

Coventry City Council

Cottage Farm Lodge

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 ●

Summary of findings

Overall summary

We undertook an announced visit to Cottage Farm Lodge on 24 and 25 February 2016. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Cottage Farm Lodge provides housing with care. People live in their own home and receive personal care and support from staff at pre-arranged times and in emergencies. At the time of our visit 16 people at Cottage Farm Lodge received personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of what constituted abuse and knew what actions to take to keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care, for checking staff were suitable to work with people who used the service and for managing people's medicines safely.

The managers understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff respected people's decisions and gained people's consent before they provided personal care.

There were enough staff to deliver the care and support people required. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively. People received care from a regular team of staff who stayed long enough to complete the care people required. People told us staff were caring and had the right skills to provide the care and support they required.

Care plans were personalised and contained relevant information for staff to help them provide the care people required. People knew how to complain and information about making a complaint was available for people. Staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, observations of staff practice and a programme of other checks and audits.

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.

Staff understood their responsibility to keep people safe and there were procedures to protect people from avoidable harm. Recruitment checks made sure staff were safe to work with people who used the service, and there was sufficient staff to provide the support people required. People's medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff completed training to ensure they had the knowledge and skills to deliver safe and effective care to people. The managers understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care.

Is the service caring?

Good ●

The service was caring.

People said they were supported by staff they knew and who were kind and caring. Staff ensured they respected people's privacy and dignity, and people were able to maintain their independence. People were involved in decisions about their care and where possible lived their lives as they chose.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Support plans were regularly reviewed and staff were kept up to date about changes in people's care. People knew how to make a complaint and were given opportunities to share their views about the service.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service they received. Staff received the support and supervision required to carry out their work safely and effectively. The managers provided good leadership and reviewed the quality of service provided.

Cottage Farm Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider 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 found the PIR reflected the service provided.

The visits took place on 24 and 25 February 2016 and were announced. We told the provider we would be coming so people who used the service could give agreement for us to visit and talk with them. The inspection was conducted by one inspector.

We visited people on 24 February to find out their views of the service and carried out the office visit on the 25th February. During our visits we spoke with eight people who used the service, three care workers, the assistant manager and the registered manager.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with at Cottage Farm Lodge said they felt safe using the service and with the staff that supported them. Comments from people included, "I feel very safe here. I know the outside doors are locked so no one can just walk in and staff are here if I need anything." People knew who to speak with if they did not feel safe; comments included, "I would speak to any of the staff," and "I would talk to the managers if I needed to."

Staff understood the importance of safeguarding people they provided support to. They had completed training in safeguarding adults and understood what constituted abusive behaviour. Staff knew what action to take if they had any concerns about people. One staff member told us, "If I was at all suspicious or concerned I would record it and report it to the managers or the senior on duty." There was a policy and procedure for safeguarding people and the registered manager understood their responsibility, and the procedure for reporting allegations of abuse to the local authority and CQC. One staff member told us they had raised a concern with the assistant manager who had referred this immediately to social services safeguarding team for investigation. A social worker had visited and action taken to make sure the person remained safe.

There was a procedure to identify and manage risks associated with people's care, including risks in the home or risks to the person. Staff knew about people's individual risks and how these were managed. For example, they told us how one person was prone to slipping out of bed due to a health condition. Staff explained that the bed was lowered and a falls mat placed by the bed at night to reduce injury or harm. Records confirmed that risk assessments had been completed and support was planned to take into account and minimise risk. For example, plans had been completed to reduce the risks associated with supporting people who needed assistance to move around, and to manage people's medication safely.

People and staff we spoke with told us there was sufficient staff to meet people's needs. We asked people if staff arrived when they were expected, and if they had time to talk with them. People told us, "Yes they do. They have time to speak to you and always ask you if you need anything else before they leave." Work schedules and staff rotas showed there was enough staff to cover the calls people required.

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us they could not start working with people until a DBS (Disclosure Barring Service) check and reference checks were completed. The Disclosure and Barring Service checks people's backgrounds to prevent unsuitable people from working with people who use services. Staff files confirmed staff had DBS and reference checks completed before they started work. DBS checks were repeated every three years to make sure staff remained safe to work with people.

We looked at how medicines were managed. The registered manager told us most people needed support to manage their medicines but some people were able to manage this themselves. People we spoke with, who were assisted to take their medicines, said they received their medicines when they should. Comments from people included, "They always come on time to give me my tablets," and, "They have never missed my

medication, they arrive when they should to do this."

There was a procedure for supporting people to take their medicines safely. Where people required assistance with medicines, how this should be provided was clearly recorded in their care plan. Staff we spoke with said they were confident giving medicines because they had received training in how to manage medicines safely. Completed medication administration records (MAR) showed people had been given their medicines as prescribed. Medicine records were audited regularly to make sure there were no mistakes. Weekly checks were made by senior staff to ensure staff had administered medicines correctly. Records confirmed care staff had completed training to administer medicines. Staff also had their competency to assist people with their medicines checked annually, by senior staff, to ensure they continued to do this in a safe way.

