The Council of St Monica Trust

Care and Support Service - Cote Lane

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 inspection of Care and Support Services - Cote Lane on 3 and 5 October 2017. When the service was last inspected in June 2015, there were no breaches.

Care and Support Service - Cote Lane provides personal care to people living within private accommodation within the provider's Cote Lane retirement community site. All people who receive personal care from this service live within privately owned or privately rented apartments. All of the people at the service have 24-hour access to staff in the event of an emergency. Calls can range from 15 minutes to six calls a day.

At the time of the inspection, there were a total of 186 people living within the 179 apartments and the registered manager was responsible for the wellbeing of all of these people. Their role was called a retirement community manager. They were supported by the care and support team, a chaplain and the community engagement co-ordinator and a group of volunteers. The volunteers assisted people during coffee mornings and various social events.

People who live within the retirement community have access to facilities such as a theatre/cinema, a chapel, swimming pool, gym, physiotherapy suite, a small shop and hairdressing salon as well as two restaurants. At the time of our inspection, the service was providing personal care to 48 of the 186 people.

The registered manager had resigned the week prior to the inspection. A new manager had commenced in post and was in the process of registering with us. They were available on both days of the inspection. 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 home is run.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated good:

Staff had a good understanding of safeguarding and knew what to do if they were concerned about the welfare of people or an allegation of abuse had been made. Any safeguarding concerns were investigated with the outcomes fed back and practices changed if necessary in order to prevent reoccurrences. People had risk assessments to keep them safe whilst receiving personal care. This included environmental risk assessments. People told us they felt safe whilst being supported by staff. Staff were recruited in a safe and consistent manner.

Medicines were managed safely with people receiving their medicines appropriately. Regular medicine audits were being carried out. Where errors had taken place, appropriate action had been taken to protect people, including additional training and observations of staff practice. Improvements were being made to

ensure the records included more details about the medicines held in people's dossette boxes.

There was sufficient staff to meet people's individual needs. People told us staff turned up on time and stayed for the full duration of the visit. Staffing was planned flexibly to meet people's individual needs. Staffing was in place 24 hours in the event of an emergency or a person requiring support at night. At the time of the inspection, no one was receiving planned care at night.

People had access to a range of health professionals when required. Some people looked after their own health care appointments. People's nutritional needs were being met.

People had their needs assessed and clear plans of care were in place about how the person wanted to be supported. These were personalised and up to date. People were very much involved in their care. There was an emphasis on encouraging people to be independent as possible enabling them to live independently in their own apartments. People felt confident that their care needs would be met and gave very positive feedback about the staff that supported them. It was evident that the service was very responsive to people's changing needs and adjustments made to the care and support to enable them to continue to live the life they wanted.

The service was very responsive and people were supported to achieve their aspirations and follow their chosen hobbies and interests to ensure they maintained positive physical and mental wellbeing. People were very much involved in life at Cote Lane and making decisions about their care. Regular meetings were held with people so they could air their views and make suggestions for improvement in relation to care delivery and life at Cote Lane.

Staff were consistently caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles and the people they supported. Staff were passionate about delivering care that was tailored to the person.

People were provided with a safe, effective, caring and responsive service that was well led. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.
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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 continues to be a safe.	Good
Is the service effective? The service continues to be effective.	Good
Is the service caring? The service continues to be caring.	Good
Is the service responsive? The service continues to be responsive.	Good
Is the service well-led? The service continues to be well led.	Good

Care and Support Service - Cote Lane

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 an updated rating for the service under the Care Act 2014.

This inspection took place on 3 and 5 October 2017 and was announced. We gave the service short notice of our visit to the office, because we wanted to make sure the people we needed to speak with were available. The inspection was carried out by one inspector. The last inspection to the service was in June 2015 when we rated the service as good.

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 plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with five people who used the service and three other people informally in one of the communal spaces. We also spoke with the manager, the deputy manager and two members of staff. Their comments are included in the main body of our report.

We looked at the care records for five people who used the service and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff and recruitment records for five members of staff.

