

C R Bentley

Cotman House

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Cotman House provides accommodation and personal care for up to 41 older people who require 24 hour support and care. Some people are living with dementia.

There were 41 people living in the service when we inspected on 20 October 2014. This was an unannounced inspection.

A registered manager was in post. 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 were provided with the information that they needed to safeguard the people who used the service from abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Summary of findings

There were sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service. Staff were available when people needed care and support.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

Staff in the service were trained and knowledgeable about the Mental Capacity Act (MCA) 2005. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with

recent changes to the law regarding the Deprivation of Liberty Safeguards and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where issues were identified, for example, where a person was losing weight, appropriate referrals were made to other professionals. The service took action to ensure that people's dietary needs were identified and met.

People knew how to make a complaint if they were not happy with the service they were provided with. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service identified shortfalls in the service provision and took actions to address them. As a result the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had systems in place to manage safeguarding matters. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs. Staffing levels were assessed and adjusted to meet the changes in people's support needs.

There were systems in place to manage people's medication safely and to provide their medication as prescribed.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People made choices about what they wanted to eat and drink and the quality of the food provided was good. People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



Is the service caring?

The service was caring.

Staff treated people with respect and their privacy, dignity and independence were promoted and respected.

People were involved in making decisions about their care and these were respected. This was confirmed in records that we looked at.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to meet their needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



Summary of findings

The service identified shortfalls and any found were addressed promptly. As a result the quality of the service was continuingly improving.

Cotman House

Detailed findings

Background to this inspection

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

This inspection took place on 20 October 2014 and was unannounced.

The inspection team consisted of two Inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

Before our 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 reviewed the PIR and previous inspection reports to help us plan what areas we were going to focus on during

our inspection. We also reviewed other information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 12 people who were able to express their views about the service and four relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed interaction between staff and the people who used the service.

We spoke with a health professional the day after our inspection about their views of the service. They were complimentary about the care and support provided to people.

We looked at records in relation to eight people's care. We spoke with 11 staff, including the deputy manager, the training manager, care staff, domestic staff and catering staff. We also spoke with the provider. The registered manager was on leave during our inspection, therefore we did not speak with them during this time. We looked at records relating to the management of the service, staff recruitment and training records, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People we spoke with gave positive comments with regards to feeling safe. One person told us, "I feel safe. I am well looked after on a personal level and the place is secure at night and I lock my door to secure my privacy." Another person said, "I am happy as a sand boy and I feel safe." Another person commented, "Yes I think it is safe, good carers when you need them. The fire alarms are checked regularly and the town is safe for me." Another person told us, "I feel safe here."

People's relatives also told us that they were confident that their relatives were safe living in the service. One person's relative told us that they felt that the service was, "Safe as possible and the staff are very nice." Another relative commented, "Safety is fine and the care, cleanliness and support are all excellent."

Staff told us that they had received training in safeguarding adults from abuse. This was confirmed in the staff training records. Staff were able to demonstrate that they understood the policies and procedures relating to safeguarding and whistleblowing and their responsibilities to ensure that people were protected from abuse. Staff were knowledgeable about the various types of abuse and knew how to report concerns. One staff member commented, "I had training in [safeguarding], so we know how to look at the signs and if there is a change in their [people's] moods."

Where people required support because they were distressed or unhappy, care plans provided guidance to staff to ensure that they supported people in a consistent way and protected people's dignity and rights. Staff spoken with understood how people should be supported at these times and talked with us about their approach to meet people's individual needs.

People told us that they were happy with the environment. One person said that they were, "Very comfortable." Another person commented, "I like it very much here and I have a marvellous view. I am definitely safe and happy here." People's relatives were also complimentary about the environment. One person's relative commented, "It is my first visit and I am impressed and the general condition is good."

Records showed that staff completed a monthly health and safety and hygiene check in the service. Where issues were

identified, such as the need for repairs, these were reported and addressed promptly to ensure that the risks to people were minimised. The service was clean and free of obstacles and hazards which could cause a risk to people using the service and others.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure that the equipment was fit for purpose and safe to use. Staff had received training in moving and handling, including using equipment to assist people to mobilise safely. We observed two staff assisting a person, using equipment, from a wheelchair into an armchair. This was carried out in a safe and caring manner and the staff explained to the person what they were doing at each stage. We spoke with staff about the equipment used and they understood and demonstrated they knew how to use it safely.

