

Mr Graham Walker & Mrs Lyn Walker

Cotteridge House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cotteridge House is a residential care home providing personal care and accommodation to 11 people aged 65 and over at the time of the inspection. The care home accommodates 11 people in one adapted building.

People's experience of using this service and what we found

People's care plans were limited in the information they provided. Risk assessments were in place but did not contain enough information to mitigate risk. Medicine processes were not always safe. People told us they felt safe and staff knew people well.

Staff received training and had been provided with an induction and felt able to approach the registered manager with any concerns. People were supported to maintain their health.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff treated people with dignity and respect. We observed positive interactions between staff and people. People told us staff were kind and caring.

The provider had a complaints procedure but there was not an easy read version available. People felt able to go to staff who would listen to them. People participated in activities and community involvement was encouraged.

Quality monitoring systems included audits on medicine, care plans and risk assessments. These systems and processes did not demonstrate safety was effectively managed. Professional advice was not always sought in relation to health needs. Information was not always shared with external agencies in relation to safeguarding.

Rating at last inspection

The last rating for this service was good. (report published 5 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to consent to care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cotteridge House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cotteridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection

During the inspection

We spoke with six people who used the service and three relatives or friends about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager,

senior care workers, and the domestic.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- The medicines policy stated people could refuse up to three doses of medicines before medical advice was sought. The registered manager has not agreed this with a medical professional or assessed if people understood the risks associated with missing medicines. An audit was completed and over an 11-month period there had been no impact on people. Following inspection, the registered manager updated their medicines policy to ensure people received the correct medical advice if they refused their medicines without knowing the risk to themselves.
- When medicines arrived in the home they were checked to ensure the correct quantity was present, this was then recorded. However, one medicine count did not balance, and it was later identified the wrong amount had been received. This meant staff checking the medicines, were not always identifying issues.
- "As and when required" medicine protocols were in place for people. We found one that was not accurate and had incorrect instruction for when to give the medicine. The staff knew when they should give the medicine and could evidence they had given it in line with professional advice. The registered manager amended this protocol on the day of inspection.
- People received their medicines on time and medicine administration records were complete. One person told us, "[Medicine name] is at a set time. They [staff] are always on time."

Preventing and controlling infection

- During medicine administration, we observed staff did not wear gloves or wash their hands between giving different people their medicines. Staff handled medicines, therefore this posed a risk of cross contamination.
- Food was stored and prepared safely in the kitchen. Food temperatures were recorded, and food was labelled once it had been opened. This meant people received their food safely.
- Staff had aprons and gloves available to them. Staff had access to appropriate clinical waste facilities. This prevented the spread of infection.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The registered manager had not notified the local authority safeguarding team or CQC following an incident where someone sustained an injury.
- People told us they felt safe and relatives felt their loved ones were safe. A person we spoke with said, "You are safe here, really safe" and a relative said, "It's reassuring [relative] is here. They are keeping [relative] safe."
- Care plans were in place for people but lacked detail. For example, a person needed support with eating

and drinking and the care plan stated, 'needs assistant with eating and drinking' and 'cut food into small pieces'. However, staff could tell us more information about what the support the person needed, for example the person needed to be sat up and have a drink available.

- Risk assessments had been carried out but lacked detail to identify what had been put in place to keep people safe, for example a risk assessment for a person who needed support with moving and handling stated they required two staff but not what the staff had to do. However, staff were aware of the risks to people and how to manage them.
- Staff had completed safeguarding training and could tell us the different types of abuse.
- Staff knew the process for raising concerns. One staff member told us, "Safeguarding is about protecting people and keeping them safe. I would report anything and follow company policy."
- Fire risk assessments had been carried out and regular checks were in place. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- People told us there were enough staff to meet their needs, one person said, "There are enough staff, I don't have to wait for things." On the day of our inspection there were two staff on duty, a cook and a cleaner.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers which had been validated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager could not show they had acted in accordance with the requirements of the Mental Capacity Act 2005. There was no evidence of decision specific capacity assessments for people that may lack capacity or best interest's decisions being completed. DoLS applications had not been made for people who required them.

