# Stroud & District Homes Foundation Limited

# Cotswold Court

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| 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? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 1 March 2016. This was an unannounced inspection. The service was last inspected in July 2013. There were no breaches of regulations.

Cotswold Court is a large house offering accommodation and personal care support for up to six people who have a learning disability. There were six people using the service at the time of the inspection.

There was a registered manager in post at Cotswold Court. They told us they had been working as manager in the home for four years. 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.'

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. However, administration of medication was not always recorded appropriately.

Regular audits of the service were not being carried out. The registered manager had not asked people for their Feedback about the service.

Risk assessments were implemented but these were not always updated to reflect current level of risk. This meant that there were occasions when there were no guidelines for staff to follow to minimise risk to people.

People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with staff members and other health and social care professionals.

People were supported to access and attend a range of activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported. The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities.

The staff at the home had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Where people lacked capacity, best interests meetings had taken place involving other professionals ensuring decisions were made in peoples' best interests.

The staff recruitment process was robust to ensure the staff employed would have the skills to support people. Staff were knowledgeable about people. They had received suitable training to support people safely enabling them to respond to their care and support needs.

The service maintained daily records of how peoples support needs were met. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded. The service took time to work with and understand people's individual way of communicating so that the staff could respond appropriately to the person.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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**

Some improvements were required to ensure the service was safe.

Some improvements were required in order to ensure the safe administration of medication.

Risk assessments had been completed to reflect current risk to people.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

There were safe and effective recruitment systems in place and staffing levels were sufficient to meet people's needs.

### Is the service effective?

**Good**

The service was effective

People had access to healthcare professionals Relevant professionals were involved in planning people's nutritional needs.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

### Is the service caring?

**Good**

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

## Is the service responsive?

**Good**

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

The service had a robust complaints procedure.

## Is the service well-led?

**Requires Improvement**

Some improvements were required to ensure the service was well-led.

Regular quality audits were not always carried out. The views of people living at Cotswold Court and their relatives were not always taken into account to improve the service.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

# Cotswold Court

**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.

This was an unannounced inspection which was completed on 1 March 2016. The inspection was completed by an adult social care inspector. The previous inspection was completed in July 2013; there were no breaches of regulation.

Before the inspection, 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from mental health services, local authority and the GP practice.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with three members of staff and the manager of the service. We spent time observing and speaking with people living at Cotswold Court.

Following the inspection, we contacted three relatives by telephone about their experience of the care and support people received at Cotswold Court.

Requires Improvement

# Is the service safe?

## Our findings

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency rechecked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff for 'as and when' medicines such as pain relief or remedies were required. This included what staff should monitor in respect of when and how these medicines were to be given. These plans had been developed with the involvement of relevant healthcare professionals.

However, medication records were not always maintained and gaps were found where medication had been administered but not recorded. This meant it was not always clear as to what medicine people had taken.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. For example, where people used the stair lift to access the first floor of the home, a risk assessment was in place for each individual identifying the risks to that person. There was evidence of staff liaising with other health professionals to identify and manage risk. For example, one resident was at risk of developing pressure sores, it was evident from their risk assessment that staff had sought advice from the health professionals regarding this and action plans were clearly detailed. Another person was at risk of epileptic seizures. There was evidence of input from relevant professionals and the care staff to identify the risks to this person and how these were to be managed.

People told us they felt safe living at Cotswold Court. One person told us "I feel safe here" and "All of the staff are nice and friendly to me". Another person said "I feel very safe here". We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the person they were supporting them and not rushing them. This ensured safe care was being provided. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff. One family member stated "I feel X (resident) is safe there and the staff have the right skills to keep him safe". Another relative stated "I feel he is in good hands to keep him safe".

There was sufficient staff supporting people living in the home. This was confirmed in conversations with staff and the staff rotas. Each person was allocated a keyworker. This was a named member of staff who was

responsible for ensuring care plans were up to date and reflected the current level of need for the person. There was at least two staff working in the home in addition to the deputy manager and the registered manager. Staff told us if people had activities outside of the home this would be reflected in an increased number of staff on shift for that particular time. Some people required two staff for their care and this was clearly detailed in care plans. Relatives commented on how they felt the home was sufficiently staffed. One relative commented "There are always enough staff on duty".