The provider's emergency procedure provided guidance to staff on what actions they should take to safeguard people if an emergency arose, including fire, gas leak or if the service needed to be evacuated. This was available for staff to follow if an emergency occurred.

People told us that there was enough staff available to meet their needs. One person told us, "If I need care it is provided. It is good and I give it 10 out of 10." Another person said, "I only have to ask when I ring my bell and they [staff] come and help me and they are nice." Comments made by people about how their call bells were answered included, "Day time five minutes and night time about the same," and, "They [staff] are very quick." We saw that staff were attentive to people's needs and verbal and non-verbal requests for assistance were responded to promptly which confirmed what people told us.

A staff member told us that regular discussion with the staff team identified where people's needs had increased and if this meant there needed to be a review of staffing levels. Staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner.

Records demonstrated that appropriate checks had been undertaken on prospective staff members before they were employed by the service to ensure that they were able to work in a care setting. Staff told us that they were not allowed to work in the service until the recruitment checks had been completed.

Is the service safe?

All people spoken with told us that their medication was administered on time. One person said, “I get [medication] every breakfast.”

We saw part of the lunchtime medication administration round. The staff member responsible for providing people with their medication did this in an appropriate and safe manner. They referred to people by name and answered any questions people had in relation to their medication.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People’s medication was stored securely. Records relating to the administration of medication were appropriately completed which identified that the staff had signed them to show that people had been given their medication at the prescribed times.

Is the service effective?

Our findings

People told us that they were happy with the service that they received, that their needs were met and the staff were competent in their roles. One person told us, “I get peace.” Another person said, “The staff are caring and very good.” One person’s relative told us, “It is very good here and I have had relatives in here before and I would say it is top of the list.”

Discussions with staff and records showed that they were provided with regular training and the opportunity to achieve social care qualifications to understand and meet the needs of the people who used the service. One staff member said, “I get training in everything that I need, I feel people’s needs are met.” Another staff member told us, “I feel like I know what I am doing.” They commented that when they had first started working in the service they had shadowed more experienced staff before they could work alone.

Our observations showed that the training provided to staff ensured that they were able to deliver effective care and support to people who used the service. For example, staff were seen to interact with people in a caring and respectful way and they supported people to mobilise using lifting equipment in a caring and safe manner.

Staff told us that they were provided with one to one supervision meetings and staff meetings. One staff member told us, “I feel that I am supported, I feel blessed to work here.” One staff member told us that the manager had identified that supervision meetings should be held more frequently and action had been taken to address this. Records showed that staff regularly discussed their roles and received feedback on their work practice which helped them to improve their skills.

All of the people we spoke with told us that before they received any care or treatment the staff asked for their consent and they acted in accordance with their wishes. One person told us, “When I first got here, they [staff] sat with me and we talked about what I wanted and how I wanted things done. It is all good so far.” Our observations confirmed what we had been told. For example, during lunch we saw that the staff asked for people’s permission before they assisted them to cut up their food.

The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. Staff had a good understanding of DoLS legislation and had completed a number of referrals to the local authority in accordance with new guidance to ensure that any restrictions on people were lawful. Staff also understood the Mental Capacity Act 2005 (MCA). Records and discussions with staff showed that they had received training in MCA and DoLS.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included Do Not Attempt Resuscitation (DNAR) forms, and showed that relevant people, such as people’s relatives and other professionals had been involved.

People told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person told us, “Food is very good, portions are more than adequate, lots variety, they [staff] do a very good job.” Another person said, “Every meal is lovely, well cooked, nice, the pork is tender.” People told us that they made their choices of meals from the menu. However, if they wanted something different this was provided. This was confirmed by the service’s chefs who we spoke with. They were knowledgeable about people’s specific and diverse needs relating to their dietary needs.

Records and our observations showed that people were supported to have enough to eat and drink and maintain a balanced diet. We saw that where people needed support to eat their meal this was done in an unrushed manner and at a pace that suited them.