There was a failure to ensure care and treatment was being provided with the consent of the relevant people. This was a breach of regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had capacity, they told us they made choices about what they did, what they ate and made day to day decision about their care. One person told us, "I get to make my own decision, I tell them what I want."

- Staff felt supported. They told us they had supervision and we saw that team meetings had taken place. One staff member said, "Staff support each other. [Registered manager] is approachable and supportive. We can contact them about anything at any time."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We could not always see how people were involved in their care planning. People who could verbally communicate, told us they were involved in the review processes one person told us, "They [staff] involve me in my care and they listen, I have a care plan." There was some information in peoples care plans around likes, dislikes and choices but no detailed information for how people made choice or were involved in care planning, when they lacked capacity.
- Staff supported people with their religious and cultural needs. People told us how they liked to visit church and that a local priest came into the home. This enabled people to have choice as to whether they practiced a religion.

Staff support: induction, training, skills and experience

- People felt they were supported by staff who had the right skill and knew them well. One person said, "Staff get to know you and are respectful."
- The registered manager told us, in the information they provided before the inspection, staff underwent induction and training relevant to their roles. Staff confirmed this and said it was beneficial.
- Staff had completed the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us there was enough to eat and drink and they were offered choices. People were offered drinks and snacks throughout the day as well as hot and cold meals.
- Some people required support from staff with eating and drinking. A referral to external professionals, had not been made for one person who required intensive support with eating and drinking. Staff were able to tell us how they ensured the person ate safely. We raised this with the registered manager on the day of inspection. They made a referral to the GP for an assessment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they accessed healthcare services as and when needed. This ensured people's health needs were being met.
- People had input from community professionals such as GP, specialist nurses, opticians and the dentist. The outcome of health visits were recorded in peoples care plans. This enabled staff to have up to date information about peoples most recent information.

Adapting service, design, decoration to meet people's needs

- People told us they liked their bedrooms and they met their physical needs. A person told us how they had moved to a downstairs bedroom to support them with their mobility, whilst other people showed us equipment that was available for them. This included items such as a chair lift and stand aids. This showed the registered manager considered what equipment could be used to maintain people's independence.
- People and relatives felt the home was always clean and tidy and in a good state of repair. A relative told us, "The bedrooms are immaculate and really lovely. The staff don't know when we are coming but [persons] bedroom is always clean."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were provided with questionnaires, so they could express their views about the service. Comments from these questionnaires were positive and covered areas such as safety, activities and complaints. Staff had a good knowledge and understanding of how people expressed their likes and dislikes. Staff told us some people did not communicate verbally but they used facial expressions or eye movements to make choices around things such as food. This enabled staff to know what people liked and disliked.
- People were provided with a local directory which included information about local amenities such as religious venues, ring and ride services and places to visit. People were supported to access local advocacy services if needed.

Respecting and promoting people's privacy, dignity and independence

- People spoke highly of the staff team and felt they were treated with dignity and respect. People we spoke with gave us feedback that included, "Staff very much treat us with respect", "It's wonderful care" and, "I've got everything I want, they take notice of me, look after me and do a good job. I love it here."
- Staff maintained people's dignity and respected their privacy. For example, we saw staff knocked on people's doors and asked permission before going in to their bedrooms.
- People's records were stored in the office and staff ensured information relating to people was communicated in a private setting. This ensured data protection and confidentiality was maintained.
- Relatives and friends told us they could visit their loved ones as and when they wanted to and were always made to feel welcome. People told us the staff and registered manager supported them to maintain relationships that were important to them.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion and we observed positive interactions between staff and people. Staff took time to communicate with people and showed people respect. One person said, "We get more than just support, we get happiness."
- People records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were able to make day to day decisions such as where they ate their meals and what activities they participated in. One person told us they liked to eat breakfast in their bedroom and other meals in the dining room, we observed this happening.
- People and their friends and relatives told us they were involved in care planning and review processes. Relatives told us they were contacted, where appropriate, if there were any concerns about their loved ones.
- People told us they accessed community activities with family and friends such as visits to churches and meals out. This meant people were able to pursue their interests and maintain relationships with families and friends.