Our contact details were also displayed for people to contact us during and after the inspection. No one made contact with us via email or telephone.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe when receiving care and support from staff. People told us they knew if they had an accident or there was an emergency the staff would respond promptly. People had access to a pendant, which they could wear around their neck and enabled them to alert staff if there was an emergency. Nominated staff had a telephone device that received the alert. People confirmed when they had raised an alert through their pendant, the staff had responded promptly to assist them. In addition, people had to press an 'I am Ok' button each day on their telephone. This was then transmitted to a central call centre. If people did not press the button then an alert/telephone call would be made to the staff on duty and they would complete a welfare check. This meant people were checked daily at an agreed time to ensure they were safe.

People received a safe service because risks to their health and safety were well managed. This included risks due to poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed.

People were cared for by suitable numbers of staff. Staffing was planned based on people's individual care and support needs. At the time of the inspection, there were 48 people being supported with one to one care at varying times during the day. On average, they were providing at least 250 care hours per week. Staffing was provided seven days a week over a 24-hour period.

There were usually six staff working in the morning, two in the afternoon and three in the evenings. Two staff provided sleep in cover in the event of an emergency at night. The manager was able to demonstrate how the staffing was kept under review to meet people's ongoing and changing needs. Rotas were planned on a four week rotational basis. People told us they always received the care they required at the time they needed it, which further indicated there was sufficient staffing. They told us the staff stayed the full allocated time and responded promptly to emergencies such as a fall. One person said on occasions when staff were late it was usually because they were dealing with an emergency within the retirement complex. They confirmed the staff usually telephoned to let them know if they were going to be late.

Staff felt there was sufficient staff to provide the care and support but felt there should be time set aside for administrative tasks such as rota planning and care planning. They also told us there were busy times especially if they were also responding to the pendant calls. Records were maintained of these emergency calls including the times, the reason and whether it was an emergency or not. This enabled the management to monitor these to ensure there was suitable numbers of staff working across the complex. In addition, there was a 24-hour porter service with staff that had been trained to respond in the event of an emergency.

The service had a mixture of full and part-time staff, together with a pool of bank staff should the need to use them arise, such as periods of holiday and sickness. This helped to ensure staff understood the care and support needs of the people they cared for. Staff told us they were using regular and familiar bank staff at

the moment to compliment the team. They told us they were very much part of the team and had access to the same training, supervision and induction as regular workers. This was confirmed in conversations with the bank staff that were working on the days during our inspection.

Some people required assistance with their medicines. This was clearly recorded in the person's care plan along with a risk assessment and consent form in relation to the staff assistance in this area. Medicine administration records (MAR) had been completed appropriately to show where people had taken medicines or declined them. There was no information on the medicine administration record about the medicines people were taking including the name of the medicine and the dose. Staff were signing for the medication that was in people's dosette box rather than signing for each individual prescribed medicine. The manager told us this would be addressed with a list of people's current medicines being attached to the MAR. Further assurances were received from a senior manager telling us via email that this work had already started. This would mean that staff could identify if there had been a medicine change also there would be an up to date record should a person be admitted to hospital.

There had been three medication errors in the last twelve months. These had been investigated and followed up with the staff involved. Appropriate action had been taken including contacting the GP or the 111 service at the time of the error. Monthly checks were completed on the medicine administration records to ensure these had been signed and that there were no errors in recording. During a recent team meeting, staff had been reminded of the importance of recording and to use black ink. Staff had received training in the safe administration of medicines and their competence checked every three months.

Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training annually. Staff were aware of the reporting process for allegations of abuse. There were policies and procedures to guide the staff on what to do if an allegation of abuse was made. There had been no safeguarding concerns since the last inspection.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work with people who needed help with their care. Staff were thoroughly checked to ensure they were suitable to work for the service. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy and provided training for staff. People we spoke with confirmed staff used gloves and aprons appropriately. A senior manager observed staff practice every three months this included whether staff were following the policies and procedures in respect of infection control.

There were arrangements in place to deal with foreseeable emergencies. There were business continuity plans in place for flooding, utility failure and for backing up data held electronically.