Is the service effective?

Our findings

We asked people if they thought staff had the skills and knowledge to meet their needs. People said staff were well trained and knew how to provide the care and support they needed. People told us, "Yes, they know what they are doing. I have to use a hoist, they know how to use that. I also have Parkinson's and they look after me well." Another said, "They all seem very capable and know how to look after us."

New staff received an induction to the service when they started work at Cottage Farm Lodge. This included training and working alongside more experienced staff before they worked on their own. The induction was linked to the Care Certificate which provides staff with the fundamental skills, values and behaviours to provide quality care. The assistant manager told us they thought the care certificate was "Quite good," and that as a result of undertaking the certificate, "Staff are more competent and have a lot more understanding about their role."

There was a programme of regular training for care staff as well as an expectation they complete a vocational qualification in social care. This included training to understand the Mental Capacity Act, how to move people safely, and how to safeguard people from abuse. Staff told us they felt confident to support people who used the service, and one staff member told us, "We have regular refresher training to keep our skills up to date. I've also completed a National Vocational Qualification (NVQ) in care which increased my knowledge and improved my practice." Another said, "We have excellent training through Coventry council, it equips me to do my job."

Staff told us they had supervision meetings with a manager or senior where they discussed their personal development and training requirements. Staff meetings were also used as a forum to discuss people's needs and share knowledge and learning.

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 people 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). We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the act and had applied for a DoLS, for one person in line with the MCA guidelines.

Staff understood the requirements of the Mental Capacity Act (MCA). One staff member said, "The MCA means you have to assume that everyone has capacity unless they have been assessed by a professional to lack capacity." Staff knew they could only provide care and support to people who had given their consent. Staff we spoke with knew there had been an application for a DoLS made for one person and the reason this had been applied for. All the people we spoke with had capacity to make decisions and told us the service helped them to be as independent as they could.

People required a range of support to prepare food and drinks. Some people we spoke with prepared their own food and drinks; others made their breakfast and supper and bought a lunchtime meal from the dining room in the service. One person we spoke with relied on staff to prepare all their food and drink. They told us staff offered them choice from the food available and made them regular drinks. People said staff made sure they left them with a drink before leaving. Staff knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were being met by the service.

People were supported to manage their health and well-being. People told us staff helped them to make health appointments if they asked them to. One person told us, "They will ring the doctor for me if I'm unwell," Staff and managers confirmed they liaised with health care professionals on people's behalf, for example the GP, dentist, optician or chiropodist visited people in their flats if required. Health professions visited some people to assist them manage their health conditions, for example, a district nurse or community psychiatric nurse.

Is the service caring?

Our findings

People told us staff were friendly, caring and treated them with dignity and respect. One person said, "They are all lovely and treat me very well" Another told us, "They treat me well. They are very patient and kind."

A staff member told us that 'caring' meant, "Making sure people feel they matter, and that we treat people the way we would like to be treated ourselves." Another said, "We show people we care by treating them with respect and making sure they receive the support they need."

People told us their privacy was maintained and staff treated them in a way they liked. A senior member of staff told us how they ensured staff treated people with respect, "I work alongside staff and observe their practice. Some people can be quite challenging in the way they speak to staff, and staff need to stay calm and know how to respond to this. I try to lead by example when we are on double up calls."

People lived in their own flats so we were unable to observe care directly. People we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. Comments included, "They always ring the bell and wait until I say come in," and, "I can't open the door but they knock or ring and let me know they are there before they come in." We observed staff ring bells and announce themselves before entering people's flats during our visit.

People received care and support from a staff team they knew well and who they had built relationships with. One staff member told us, "We have time to sit and talk with people. I've been here a long time, you build up friendships with people; some people have been here for years. It's important for people to have staff they know and trust."

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. One person told us, "I do as much for myself as I can. I'm quite independent and can manage most things myself." Another said, "Staff encourage me to do things, it's not easy for them as I can be lazy. They know me well, and know what I can do so I don't get away with much." Information about what people were able to do for themselves was recorded in their support plans.

People were supported to live their lives as they wished. People who lived at Cottage Farm Lodge had a range of care needs. Some people required staff support several times a day while others only required a safety check to make sure they were okay. Work schedules for staff reflected the care and support people required to make sure they remained safe and well.

People told us they had been involved in planning their care, one person told us; "They always involve me, and ask what I want." People said their views about their care had been taken into consideration and included in their support plans.

Is the service responsive?

Our findings

People told us their personal care needs had been discussed and agreed with them when they started to use the service. They told us the support they received met their needs. We asked if staff understood how they liked to receive their care and support. Comments included, "Yes they know what I like. They know I like a shower at least three times a week, and they make sure I have them," and, "Yes, they ask you what you want and how you like things done."

People received consistent, personalised care and support. People had an assessment completed before moving to Cottage Farm Lodge to make sure the service was able to meet their needs. Assessments detailed the support people required and were used to inform a care and support plan so people received a personalised service. Staff we spoke with had a good understanding of people's care and support needs.