People’s care plans contained information on their dietary needs and the level of support they needed. Nutritional risk assessments had been used and were being reviewed on a regular basis. Where people were identified as losing weight, or had swallowing difficulties, referrals had been made to the dietician and speech and language team for specialist advice. The chefs confirmed that they were kept updated about any changes in people’s needs and showed us their records which identified, for example, if people needed a softer meal.

All of the people we spoke with told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. One person said, “If I am feeling ill, I just have to tell the staff and they get someone in to see me. They [staff] are very observant and quick to get me sorted.” Another person told us, “I have had recent falls, I have seen the doctor and the

Is the service effective?

home keep me under surveillance and I am quite happy with that.” Another person commented, “They [staff] weigh me once a fortnight and the chiropodist, hairdresser and my family comes.”

We spoke with a health professional the day after our inspection who told us that the service made appropriate and timely referrals to ensure that people’s health needs were met.

Records confirmed what we had been told and that people were supported to maintain good health, have access healthcare services and receive ongoing healthcare, where appropriate. Where the staff had noted concerns about people’s health, such as weight loss, falls or general deterioration in their health, prompt referrals and requests for advice and guidance were sought.

Is the service caring?

Our findings

All of the people we spoke with confirmed that the staff were caring and treated them with respect. One person said, “It is wonderful and they [staff] are so kind. Whatever I ask for they never refuse.” Another person told us, “The care is excellent, the food is good and the people running it have the resident’s best interests at heart.” Another person commented, “They [staff] are all lovely, they are very kind, all of them.”

One person’s relative commented, “Staff are very friendly and very nice.” Another person’s relative said, “It is a happy environment and they [people] are well cared for.”

Staff told us how they treated people with respect and kindness. One staff member said, “Good atmosphere here, we all pull together and are cheery and kind to the residents and we all have a laugh together.” Another staff member commented that they would recommend the service to their relatives. A third staff member said, “It has a relaxed atmosphere, the staff know what they are doing and the environment is pleasing for the residents.”

We observed that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. During lunch, staff sat with people and ate their own lunch with them. We saw that one person, who was asleep in bed, was checked regularly by staff to see if they had woken or needed anything.

People told us that they felt that the staff listened to what they said and their views were taken into account when their care was planned and reviewed. One person commented, “I get everything I need, I think they [staff] listen to what I want.” Another person said, “A question of choice, I am not made to do anything I do not want to do.”

People’s care records showed how they had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for and their decisions about end of life care. Care review meetings included input from staff,

the person and, where appropriate, their relatives. In these reviews people were consulted about the care and had the opportunity to express their views about their care and support. This showed that people’s views were valued and acted on. People’s care plans included information about people’s diverse needs and how these needs were met. This included how they communicated, mobilised and their spiritual needs. One person told us about equipment that they had been provided with to assist them in their daily living. This showed that their diverse needs had been assessed and met.

People told us that they felt that their independence was promoted and respected. One person commented, “I do what I can myself and ask the staff when I need a bit of help, they are always more than happy to help me.” Another person said, “I have a fair deal of independence and can run my life as I want.”

Where there were risks associated with people’s independence, these were assessed and methods of minimising these risks were identified in individual risk assessments. This included when people independently used services in the community. For example, when going out with friends.

People told us that their privacy was respected. One person commented, “They [staff] never just barge in [their bedroom], they always knock on the door and ask if they can come in, I like it that way.” Another person told us that they had some cream which alleviated pain and said, “When I need it, they [staff] ask me to go to my bedroom so they can put some on.”

Staff understood how people’s privacy and dignity was promoted and respected, and why this was important. One staff member commented, “We make sure we always respect their [people’s] privacy, like when they are seeing the doctor.” We saw that staff knocked on people’s bedroom doors and waited to be invited in before entering. Staff ensured that bathroom and bedroom doors were closed when they were supporting people. This showed that people’s privacy and dignity were respected.

Is the service responsive?