There was evidence that health and safety checks took place. Fires safety systems checks were made weekly. There were also regular checks in people's apartments to check the safety of pendants. It was clear the manager was keeping an overview of health and safety. The manager acted promptly when a person raised a concern that their intercom was not working and they were unable to hear when they had a visitor and had difficulties letting them in. The manager promptly liaised with the maintenance department and fed back the findings to the person with assurances that this would be repaired promptly. We received an

email shortly after the inspection confirming the actions they were taken.

Good

Is the service effective?

Our findings

The service continued to provide effective care to people. People spoke very positively about the staff that were supporting them. Comments included, "They are all really good, cannot fault the staff", "Great service, the staff are like my friends, in the last 13 years I have not had any complaints", and "I have lived here 27 years, and only recently had care and support, cannot fault the staff especially X (the deputy manager)." People told us they were happy with the care as it meant they could continue to live independently in their own apartments. People also told us that if their needs changed significantly they could also move into one of the provider's care homes.

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 told us that staff asked for their consent on each occasion they visited them. One person said, "They (staff) always ask me what help I need". Staff told us they always asked before they commenced any care or support to ensure people were happy before proceeding. They felt it was important to ask people first so they were able to ensure they were consenting to the care and support offered to them. Staff understood that where a person lacked capacity it was still important to involve them in day to day decisions. Care records included information about any advanced decisions in respect of end of life or if there was a power of attorney in place. Staff understood the importance in involving professionals and the person's representative where a person lacked capacity, to help make decisions that were in their best interest. Staff confirmed they had received training in this area.

There were two restaurants within the retirement complex that some people used at lunchtime. These meals were provided at an additional cost, which people could choose if they did not want to prepare food in their own apartments. Some people had their meals delivered from the restaurant to their apartment by the care staff. People confirmed they had support with preparing meals where required. Care plans included the support people needed. One person told us, "I can prepare my own breakfast and supper, but staff collect my lunch or take me over to the restaurant". One person told us, that usually their evening meal was a light snack or something that could be heated quickly. This was because their teatime call was for 15 minutes.

Some people were able to manage their own health care, and for others their relatives supported them with this. For example, accessing the doctor's surgery, the dentist or attending outpatient appointments. Staff told us if people needed help to make contact with their GP, they would provide this. Transport could also be arranged. One GP practice organised a weekly surgery on site for those people registered with them. Staff told us people could choose which GP practice they wanted to be registered with. There was a choice of four surgeries in the local area. The service had received feedback from one of the GP's telling them 'The staff liaised promptly, very timely and proactively when raising concerns'. They also said the staff had good

communication and they maintained patient confidentiality.

People told us the staff were excellent in responding to emergencies such as a fall. Falls risk assessments were in place where relevant. Staff told us in the event of an emergency they would have no hesitation in contacting 999 or 111 depending on the severity. Records also showed that the person's next of kin or representative would be called.

Staff were very positive about the training and support they received. Two members of staff told us the training was excellent and the training department had won an award for their delivery of training.

Staff who had recently been recruited told us their induction was really good and prepared them well for their role. They said they had enjoyed the classroom part but had learnt so much from their colleagues when they had first started. New staff were given the opportunity to shadow more experienced members of staff. This enabled them to understand the role before beginning to work alone. As part of the induction, staff were expected to complete the Care Certificate. The Care Certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers. The induction included training in subjects such as moving and handling, safeguarding, equality and diversity and infection control. Staff received information about the provider's mission and values during their induction.

Staff were expected to complete update training annually. The provider had introduced a system that ensured staff received these. A 'Mandatory Update Day' had been introduced to give staff the opportunity to complete a full day of update training in specific subjects. This helped to ensure staff were regularly updated in current best practice and legislation if required. These training days included subjects such as health and safety, first aid, moving and handling, safeguarding, the Mental Capacity Act 2005 and equality and diversity. Staff were provided with a handbook on the topics they had discussed, which they could use as a refresher if needed.

Staff confirmed they received regular supervision and support from their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. In addition, spot checks were completed where a senior manager would observe the practice of the member of staff.

