to read it.

Staff spoken with said staff meetings took place so important information could be shared. Records showed senior staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant any changes in current practices were reflected in the home's policies.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed to ensure people's needs could be met. |