Our findings

People told us that they were satisfied with the care and support they received and were happy living in the service. One person said, "I have not been here that long, but I know I made the right decision to move here." Another person commented, "I was living alone, my [relative] came and looked round, I wanted somewhere where you can make your decisions to choose what to wear, what to eat, what to do and I feel comfortable with what is offered to me. The ultimate was somewhere where you have independence and carers are there for you, so I came here." Another person said, "It is lovely here, it is what I need, it fulfils all my needs, a hot meal every day, my laundry done and they leave me in peace. I go out when I like, it is not a prison and I am free to come and go as I please."

People's care records showed that they received personalised care that was responsive to their needs. Care plans included information about the care and support provided to people. This included support with their personal care needs and mobility. Risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with pressure area care and moving and handling.

People told us that there was a range of social events that they could choose to participate in and individual interests that they undertook. One person said, "Once a week a friend comes and picks me up and we go and have lunch in the countryside and I do some shopping." Another person commented, "I go to the church service and to the cinema and the sing along to the piano." Another person said, "I

don't go to the activities. I read, listen to the radio and watch TV in my room. It is left up to one's own wishes and they [staff] come and tell me what is coming up if I want to join in."

During our inspection there were several social events taking place, including poetry reading, a visiting hairdresser and a visiting entertainer. People watching the entertainer showed their enjoyment by joining in with the singing. The service also provided Wi-Fi access, a cinema, library, hairdressers and café bar where people told us they liked to socialise.

The two staff responsible for arranging events told us that they regularly discussed people's preferences with them and were keen to ensure that people were provided with events that stimulated them. Another member of the care staff team told us how they were working with one person who was teaching them to do card tricks. This meant that as well as group activities people were supported in one to one sessions where they did things that interested them.

People said that they would feel comfortable speaking to the provider, management or senior carers if they wanted to make a complaint. One person said, "I would go to the manager you often see her about or to a senior." Another person commented, "I have got nothing to complain about, I am very happy."

No complaints had been received in the last twelve months. Records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaint procedure in place which was displayed in the service.

Is the service well-led?

Our findings

We asked people if they felt that the service was well-led and if there was an open culture in the service. They told us that the management, staff and the provider were approachable and listened to what they said. One person commented, "People running it have the resident's best interests at heart." Another person told us, "I can talk to any of them [staff] at any time. The owner and the manager are usually around if I want to talk to them."

The staff we spoke with told us that the service was well-led, the management and provider were approachable and listened and acted on what they said. One staff member said, "It is a lovely place to work, staff are lovely, it is a new building and management are good. Anything you want to ask you go and see them [management and the provider], they are very approachable." Another staff member told us, "The management team are excellent." One staff member told us how they had been supported to progress in their career in the service and said, "It is a good organisation, they are always offering training." Other comments made from staff included, "Generally good communication and we have staff meetings every two to three months, I feel I can say anything, minutes are taken and action points noted," and, "I cannot fault the staff. The manager has an open door policy and everything is confidential."

Satisfaction questionnaires completed by people who used the service, their representatives and staff, were mainly positive. A staff member explained the actions that they had taken to improve things after receiving feedback from the questionnaires. For example one person had

commented that they would like their food to be cut up when served. Catering staff had been advised of this and this was now happening. This showed that people's views were valued and acted upon to improve the service.

The minutes of a meeting with the provider and the manager showed that they had identified the need for increased management support in the service. This included the introduction of a training manager and home supervisors in the management team. These records identified that they had noted where improvements were needed, took action, documented this and were monitoring the effectiveness to ensure that the service was improving. This was confirmed by a staff member who said, "I feel 100% supported by the manager, deputy manager and the new home supervisors."

The service had notified us of any incidents that they were required by law to tell us about, such as the death of people and accidents and injuries. We were able to see, from people's records, that actions were taken to learn from incidents. For example, when accidents had occurred they had reviewed risk assessments to reduce the risks of these happening again and make sure that people were safe.

Discussions with staff and the provider demonstrated that shortfalls in the service were actively identified and they were in the process of addressing them. As a result the service continued to improve. The staff in the service were receptive to the inspection process and feedback provided. This was evident from previous contacts with the service and information received from stakeholders including commissioners of care. The service acted cooperatively and swiftly to ensure that people were provided with safe, caring, effective and responsive care and support in a service that was well-led.