Staff we spoke with told us they were well supported by other staff members and the management team. One staff member told us, "We work as a team here and we support each other. The deputy manager is very good, and I am really looking forward to working with the new manager, I can discuss anything I am concerned about with them at any time".

The deputy manager told us they were a moving and handling assessor along with two other members of the care team. This enabled them to train the staff in this area. They said this allowed them to provide bespoke training individually or to a group of staff especially where new equipment was needed promptly. Staff told us there was no one needing assistance with any moving and handling equipment at the moment. However, there was an electronic lifting cushion that staff used to assist people if they had fallen. Staff confirmed they had received training enabling them to safely use this piece of equipment.

Good

Is the service caring?

Our findings

People continued to receive a caring service. People spoke very positively about the staff that were supporting them. They told us the staff were kind, compassionate, friendly and courteous. One person said, "I like the staff that visit me, they always knock before entering and shout out their name". People told us they did not always know who was going to be supporting them, but this did not cause them any concern. They were aware there was a four week rota. Another person told us, "All the staff are warm and friendly, always address me appropriately by my full name, and no terms of endearment".

Staff we spoke with understood the importance of protecting and promoting people's privacy and dignity. One staff member said, "It's their home and this should be respected, I always ring the door bell and ask for permission before entering". Staff also described how they involved people in making decisions about their care and treatment when they visited and they never assumed what the person wanted to be done. People told us the care staff always asked if there was anything else they needed doing such as making a drink or doing the washing up. People told us when staff assisted them in their bathroom or in the kitchen, the staff always ensured it was tidy before they left. This showed staff were respectful of people's property

Staff told us people received the care they required at the time that suited them. This was confirmed in conversations with people. People were asked what time they would like to be supported with their personal care before they started receiving a service. Staff told us this was kept under review and people could always make changes to the times in consultation with the management of the service. The visit times and frequency were clearly recorded in people's care plans. One person told us, "The staff are flexible and if I have an appointment they will help me earlier so I am ready on time", another person said, "I like to go to bed about 9.30 pm, and staff are always around about that time".

Caring and positive relationships were developed with people. People told us they had been asked what care and support they needed, how this should be provided and they felt that they had been listened to. Staff described to us how they knew individual needs of the person they were supporting. They told us this was because they had the time to read the care plan prior to supporting people. They said these contained information to enable them to build a relationship with people such as knowing the important people in their life, life histories and likes and dislikes. Staff spoke enthusiastically and with warmth about wanting to provide good care and support for people and they enjoyed working for the service.

Care plans included people's daily routines. There was clear guidance on how people liked to be supported during each call. For example, there was information on how to support people in the evening with information such 'likes a Horlicks before going to bed' or 'the hallway light to be left on'. Another person liked their early morning cup of tea served in a special way. This showed that people were consulted about their preferences.

Staff told us that as part of their role, they might have to assist with looking after people's pets. Staff supported one person with regular dog walking and another they assisted with feeding their cat. The deputy manager told us they recognised not all the staff may be animal lovers and this was kept under review. This

showed the service also took into consideration the safety and preferences of the staff. A member of staff told us, "We spend as much time with their pet as we would the person, it's not just about feeding their animal it's about the care and attention to detail". A member of staff said because of health reasons they were unable to be around smokers. There was a clear risk assessment about this member of staff not supporting people that smoke. This showed that the service also considered the welfare of the staff. Staff told us they felt valued and listened too. The Trust recognised the staff were an important asset and cared for their welfare. Annual family Fun Days were organised for staff and their families.

People confirmed they were supported to be as independent as possible and the staff did not take over. Examples were given where people were independent in most aspects of their personal care but might only need assistance to put on their socks or wash their back. People told us they were always asked if they needed assistance. Staff told us sometimes the care had to be flexible taking into consideration how the person was feeling, for example if a person was in pain or had a health condition such as Parkinson's. At these times, the person may require more help.