Staff told us they had time to read care plans. A staff member told us, "Each tenant has an 'At a Glance' form in the front of their files so we can quickly see what people's needs, likes and preferences are. We have daily work schedules that tell you what is required on each call and if people need anything specific, like medication, pressure area checks or use any equipment like a hoist." An 'At a glance' document was available at the front of the care files we looked at. There was also a copy in the folders in people's flats. This document provided an overview of the care people required, how they liked their care provided and any risks associated with the person's care. Staff had the information required to provide the personal care and support people needed.

Care plans we viewed had been reviewed and updated regularly and people and their relatives, if people requested, were involved in reviews of their care.

People told us the service was flexible and staff responded if they requested to change their call times. For example if they needed an earlier time to attend a hospital appointment, or were feeling unwell and wanted to stay in bed a little longer. Staff had call schedules which identified the people they would support during their shift and the time and duration of the calls. Call schedules and daily records of calls confirmed people received care as detailed in their care plans.

Staff had a handover meeting at the start of their shift which updated them about people's care needs and any changes since they were last on shift. A record was kept of the meeting to remind staff of updated information and referred them to more detailed information if needed. Staff told us this supported them to provide appropriate care for people.

People at Cottage Farm Lodge had access to a call system, and some people had personal alarms that staff responded to in between scheduled call times. People told us, "If I need them I ring the bell and they always come to see what I want," and "I've got an alarm on my wrist, if I press it they'll come." This meant people could get urgent assistance from staff if they needed.

People we spoke with told us they knew who to complain to if they needed. Comments included, "I've never

had cause to complain." Another said, "I'd speak to [assistant manager] or seniors if I had any complaints, they would sort it. Or I would speak to [registered manager] if I needed to." People had been provided with complaints information, which was kept in their folders in their flats. This included who to complain to if they were unhappy with the response from the managers. Staff said they would refer any concerns people raised to the managers or senior staff. They were confident concerns would be dealt with effectively. We looked at records of complaints; there had been no complaints about the personal care people received in the past 12 months. People had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

Is the service well-led?

Our findings

We asked people what it was like to live at Cottage Farm Lodge. People were positive about the support they received and told us, "It's a nice place, I'm ok here," and, "I like it here, it works for me."

People told us they knew the managers very well, and thought the service was well led, "Yes I know who the managers are. [Assistant manager] is here most days and [registered manager] has two units so is not always here, but you can see her anytime if you need to."

The service had a clearly defined management structure which included a registered manager and assistant manager. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The registered manager had responsibility for managing two housing with care units. The assistant manager deputised when the registered manager was at the other unit, they were aware of the registered manager responsibilities and undertook them in her absence. The assistant manager told us, "I have regular supervisions with the manager. It allows us the time to discuss any concerns about tenants or staff without interruptions. We discuss this outside supervision as well but in supervision we can focus on these in more depth."

Staff we spoke with understood their roles and responsibilities and what was expected of them. This was because the provider had issued each member of staff with an employee handbook and the managers made sure staff had regular support and supervision. We asked staff how they were supported in their roles, and if they felt able to raise any concerns they had. Staff told us they felt valued and supported to do their job. They enjoyed working in the service, comments included, "I love my job there are never two days the same," and, "I've worked here for years and I still enjoy coming to work. We have a great staff team and everyone supports each other. You couldn't ask for better."

Staff confirmed they had regular work supervision, team meetings and handovers on each shift where they could raise any issues. A senior staff member told us they had regular senior meetings, "We discuss issues around tenants and staff, any management issues and changes in policies and procedures". Staff were aware of the provider's whistle blowing procedure and were confident to report any concerns or poor practice to the managers. They were certain any concerns they raised would be listened to and acted on. Staff said they received good support from both the registered manager and assistant manager.

People told us they had regular meetings where they could share their views and opinions of the service. Comments from people included, "Yes we have regular tenant's meetings. I sometimes go to the meeting, but not always it depends how I feel. They send us the minutes so I don't miss out if I haven't been," and, "Yes we have meetings, and they send a letter afterwards to remind us what's been discussed." People were also able to share their views during reviews of their care and were sent satisfaction questionnaires. The

results of the last questionnaire in 2015 showed people were satisfied with the service.

People had been given information about the service and how it operated. This included a brochure about Cottage Farm Lodge and a tenant's guide that told them about the services provided.

The provider's quality assurance process included checking that people were satisfied with the quality of their care and support. Records confirmed these processes included tenants meetings, regular reviews of people's care and satisfaction surveys.

Additional quality assurance systems were in place to monitor the service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were systems to monitor any accidents and incidents. Incident forms were completed and reviewed after each occurrence for trends and patterns. No patterns of incidents had been identified. There were regular health and safety checks carried out by the service and the organisation and visits from the local authority contracts department to monitor the care and support provided. The contracts officer told us they had received no concerns about the service provided.