

# Pool Cottage Limited

# Pool Cottage

## Inspection report

Pool Road  
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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 inspected Pool Cottage on May 19 2016 and it was unannounced. Pool Cottage provides accommodation and personal care for up to 17 older people. There were 14 people living at the service when we visited. The service was last inspected on 22 and 23 December 2014. At our last inspection we found that the provider did not consistently manage risks to people's health and welfare. At this inspection we saw that improvements had been made. The provider had introduced systems to assess risk, actions were put in place to reduce it and that their effectiveness was monitored and regularly reviewed.

At our last inspection the provider did not meet all of the requirements to ensure that people consented to their care. At this inspection we saw that people did consent and if they did not have the capacity to do this for themselves a best interest decision was made on their behalf. We saw that appropriate applications were made to restrict people's liberty when it was identified that this was in their best interest to keep them safe.

At our last inspection people did not always have care plans that described their current needs. At this inspection we saw that people were involved in planning and regularly reviewing their care and staff knew what their preferences were. People's records were up to date and accurately reflected their care.

At our last inspection there was not a registered manager in post and systems to effectively manage the home were not in place. At this inspection we saw that the service had appointed a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We saw that the registered manager had developed and implemented quality improvement systems. The staff team were well supported and plans were in place to continue to develop their skills. There was an inclusive culture which welcomed feedback in order to support the development of the service.

People told us that they felt safe and staff we spoke with were confident that they could identify signs of abuse and would know where to report any concerns. Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. There were enough staff to meet people's needs promptly. Staff developed caring, respectful and patient relationships with the people they supported. Staff knew people well and provided care that met their preferences while respecting their privacy and dignity at all times.

People received the medicines they were prescribed safely and there were systems in place to reduce the risks associated with them. They were supported to maintain good health and had regular access to healthcare professionals. Mealtimes were not rushed and people said that the food was good. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk.

People were encouraged to pursue interests and regular activities were planned for them. Visitors were welcomed at any time and there was a focus on making community links. People told us that they knew the manager and felt confident that any concerns they raised would be resolved promptly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe by staff who knew how to identify abuse and report it. Risks to people's health and wellbeing were assessed and action was taken to reduce the risk. Medicines were managed and administered safely. Staff had been through suitable recruitment processes to ensure they were safe to work with people.

### Is the service effective?

Good ●

The service was effective.

Staff knew how to support people and ensure that their health and wellbeing was monitored. People were supported to make decisions for themselves. People were supported to maintain a balanced diet and to access healthcare when it was needed.

### Is the service caring?

Good ●

The service was caring.

People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received. People's privacy, dignity and independence were promoted.

### Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning and reviewing their care. Hobbies and interests were encouraged and enjoyed. There was a complaints procedure in place and feedback was encouraged.

### Is the service well-led?

Good ●

The service was well-led.

Quality checks were in place to continuously improve the service. There was an open inclusive culture and the staff team felt well supported and understood their responsibilities.

# Pool Cottage

## **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 inspection visit took place on the 19th May 2016 and was unannounced. It was carried out by one inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who used a health and social care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with eight people who lived at the home about their care and support and to the relatives of five people to gain their views. Some people were less able to express their views and so we observed the care that they received in the communal area. We spoke with four care staff, the deputy manager and the registered manager, the cook, the provider and a visiting health professional. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

At our last inspection we found that risk was not always assessed, risk management plans were not always up to date and staff did not always follow the ones that were there. At this inspection people told us, and we saw, that risks were assessed and actions were put in place to reduce them. One person we spoke with said, "If I want to go out for a walk I need to let someone know and take my buzzer with me; but I am not restricted in anyway". We observed people being supported to move safely and in line with their care plans; for example, using a walking aid with a member of staff walking behind them and giving reassurance. The risk assessments that we reviewed demonstrated that risk was managed to keep people safe while continuing to promote their independence and wellbeing; for example, one person was assessed to be at risk of falls but measures were put in place to continue to mobilise safely because this helped them to avoid pressure on their skin. We saw that there were assessments in place to support people with their distress and we observed one person assisted in line with their plan to reduce mealtime anxiety. We saw that the provider had reviewed accidents and incidents that happened and they had put measures in place to reduce the risk of them reoccurring. For example, after one person had several falls a referral was made to a health care professional and equipment to safely mobilise was obtained. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. We saw that the plans in place provided guidance about the level of support people would need and was specific to their individual needs. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