People's cultural and religious needs were clearly recorded in their plan of care. On site, there was a chapel where weekly services were organised by a chaplain that lived on site. They told us they could cater for all faiths and everyone was welcome to their services. One person told us they were supported by the care staff to attend the weekly church service, as this was very important to them. Another person said, "A group of us get together and have regular prayer meetings".

Care plans showed people were asked about their end of life wishes including who to contact and funeral arrangements. Staff told us they would liaise with the district nursing team, and palliative care nurses and the person's GP to ensure all equipment and medicines were in place to ensure people were pain free when receiving this care. One person told us about how their friend had recently died and the funeral service took place in the chapel at Cote Lane. They told us this had been well attended with Scottish pipes being played. It was evident they felt their friend had received the service they would have wished for.

From talking with staff and the manager it was evident people's needs and wishes would be respected at the end stages of life, if necessary putting in additional support. A member of staff told us, "It's really important to get this right for the person, it is the final thing you can do for someone and you only get one chance to get it right". They said that was why it was important to have conversations with people when they were well, so you can get to know someone's wishes.

Good

Is the service responsive?

Our findings

People were receiving a responsive service. People told us they were receiving a service that was responsive to their needs. People told us the staff always completed what was in their care plan and before they left always asked if there was anything else they needed doing. People told us the staff always stayed the full time and visits were never missed. People told us the staff would spend time chatting with them if there was nothing left for them to do. Comments included, "The staff are top notch", "The staff are really good they always ask before they assist me, and offer to make me a cup of coffee or make the bed or do the washing up", "They are very good, they will collect my lunch and make me a cup of tea", and "They are all very good. They will open my curtains as I am struggling with this at the moment". All members of staff we spoke with were passionate about the people they cared for. They told us their role was to provide the best care to ensure people had a good quality of life.

Staff could be nominated for an award, going over and above the call of duty. These were called the Rose Awards. Two staff from Cote Lane had been received this award for supporting a person with cardiopulmonary resuscitation (CPR). They were commended because it was a very difficult situation and successfully saved the person's life. A member of staff told us they always stayed with a person after a fall or if they were unwell and waiting for an ambulance or the paramedics. They said that often this could be in excess of four hours. They said this was important and hoped that if it were them or a relative someone would do the same. This showed the staff were responsive and attentive to people's changing needs.

The manager told us either they, or the deputy manager would assess people prior to a care and support package being agreed. This included speaking with the person to find out what their wishes were, along with talking with relatives and other professionals involved in the care of the person. Care plans clearly described the individual support package in relation to how a person wanted to be supported, the hours required and the frequency. Where people had been admitted to hospital people's care needs were reassessed. One person had recently returned from hospital and staff told us they were now providing two staff six times per day because the person was unsteady on their feet. It was evident the staff were liaising with an occupational therapist about more suitable moving and handling equipment. This showed the service was responsive to people's changing needs in relation to increasing the support and ensuring equipment was suitable. Staff said they were able to complete welfare checks to people who had recently fallen or were unwell.

Specialist support was sought to meet people's individual needs from external agencies as required. People were then able to continue to receive support in their own home. For example physiotherapy and exercise to improve mobility.

Staff told us people could access a physiotherapist employed by Council of St Monica. They could advise on exercises to aid recovery or adapting the home such as grab rails ensuring they were at the correct height. There was also a gym and a swimming pool on offer to help people with rehabilitation, maintaining or improving fitness.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, people had a bottle in their fridge. This contained important details about a person that hospital staff should know when providing treatment including any information about any advanced decisions, allergies, medical history and next of kin. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. Staff said people would take this information with them along with their medicines and any advanced decisions that were in place. We were told that it was kept in the fridge because everyone had one. People, their relatives and staff all knew where this was kept and avoided this valuable information being lost or hard to find in the event of an emergency.

Staff told us some people only required short term support such as to help when they had been discharged from hospital. An example, was given when a person had a cataract treatment, they were provided with a short period of care, which included helping them with their eye drops. This person had made a full recovery and no longer received care and support.