In order to ensure there were sufficient staff working in the home the registered manager informed us she determined staffing levels by individual levels of needs and what activities were on during each shift. These were then assessed together to judge the number of staff needed across the home. The registered manager informed us there was always a minimum of two staff members on each shift and at least one staff member at night. The registered manager informed us that they operated an on-call system and also bank staff were available to cover shifts in emergencies. Staff also informed us they were happy to swap shifts to support colleagues.

The registered manager works between two locations but informed she was always available by phone if any support was required. When speaking with staff they stated they felt confident they could contact senior management if they required further support.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. We looked at the recruitment records of the last three staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. Before an individual was allowed to commence work in the home, a 'cleared to work' form had to be completed by the head office. This was done to ensure all of the relevant checks had been completed and the relevant documents which were required were seen.

The home has a staff disciplinary procedure in place. The registered manager showed us records of how this had previously been used to address a staff disciplinary issue. This showed the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe. One staff member we spoke with informed us they had raised a concern with the registered manager and this had been dealt with appropriately.

The provider had implemented a robust safeguarding procedure in the home. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the registered manager. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. All staff had received training in safeguarding. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors, for example the fire alarm system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation.

Staff told us there was a quick response to maintenance and repairs. The provider had employed a person who worked across the whole organisation three days a week. The registered manager informed us a work request list was sent to each manager at the start of the year requesting a maintenance plan. Once the plan was completed, head office arranged the work to be completed. The home maintained daily premises checks to identify any issues which were then reported to the head office. Records were kept of all issues requiring work. This record details what was required, when it was reported, the level of urgency, when it was due to be completed and when the work was actually completed. For example, a leak was identified in one of the wet rooms and this was identified as being urgent and was completed within 24 hours of the issue being reported.

The home was clean and tidy and free from odour. We were told that cleaning was the responsibility of all staff during their shifts. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean. One relative told us "The home is always clean". Another relative informed us the home was "very clean".

The home had been awarded a five star rating for food hygiene practice from Stroud District Council. This is the highest award that can be achieved. Staff showed a good awareness in respect of food hygiene practices. Different types of foods were kept on different shelves in the fridge and freezer. For example, there were separate shelves for vegetables and meats. Food was clearly dated when put into the fridge. We were shown records of the temperature checks for the fridges and freezers which are taken daily. We were also shown records of food temperatures being taken for all meals before they were served to people.

Good

# Is the service effective?

## Our findings

Staff had received regular supervision. The registered manager informed us supervision occurred every six-eight weeks. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. Staff told us they did not have to wait for their supervision to discuss any issues with the registered manager. The registered manager informed us she had recently appointed a new deputy manager who was currently completing training which will enable them also to supervise the staff. The registered manager informed us once this training was completed, supervision responsibilities will be shared between the deputy manager and herself.

Staff appraisals were not occurring on a regular basis. The registered manager informed us the last appraisal for staff was completed in 2014. The registered manager informed us this was due to a recent change to the way appraisals were completed. The new process will include a pre -appraisal form for staff to complete as well as an observation of staff practice. The registered manager felt this will enable the service to better gauge the competency of staff as well as identify future learning needs.

Staff had completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and training. This training may be from outside trainers in addition to completing a range of e-learning and reading policies and procedures.

Staff had been trained to meet people's care and support needs. The staff we spoke with had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The registered manager informed us staff had access to an online training portal as well as e-learning available through the local authority. Staff also used training material from another external provider but they were considering changing this due to poor feedback from staff.

Through discussion with the registered manager and staff it was evident the learning from attending training courses had been implemented in the home. For example, one staff member we spoke with told us they had found the Mental Capacity Act training very useful and made them more aware of seeking consent and considering capacity and best interests.

The registered manager demonstrated a clear understanding of the importance of staff training and demonstrated an awareness of staff training needs. The registered manager had identified gaps in people's training and had made suitable arrangements for staff to attend training courses. The registered manager used a matrix which detailed what training courses had been completed by each staff member and what was also outstanding. The matrix also enabled the registered manager to track when people required refresher training courses to update their knowledge.

The registered manager demonstrated the importance of continuous learning and development. The

registered manager informed us she attended learning exchange groups and also attended provider forums to ensure that she was up to date with any changes or updates in the social care sector.