Improving care quality in response to complaints or concerns

- People who could talk to us told us they knew how to complain but had nothing to complain about, comments included, "I've not had to complain the whole time I've been here, I'm very happy" and, "I would know how to complain, and I know they would listen."
- Staff and relatives could tell us the correct procedure for making a complaint. A relative told us, "I would talk to [registered manager] if I was not happy, or I would talk to someone externally."
- There had been no formal complaints since our last inspection

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had picture formatted information for people. We observed staff communicating with people in different ways, such as showing them objects of reference and adapting their verbal communication where people had hearing difficulties

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us some people did not like to access the community but still enjoyed social events. Once a year the local community organised a party to celebrate the people who lived at the home, this took place in the garden and included food, drinks and games. This gave people the opportunity to socialise and interact with the local community in the comfort of their own environment.

- Regular events were hosted by the registered manager and staff, involving people, their families and friends. These included parties, religious celebrations, BBQ's and afternoon tea. The registered manager then evaluated these events to see if people enjoyed them. This ensured that people were offered meaningful activities.

End of life care and support

- Peoples end of life preferences were documented in their care plans. This ensured staff had guidance to follow if needed. No one was receiving end of life care at the time of inspection.
- Some people had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR). Where these were present, there was evidence of input from medical professionals and families where appropriate. They gave clear directions for staff and medical professionals to follow.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Systems and processes were not always effective in identifying risk in relation to medicines. For example, medicine audits did not clearly outline what action had been taken when stocks checks did not balance. This meant there was no clear evidence to identify what action had been taken when people had potentially missed or had too much medicine.
- As and when required medicine protocols were in place. However, one protocol contained incorrect administration instructions, and this had not been identified through the audit process. This meant the person was at risk of receiving their medicines for the wrong reason.
- Records relating to care and treatment were not accurate and did not contain up to date information. Risk assessments lacked detail to clearly identify what mitigation was in place. Care plans did not contain enough detail. Therefore, staff did not have the most up to date information in relation to people's needs.
- The registered manager could not always evidence they had sought professional advice in relation to identified risk. For example, a person had not undergone an assessment to identify what support they needed with eating and drinking. The person required staff support and without this would be at risk of choking.
- Information was not always shared as it should be in relation to safeguarding. A safeguarding alert had not been made to the local authority and a CQC notification had not been sent, for a person who had fallen, cut their head and sustained a skin tear. Medical attention had been sought and relatives notified.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. We have not been back to the location to review this information. However, the provider confirmed medicine protocols had been amended and staff had not administered medicines inappropriately. No one had come to harm following missed or refused medicines. Staff understood people's needs and associated risks, the registered manager was working on updating people's records. A referral was made to relevant professionals for the person who needed support with eating and drinking. A safeguarding alert was made to the local authority and a notification was sent to CQC retrospectively.

- Staff understood their responsibilities and what was expected of them. They told us they received supervision and the registered manager worked alongside them to observe their practice. This enabled them to receive feedback and the opportunity for development.
- The registered manager told us, in the information they gave us before the inspection, they completed audits in relation to the environment and health and safety. We saw these were being completed and made sure the environment was safe.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. Ratings were displayed in the entrance hall; the provider did not have a website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and friends were encouraged to be involved in the running of the service. The registered manager produced quarterly newsletters with updates and a chance to look back on what had been happening.
- The registered manager encouraged people to access the community and to involve the community in events and celebrations within the home. This enabled people to be part of their local community.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and families were positive about the staff and culture of the service, one relative told us, "Staff are friendly and helpful and if you ask them to do something, they will do it" and a person said, "It's a nice atmosphere."
- Staff and the registered manager said they felt proud of the service and enjoyed working there. The registered manager said, "The staff team are great and so are the families, I am proud."
- People, their relatives and friends and staff told us the home had lots of involvement with community professionals to make sure people's healthcare needs were met. This was reflected in people's care plans.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager told us that an audit had had been completed in April 2019 by Birmingham's quality team. It was identified safeguarding information was not displayed for people, so the registered manager had displayed posters relating to safeguarding and who to contact. However, the lack of detail in care plans and risk assessments had been identified as a concern in the audit. The registered manager had taken little action to rectify the issues and said they were waiting for an action plan from Birmingham. This meant the registered manager was not continuously learning and improving following feedback.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager could not show they had acted in accordance with the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.