People had a file in their own home containing information about the service and life at Cote Lane, their care plan and any associated risk assessments. There was also an office file containing the same information. Care plans were reviewed on a six monthly basis, as well as when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each person. People told us they had been involved in the planning of their care. Care records showed people and their relatives were involved in care plan reviews. Staff confirmed the care plans were useful in providing information to enable them to support people consistently. Staff told us the new electronic care planning system had been introduced in March 2017. Everyone now had an electronic care plan, which could be updated as and when required. They told us the system sent staff an alert when an aspect of the care plan required updating. We noticed that some people had a comment 'to be updated in the future'. Staff told us they were aware of this and it was because the system would not let them put anything else. They said it was work in progress and they were still learning about the system. Some staff felt the old system allowed them to write more person centred information. All staff had received training in the new electronic system and some staff had additional training to enable them to be 'super users'.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed where relevant. Staff told us they were able to read people's care plans before visiting people as there was a copy held in the office or there was a copy in people's apartments if required. Staff also completed a daily record of care delivery. The daily record included the start and end time of the visit, the name of the staff responsible for the visit and what care and support was given. The records were clear and reflected what was detailed in the person's care plan.

People told us there was a real community feeling at Cote Lane. There were activities taking place on a regular basis that people could choose to participate in if they wanted to. These were either arranged by the staff or the tenants themselves. Activities included coffee mornings, trips to places of interest, prayer meetings, bible studies, poetry and musical events. People could take part in woodwork classes and a pottery group. Staff confirmed where people needed assistance to access the activities this was supported. There was also a hairdresser on site for people to access if they wanted. Regular minibus shopping trips were organised for people to go to the local shops.

The service was responsive to people's needs. For example, they had arranged non chargeable classes for people who had limited mobility and a sensory support class this was available for people who were living with a visual impairment. There was also a group for people living with dementia called The Heathers. These groups were run by the community engagement co-ordinator and the staff from the Care and Support

Service – Cote Lane. The purpose of the groups was to help people who might feel isolated because of their disability. Where people had sight impairment, newsletters and events were being recorded on a memory stick so that they could play them at any time. Large print books and CD's had also been purchased to help people who had a visual impairment.

There were volunteers who spent time with people, for those who may be at risk of social isolation. We were given an example where, because of the volunteer a person's outlook on life had completely changed enabling the care staff to engage better with them. They said the person and the volunteer had developed a positive relationship, which gave the person a purpose in life.

We found that people's individual preferences, interests and aspirations were taken seriously giving them as much choice and control over their lives as possible. A group of people said to us that it was important to be active and try out new things. One person said, "Life does not stop when you get old and it is good to try new activities". It was evident from the wide range of activities that were on offer that people were supported to try out not only the things they liked but have new opportunities.

People we spoke with said they knew how to complain. People spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints within clear timescales. Information about how to raise a concern or make a compliment was included in the care file kept in each person's apartment. This included the contact details for the registered provider. Where complaints had been made, we saw clear outcomes were recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant. The complaints did not only relate to the Care and Support Service but also to do with the grounds, accommodation or the housekeeping staff. Therefore, some of the complaints were not relevant to the regulated activity of personal care.

One person had raised a concern that a member of staff had walked into their apartment and they were not aware they were there. This was fully investigated by the provider and an apology was given to the complainant. The member of staff was also very apologetic. This member of staff no longer worked with the person. No further incidents had been reported.

The manager told us that there was an advocacy service available for anyone who needed it. In addition, a representative from Citizen Advice Bureau (CAB) visited the service regularly to support people with reviewing their finances and getting the benefits they needed. Staff told us if people raised concerns or appeared worried they would refer to them to CAB. An example was given where staff were concerned that a person was no longer going to the restaurant to save money. Staff signposted them to the CAB, which provided assurances to the person in respect of their finances and the support they may receive.

Good

Is the service well-led?

Our findings

The registered manager had resigned from their post and left the week prior to our inspection. A new manager had been appointed and the appropriate notifications had been submitted to the Care Quality Commission. The new manager started the day before the inspection. They had submitted their application to register with the Commission for Care and Support Services - Cote Lane. They were previously registered with us for one of the provider's other Care and Support services in North Somerset.