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).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Each person living at Cotswold Court had assessments regarding their capacity to make decisions. The registered manager and staff in the home demonstrated a clear understanding of DoLs procedures. The registered manager was able to outline her responsibilities in relation to making DoLs applications if they were required. The registered manager had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented in the care plans. When speaking to family members, they told us they felt involved in best interest decisions.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed a staff member talking to one person in the communal area about what they would like to do. This person expressed her wish to apply nail polish and the staff member supported her with this. On one occasion we observed another staff member asking somebody if they would like to go out in the afternoon. From talking with staff and observing their interaction with people it was evident they respected the wishes of people using the service. For example, we observed one staff member offering a drink and snack to a person. The person declined and the staff member respected this wish. We observed another staff member asking a person if they would like to take part in the board games which were being played in the communal area. The person declined this and the staff member respected the wishes of the person but also came back some time later to again ask the person if they wanted to take part. On this occasion the person expressed their wish to take part in the activity and the staff member supported the person. From our observations and discussions with staff it was evident they knew the needs and preferences of the people using the service. When speaking to one staff member regarding the person for whom she was the keyworker. We were given a detailed account of the person's daily routine as well as their likes and dislikes.

I Observations showed staff knew the communication needs of people and were able to maintain effective communication with them. For example one person had minimal verbal communication but staff used signing and touches to enable effective communication with this person. For example, staff were able to use appropriate signing to ask this person if they wanted to have a drink.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us they were always consulted in relation to the care planning of people using the service.

The registered manager informed us they used evidence from health and social care professionals involved in peoples care to plan care effectively. This was evidenced in the care files. One example of this was the use

of relevant professionals attending a meeting at the home on the day of the inspection to discuss the nutritional needs of a person using the service. Where there had been input from other professional, this was recorded clearly in the care files of people.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. During the inspection we saw a member of staff sitting with people and discussing what they would like to have for their meals during the coming week. The staff member informed us they planned menus on a weekly basis and consulted the residents as to what they would like during the week. Where people were unable to participate in these discussions verbally, we observed staff using picture cards to enable the person to express their choice of meals. One staff member told us how one person had a special dietary requirement but still liked to feel a part of the group at meal times. Staff informed us how they ensured they adhered to this person's dietary requirement but also served him the same meal as the other people using the service. This demonstrated staff were aware of people's wishes and accommodated these where possible.

Meal times were flexible and if people wanted something different to what was on the menu they could chose this. This was confirmed to us by the staff and the registered manager. One person we spoke with described the food as 'tasty'. Another person stated "The food is good". One relative told us, "There is a good choice of meals'. Another relative told us "The food at the home is good'. The staff we spoke with described the food as being good.

Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food or food needed to be at a certain consistency, this was clearly detailed in the care plans. Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required. Relatives told us they felt there was enough food provided for people at the home. One relative stated "He always appears well fed and there is a varied menu". Another relative stated "They always have a cooked meal, there is choice and they always appear to have enough to eat".

People had access to a GP, dentist and other health professionals. The records from these appointments were recorded and were also reflected within the reviews in peoples care files. For example, one person needed input from a professional regarding their food being blended due to difficulties with swallowing. The input from the professional involved was clearly documented in the care files and also detailed how staff were to support this person.

Cotswold Court is situated close to the centre of Stonehouse. The home was suitable for the people accommodated and some adaptations had already been made. For example, some people required a stair lift to access the first floor. We felt the home had taken the needs of people into account when decorating the hallways and communal areas.

Each person had their own en-suite bedroom. Each bedroom was decorated to individual preferences and the registered manager informed us the people had choice as to how they wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted and they were also involved in this process.

There was parking available for visitors and staff. There was a large secured garden at the front of the property which people could access if they wanted to.

Good

# Is the service caring?

## Our findings

Staff treated people with understanding, kindness, respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom. Staff also sought the permission of people before they entered their bedroom when the person was in a communal area. For example, we observed one member of staff asking a person for his permission before she went up to clean his room.

When speaking with staff, they were clear in their understanding of privacy and informed us they always knocked and sought permission before entering a person's room. Staff also informed us they ensured doors were closed when providing personal care. This demonstrated staff were conscious of maintaining people's privacy and dignity. Care plans also detailed what staff needed to do ensure they were respecting peoples' dignity in communal areas. For example, one person suffers from epilepsy and is at risk of seizures. Their care plan clearly detailed the need for staff to ask other people to leave the communal areas if this person had a seizure in a communal location to ensure their dignity was maintained.