People we spoke with told us that they felt safe. One person said, "It is safe and there is not any shouting". A relative we spoke with told us, "I know that they are protected by the staff and are safer here than they were at home". Staff we spoke with understood their responsibilities to protect people from abuse and could tell us how they would manage any concerns that they had. One member of staff said, "We have had training in what signs to look for and I would report any concerns to my managers". There had been no safeguarding referrals made since the last inspection and when we reviewed the records we saw that there were no incidents which should have been reported. We saw that there was a procedure in place for reporting concerns and the registered manager explained how they would manage any safeguarding incidents in line with it.

We saw equipment was maintained and tested. The moving and handling equipment was checked and we saw that portable electrical appliance testing had been completed. One person we spoke with said, "We are kept safe and they do weekly fire alarm tests which they warn us about". This demonstrated the equipment was maintained so that it was safe to use.

People we spoke with told us that there were enough staff to meet their needs. One person said, "There are always enough staff whenever I need anything". A relative we spoke with told us, "I know there are enough staff because they are always available to come and help when it is needed". Another person told us, "Staff do sometimes have time to come and sit down and have a chat". We observed that there were staff available in the communal areas to attend to people promptly and we also saw that they were able to spend time socialising with people. One person spoke with a member of staff while they had their nails manicured.

In the PIR the provider told us that there was a senior carer on each shift and we saw that this mix of staff skills was in place. Staff we spoke with confirmed that this was always planned into the rota. This meant that the provider ensured that there were sufficient staff with a mix of skills and experience to meet people's needs.

We saw that the provider followed recruitment procedures to ensure that staff were suitable to work with people who used the service. Staff told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "I had an interview, my character references were returned and I had my DBS check before I started". Recruitment records that we reviewed confirmed that these checks had been made and completed before staff started working in the home.

People told us that they received their medicines when they should and that they were happy with the way that they were managed. One person said, "I used to look after them but I was worried I would forget so I handed them over to the staff and now I know that I will get them when I should". Another person we spoke with said, "If I need some pain killers I will ask one of the staff and they sort it out for me". We observed people being given their medicine to meet their individual needs and time was taken to support people if necessary. We saw that records were kept and that medicines were stored safely to manage the risks associated with them. This demonstrated that the provider managed medicines so that people received them safely.

# Is the service effective?

## Our findings

At our last inspection we found that the provider was not working to the principles of the Mental Capacity Act (2005). 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. At this inspection we saw that improvements had been made and that the provider was meeting the requirements of the MCA. Staff we spoke with understood about consent and described how they would ensure that people made their own decisions. One member of staff said, "We explain to people what the safest way is but at the end of the day it is their decision". We saw that when somebody didn't have capacity to make a decision that an assessment had been completed about this. It included people who were important to the individual to ensure that the decision was made in their best interest. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that one DoLS application had been made because one person's liberty was restricted to maintain their safety..

People we spoke with told us that staff supported them well. One person said, "They are all great and know what they are doing". One relative we spoke with said, "The staff are very good and they have managed my relatives health condition very well". Staff we spoke with told us that they were well supported and trained to do their job effectively. One member of staff said, "We get lots of training and recently we had some from dieticians which helped us to think about how to improve people's diets". Another member of staff told us about a leadership development programme that they were on, "It has given us new ideas such as the safety calendar on the wall which shows how many accidents people have had so that the team are all aware". The deputy manager said, "I am doing my management qualification which has really helped me to consider how I supervise people by looking at different models". Staff also told us that they had their competency regularly checked by their managers. One member of staff said, "I was checked on my medicine administration last week and my manager and I completed the paperwork to say that it was done correctly". This showed that staff were given the support that they needed to meet people's needs and develop their own skills.

Staff also told us that they received an induction when they started. One member of staff said, "I am doing the care certificate which has been very useful and includes things I would never have thought of. I also had a few days shadowing to get a feel for the residents and understand their likes and dislikes". The care certificate is a national approach to meeting induction standards in social care. We saw that there was an extra member of staff planned for the night shift and the deputy manager said, "This is because one of the staff is new and so is shadowing experienced staff across all of the shifts". This showed that new staff were supported into their role to ensure that they could care for people competently.