The service had a positive culture that was person centred and focussed on the needs of the people receiving support. One staff member told us, "Our customers come first. They are the most important part of our job". People and staff we spoke with would recommend the service to people as a place to live or work.

The manager met frequently with the provider's head of community services to discuss their performance and the service delivery. The manager told us they felt well supported by the provider. They told us they had worked for the Trust for the last 12 years. They had worked as a registered manager at another service for the last three years run by The Council of St Monica Trust. People were aware of the management changes and spoke positively about the new manager. This change had been communicated through coffee mornings and the monthly newsletter called the 'Cote Lane Courier'. The new manager had attended a coffee morning to introduce themselves to people living in the retirement complex.

The service had been reviewed in May 2017 by an independent consultant. This review was undertaken in the style of the Care Quality Commission's inspection methodology around the five key questions we ask of a service. This audit had not identified any significant issues. The auditor had looked at systems to monitor the service and met with people who use the service and staff. In addition, trustee assurance visits were undertaken every six months. This involved a member of the board of trustees attending the service and reviewing the service against the five key questions the service is inspected against by the Care Quality Commission. This involved speaking with people who received care and staff. Recent visits had reported positive feedback. Three people told us they were aware of the Trustee visits.

There was an organisational five-year strategic plan. This was made available to staff and people who use the service. Progress to the strategic plan was monitored through focus groups, staff meetings, monthly audits completed by the senior management team and through the board of Trustees. People using the service were also consulted for their views and opinions. For example, the Trust was exploring whether self drive vehicles would be valuable in enabling people to move around the retirement complex.

Staff told us a new electronic system was being introduced where staff had to log in and out at each visit to people. They told us this would enable them to monitor the effectiveness of the calls. Staff told us about one person whose call was meant to be for fifteen minutes but often went over. Staff told us how they were monitoring this to ensure the person received the correct support. This system would enable the management of the service to monitor this closely in respect of times and frequency not only for this person but also for other people living at Cote Lane.

There were regular staff meetings to ensure that important pieces of information were shared amongst staff. Records were maintained of the meetings to enable staff that were unable to attend to keep up to date with any changes. We saw for example that feedback was given to staff about ensuring that all medication records were completed in black ink and where a mistake was made to only put a single line through rather than scribbling it out. In addition, to team meetings there was a monthly newsletter, which kept staff, informed about any changes across the Trust including an opportunity to celebrate success and to welcome new colleagues.

People's views were sought through annual surveys and care reviews. The manager told us they were in the process of sending these out to people and their views would be collated into a report looking at any themes or areas for improvement. They told us there was a specific survey for people that were receiving care and support. Questions were specific around the care staff and the support that was in place and whether they were happy with the service being provided. People were also asked the question on what they think makes Cote Lane or The Council of St Monica Trust distinctive or special and what one thing they would like most to change. In addition to the surveys, resident meetings/coffee mornings were organised monthly to enable people to express their concerns or make suggestions. From talking with people it was evident they felt part of the service and their opinions were valued.

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the Trust had acknowledged these and put things right. For example, making sure people or their relatives had given feedback about their complaints including an apology. The manager showed this in their approach when a person raised a concern about one of the assisted baths being out of action. They promptly got in touch with the maintenance team and the contractor to chase up the repair. They were also planning to explore with people if they would like to use one of the other assisted baths that were on site. It was evident that the manager was proactive in trying to resolve these issues including a faulty door intercom. An apology was given and the person kept informed of progress with timescales. After the inspection, the manager provided us with further feedback on these areas showing they were conscientious and wanted to resolve these areas of concern to improve people's experience of living at Cote Lane.

From looking at the accident and incident reports, we found the previous registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The organisation had a 'Duty of Candour' policy, which clearly described the staff's responsibility in being open, transparent, and informing appropriate people when an accident or incident had occurred. We could see from records of accidents that the person's family or representative was kept informed.

The Provider Information Return (PIR) had been completed by the previous registered manager and returned within the specified time frame. We found the information in the PIR was an accurate assessment of how the service operated.