It was evident from speaking to staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviours that may challenge. Relatives informed us they felt the staff had the skills and knowledge to manage these behaviours. One person stated when referring to their relative "I feel he is in good hands". Other family members we spoke to stated they felt the staff knew their relative's needs well and were able to respond accordingly. The family members we spoke with informed us they felt their relative was happy at Cotswold Court.

There was a genuine sense of fondness and respect between the staff and the people. We saw people laughing and joking with staff. One staff member stated "It is very important me that they (people) are happy". People told us they felt the staff were caring. One person stated "The staff are always friendly to me". Relatives we spoke to informed us they felt the staff were caring. People used statements such as "The staff are very pleasant and helpful" and "The staff are friendly and caring" to describe the staff at Cotswold Court. One professional who visits the home stated "The staff are always polite and respectful".

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. For example, one person had limited verbal communication. Observing this person's interaction with staff members, it was evident the staff knew the person well and understood their communication style. Staff were observed using touch as a form of communication and also to put the person at ease when speaking to them.

The staff were aware of people's routines and how they liked to be supported. Each person was allocated a keyworker. This was a named member of staff who was responsible for ensuring care plans were up to date and reflected the current level of need for the person. When speaking to one keyworker, she was able to provide a detailed account of the person they were supporting including their likes and dislikes.

Staff talked about people in a positive way. Family members we spoke with informed us they felt their relatives were treated as individuals who had their own needs.

People looked well cared for. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. One relative described the staff as 'kind and caring'. Another relative described the staff as 'excellent'. One relative stated "The staff are very pleasant and caring". Relatives told us the staff listened and responded to people appropriately. Relatives told us the staff would try their best to fulfil any requests they had. We observed staff working with people at their pace and activities were tailored to the individual needs of people.

People's preferences in relation to support with personal care was clearly recorded and people were enabled to maintain their independence if they indicated a preference for this. These were clearly detailed in the care plans. For example, where people were able to carry out aspects of their personal care independently, these were clearly detailed in the care plans. People were able to have privacy if they wanted to. Staff told us people will request if they want time alone. Staff will then leave the person for a short period of time. People we spoke with told us they could go up and spend time in their room if they wanted to.

Staff told us people were offered a choice on a daily basis in respect of how they wanted their support. This was observed throughout the inspection. For example, staff were observed asking people at meal times if they wanted help before supporting them.

We saw in the support plans how the service had worked with people and their families to identify and record their choices and preferences. It was clear from the information available that people were consulted and that care and support was planned according to the needs and abilities of each person. Relatives informed us they were involved in care planning and reviews.

People were given the information and explanations they need, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Care records included information about how people could be involved in making decisions.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Relatives told us they were able to visit when they wanted to. One relative stated 'there have never been any restrictions on visiting'.

We did not see any evidence on end of life planning. However, we note that this this is a younger client group. During discussions with management, they informed us that this had been identified in their improvement plans and they would be commencing end of life care planning shortly after the day of the inspection. During conversations with relatives, there was evidence that this has already been commenced. One person informed us that they had been contacted in regards to an appointment for end of life care planning for their family member.

Good

# Is the service responsive?

## Our findings

The service was responsive to people's needs. Each person had a support plan. The service had a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file also had a page detailing people's likes and dislikes at the front of the file so it was easy for staff to identify individual preferences.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required  Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any behavioural issues occurring on shift so that the staff working the next shift were well prepared.

The home had a robust process for ensuring changes were recorded in peoples files. We were informed each keyworker will record any changes in the care file. There was evidence regular reviews of care plans were being carried out. Staff informed us reviews were carried out at least every three months. Professionals who visited the service stated they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the home responded well to people's needs. For example, one person recently began to wake at night and would leave their room looking for support. There was evidence in their care file that the registered manager and staff had involved relevant professionals and family members to discuss the use of specialist equipment which would raise an alarm to the night staff when this person got out of bed.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated they were happy living in the home and with the staff who supported them. Throughout the inspection, we observed positive interactions between people and staff. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable. Relatives complimented the staff about how they were responding to people and the relationships that had been built with staff. One relative stated the staff were 'excellent'. Another relative stated the staff were 'very friendly and responsive to people's needs. One relative described the home as "Absolutely wonderful" and felt their relative had a 'good quality of life'.