People we spoke with told us that the food was good and they enjoyed it. One person said, "The food is great; it is wholesome and we can pick and choose". A relative we spoke with said, "I have eaten here and it



is lovely, all home cooked with a good choice". The cook told us, "I have reviewed peoples likes and dislikes to plan the menus so that we can meet people's choices; for example, a couple of people like to have a breakfast tray in their rooms". We observed that lunch was served in a relaxed informal environment with tables laid and choices served to people once they were sat at the dining table. One member of staff told us, "If somebody needs support with their meal we cut it up after it has been served to preserve how it is presented to them". We saw that people who needed help were supported discreetly and that other staff sat with people at the dining table and ate their meal together. When people required specialist diets to meet their assessed needs we saw that these were provided and records were maintained. This meant that the provider ensured that people had enough to eat and drink to maintain a balanced diet.

People we spoke with told us that they had their healthcare needs met. One person said, "A doctor comes in every two weeks and so if you want to see them you just put your name on a list". A healthcare professional we spoke with said, "It is lovely here. The staff have usually noticed anything before we come and they are very helpful and will remind us if something needs following up". Records that we reviewed showed that healthcare appointments were made when needed and that care plans were updated to reflect any recommendations. This meant that people were supported to maintain good health and to access healthcare services.

## Is the service caring?

### Our findings

People we spoke with told us that the staff were kind and helpful. One person said, "They are so kind, they are marvellous to me and I couldn't be anywhere better". Another person told us, "They are all kind; the whole lot of them are good". One relative we spoke with said, "We have been very impressed with staff and their attentiveness". We saw that staff had good relationships with people and knew them well. We observed one person being gently encouraged to accept some support through humour and patience. Another person was reassured when they were anxious and held hands with the member of staff until they felt better. One relative we spoke with told us, "They know that my relative can get anxious about their belongings so they ensure that their clothes are washed, dried and returned by the evening so that they are in their room when they go to bed and this helps them a lot". Staff were aware of people's life histories and we heard one person having a conversation with a member of staff about mutual friends in the village. We saw that people had belongings around them such as family photos and books which they talked with staff about. One member of staff we spoke with said, "It's a homely atmosphere – I love to come to work". This showed that staff had positive relationships with people which took account of their previous social history.

People we spoke with told us that they were involved in making decisions about their care. One person said, "I choose everything; where I spend my time, what time I get up and go to bed and if I want to go outside". We observed that people were given a choice about every decision and asked before any care was given. If people needed their personal care needs met this was completed discreetly and respected the person's privacy. At handover one member of staff shared that someone had requested to try a shower that evening and we saw that it was planned into the shift. The member of staff said, "If they try the shower they can then make the decision which they would prefer in the future".

We saw that people's dignity was promoted and they were treated with respect. One relative we spoke with said, "I have never heard one person spoken to in a way that wasn't dignified". We saw that staff knocked on people's doors before entering and asked permission to go into their rooms. We saw that visitors were welcomed and that people met with them privately if they chose to. One person told us, "My family come to see me whenever they want to". A relative we spoke with said, "We are always welcomed and it feels like home; at weekends the whole family comes and we have a lovely time".

## Is the service responsive?

### Our findings

At our last inspection we found that people's care plans were not always up to date and that they were not always reviewed to represent their changing needs. At this inspection we found that care plans were personalised, detailed and described the care that we observed. For example, we saw that one person was assisted to use pressure relieving equipment to protect their skin in line with their plan. People we spoke with told us that they had been involved in planning and reviewing their care. One person said, "Planning my care started when I was visited by staff when I was unwell in hospital". Another person said, "I know about my care plan and I have a copy". Relatives we spoke with also told us that they were included in planning the care and that they were involved in reviewing it.

We saw that staff knew people well and were aware of their likes and dislikes when they supported them. For example, we saw that some people chose to sit in certain seats with friends and others chose to spend time in their rooms and that staff were knowledgeable about these preferences. One member of staff we spoke with said, "We read the care plans and there is also a brief overview of people's preferred daily routines for new staff which is really helpful". Records that we looked at described people's preferences and their personal histories, for example, one contained a newspaper article which described one person's previous career. A member of staff we spoke with said, "It helps us to have a full picture of people we are supporting when we know what they have done before they lived here".

People we spoke with told us that they had the opportunity to follow their interests and hobbies. One person said, "I have been to church this morning, I go regularly either by walking there or my friend collects me". Other people told us that they had their spiritual needs met by a church service which took place in the home fortnightly. We saw another person go out to a social group in the local village and the manager told us, "We use community transport a lot to make sure that people can get out and don't get socially isolated". We saw that there was an afternoon tea event where people from the community came into the home. This raised funds for activities and some people chose to be involved in running it. One person told us, "I help to take the money and like to meet people". We also saw that there was a music and movement activity in the communal lounge with an external singer. It was well attended and people joined in with enthusiasm. The manager told us, "We organise regular activities and people's relatives have also got involved for example one person's daughter has set up a knitting club". One relative we spoke with said, "My relative does more and sees more people than they did when they were at home and are happier for it".

People we spoke with told us that they knew who to speak to if they had any concerns and we saw that there was a poster explaining this in the communal area. People told us that they had not had reason to complain. However, in the PIR the provider told us that they encouraged staff to document and resolve any minor grumbles that people had; for example, forgetting someone's sugar in their tea. They said that they implemented this so that staff would understand that it is a healthy culture to encourage residents to express their views. One member of staff we spoke with said, "We encourage people to tell us when they are not happy with things". Records we reviewed showed that this was followed up, for example, one person said that the menu hadn't been updated and staff followed this up and changed it. When we spoke with the manager they described one formal complaint which had been investigated and responded to and we saw

that the records demonstrated that it was completed in line with the complaints procedure.

## Is the service well-led?

### Our findings

At our last inspection there was not a registered manager in post. We found that staff support and supervision was not always taking place and that quality improvement measures were not being completed. At this inspection there was a registered manager in post who had implemented systems to manage the quality of the home and the staff team. People we spoke with knew who the manager was and felt that they could talk to them and that they were listened to. One person told us, "We try to have a monthly meetings where I get my say. Things do get done; I mentioned the path by the lake and that is being fixed today". Another person said, "We have meetings and things get changed; for instance, the menus were changed". Relatives we spoke with confirmed that they were kept involved and that the manager was approachable. One relative said, "We are always asked about things and the manager is really good at knowing the residents individually". This showed that people knew who the manager was and felt included in the development of the home.

Staff we spoke with talked about the changes that had taken place in the management of the home. One member of staff said, "A lot of things have changed and this needed to be done". Another one said, "The managers are very approachable and we get lots of feedback and support including regular appraisals". The deputy manager told us, "As we have given staff more responsibilities we have really seen them develop". We saw that staff had shared values and one member of staff said, "We are focussed on people here and making sure that they have the support that they need". We saw that all staff worked each shift including nights. Another member of staff told us, "It is good because it means we have a full understanding of the resident's lives". The manager told us, "We changed this so that we didn't have separate teams but all staff work together and share information". This demonstrated that there was a focus on the development of the staff team and ensuring that they had the support they needed to do their job well.

When we spoke with the manager about the changes they had made they told us, "I am committed to creating a community within the home and also ensuring that we are part of our local community. We are continuing to develop links such as with students who are doing a youth award because it helps to keep people connected". They told us that they were implementing plans for the home and that this had recently included supporting people with palliative care at the end of their life. They said, "There was an attitude that people had to go to hospital to die but I have done a lot of training with hospices and I am passionate about a good death at home". This showed that there was a focus on developing community links and reviewing the values of the home.

We saw that audits were completed regularly to drive improvement in the home. The deputy manager told us, "I am the medication champion and we have done a lot of work with our chemist to update our storage, systems and simplify things for our staff so that we can reduce the number of errors made. The last audit we completed was fully compliant which is great". We saw that there were maintenance plans in place and when we spoke with the provider they told us, "We have a refurbishment plan in place and are decorating rooms as they become vacant. We have a lot of work to do and plan to continue to invest in the home until it is completed".

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.