The registered manager informed us people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file

contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Activities included swimming, going out to local shops and each person had at least one holiday per year. We felt staff were innovative in supporting people to have more holidays if they expressed a wish to do so. For example, one person wanted a second holiday and staff informed us how they were supporting this person to collect tokens from a newspaper for a discounted holiday. Each person had their own activities timetable detailing what they were doing during the week. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at the home. For example, we observed staff using the time between people returning from their morning activities and lunch time to play board games with people.

Where people requested to attend activities such as music concerts, these were arranged in advance and a separate care plan was written detailing all of the support this person would require whilst they were away for an activity. For example, staff at the home had recently supported one service user to attend the X-Factor Live show.

Relatives stated activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do things they enjoyed and were happy at the home. One relative stated "They are always taking him out to the local shops and he always has somebody go with him". Another relative complimented the number of activities available stating "He does loads".

Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the registered manager to respond promptly to any concerns or suggestions that were made. People told us they felt the registered manager was always available if they had concerns. Relatives informed us that the registered manager and staff kept them up to date with their relatives care. The registered manager told us it was important to maintain positive relationships with relatives so they felt confident to approach them with any concerns or suggestions. Professionals we spoke with stated they felt confident their concerns were listened to and actions were taken accordingly.

Complaints were managed well. The registered manager informed us about one complaint she had received recently. When looking at the records, it was evident this had been dealt with appropriately and there had been learning taken from the complaint. For example, a complaint had been received regarding all members of a person's family not being consulted in relation to a best interests meeting. The registered manager explained how she had met with all individuals concerned to resolve the issues. The registered manager was also able to explain how learning had been taken from this complaint to try and involve all interested parties at best interests meetings.

Requires Improvement

# Is the service well-led?

## Our findings

Regular audits of the service were not taking place. This meant the service was not always able to recognise areas of good practice or what areas required improvement. Although the registered manager completed annual reports for the group manager in preparation for board meetings, these were only focused on individual residents and staffing levels rather than the whole service. The registered manager informed us she carried out observational checks daily but these were not recorded.

The service had not used surveys to gather feedback from people, their relatives or others involved in a person's care in order to identify areas of good practice as well as areas for improvement required at the home.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Relatives we spoke with informed us they felt they could discuss issues with the registered manager who they felt was approachable, committed to providing person centred care and willing to listen to feedback about the home. Relatives informed use they felt the service was well managed. A relative said the registered manager "Will always talk to me".

There was an experienced manager working at Cotswold Court. They told us they had been working at the home for four years. Staff spoke positively about the management style of the registered manager. A member of staff told us they felt supported by the registered manager. Staff felt they could discuss any concerns they had with the registered manager. Staff informed us there was an open culture within the home and the registered manager listened to them. They used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager stated she felt team meetings were very important as they allowed the staff team to identify good practice as well as areas for improvement. The registered manager informed us staff meetings occurred every three months.

The staff described the registered manager as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the registered manager was regularly attending to matters of care throughout the day. There was a new deputy manager in place who was previously a member of the care team. The deputy manager informed us the registered manager had been very supportive and had made her transition into the role very easy. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the home. Relatives used term such as 'caring', 'excellent', 'brilliant' and 'fantastic' to describe the registered manager. During the inspection, the enthusiasm of the registered manager was evident and we felt this had a positive effect on the morale of the wider staff team. Staff we spoke to told us they felt morale amongst staff was good and this was down to the registered manager's good leadership.

A health professional who visited the service regularly praised the management team and felt the

appointment of the new deputy manager had made a positive impact at the home. The professional stated "There is a new deputy manager in post who appears very motivated and has started to make positive changes in relation to client activities".

We discussed the value base of the home with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people. The registered manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. The emphasis was that Cotswold Court was the home of the people living there. One staff member stated "It feels like a home here".

The registered manager had a clear contingency plan to manage the home in her absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences. The registered manager also detailed how the deputy manager would cover for her in her absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The service has a legal duty to report certain events that affect the well-being of people or affects the whole service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Regulation 12(2)(g) The proper and safe management of medicines.<br><br>Medication records were not always maintained and gaps were found where medication had been administered but not recorded. This meant it was not always clear as to what medicine people had taken. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Regulation 17(2)(a) Assess, monitor, and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).<br><br>Audits of the service were not being completed. Regular audits of the service were not taking place. This meant the service was not always able to recognise areas of good practice or what areas required improvement. The service had not used surveys to gather feedback. |