Cotswold House Care Home Limited

# Cotswold House Care Home

## 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? | Outstanding |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

There was one breach of legal requirements at the last inspection in August 2015. At our comprehensive inspection on 22 and 23 March 2017 the provider had followed their action plan which they told us would be completed on 11 January 2016 with regard to meeting the requirements of the regulations

Cotswold House Care Home provides care for up to 48 older people who have nursing needs. Cotswold House Care Home is split into two areas. The main house and the bungalow. The main house is arranged over three floors and the bungalow is all ground floor accommodation. There is a lift in the main house to enable people access to all areas of the home. At the time of our inspection, there were 39 people living at Cotswold House.

There was a registered manager in post at Cotswold House. They told us they had been working as manager in the home for three years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People received exceptionally personalised care and staff found creative ways to enable people to live as full a life as possible. The arrangements for social activities were innovative and people were encouraged and supported to engage with community activities and events outside of the service. This included Dementia walks' in the local park and a weekly Art Therapy session at the local 'Fresh Ground Café, which was run by a person living at the home and attended by a mix of community members. People had end of life care plans which reflected their needs and preferences. Extensive work had taken place to ensure staff had excellent skills to support people and their families during these difficult times.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team. The registered manager had carried out the relevant checks to ensure they employed suitable people  at Cotswold House.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular individual meetings called supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained peoples dignity. People had end of life care plans which reflected their needs and preferences.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. There was an experienced registered manager working at the service. Staff, people and their relatives spoke positively about the registered manager. Quality assurance checks and audits were occurring regularly and where issues had been identified action had been taken to address them. The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

## 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.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and treatment to support people.

Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

The registered manager had carried out the relevant checks to ensure they were employing suitable people.

### Is the service effective?

Good

People were receiving effective care and support.

Staff received appropriate training which was relevant to their role.

Staff received regular supervisions and appraisals.

The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

People had sufficient levels of food and drink. Where required, the relevant professionals were involved to manage people's dietary needs.

### Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity and provided care which maintained people's dignity.

## Is the service responsive?

Outstanding ☆

People received exceptionally personalised care that was innovative and responsive to their needs. All the relatives we spoke with spoke highly of the level of staff skills and understanding of people's needs.

Care plans were person centred and contained sufficient detail to provide quality care and support.

The service was extremely responsive in meeting the social needs of people living at the home. People were supported on a regular basis to participate in meaningful activities which were tailored to their individual needs, interests and preferences.

The provider, registered manager and staff had worked extremely hard to ensure staff skills were continually developed to enable the service to respond to peoples changing needs.

People had end of life care plans which reflected their needs and preferences. Extensive work had taken place to ensure staff had excellent skills to support people and their families during these difficult times.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

## Is the service well-led?

Good ●

The service was well-led.

There was an experienced registered manager working at the service.

Staff, people and their relatives spoke positively about the registered manager.

Quality assurance checks and audits were occurring regularly and where issues had been identified action had been taken to address them.

The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

# Cotswold House Care Home

**Detailed findings**

## Background to this inspection

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

This was an unannounced inspection which was completed on 22 and 23 March 2017. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE).

The last full inspection of the service was in August 2015. We found one breach of legal requirements at that inspection. During this inspection we checked whether the requirements of the regulations were met and improvements had been made to the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

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

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

During the inspection we looked at 10 people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with 12 people living at Cotswold House. We also spoke with seven members of staff and the registered manager of the service. We spent time observing and speaking with people living at Cotswold House.

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

Good

# Is the service safe?

## Our findings

At our comprehensive inspection on 13 and 14 August 2015 the service had not ensured everyone was protected from the risk of the spread of infection. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our comprehensive inspection on 22 and 23 March 2017 this requirement had been met. The home was clean and tidy and free from odour. There were dedicated housekeepers working at the home seven days a week. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. The relatives we spoke with all told us they felt the home was clean.

We found staff were carrying laundry in laundry bags and were following infection control policies and procedures in relation to soiled clothing and bed linen. We also found staff were ensuring people's toiletries and personal items were removed from showers and bathrooms before the next person used the facilities. During the inspection in August 2015, we found that showers and equipment had not always been cleaned. At this inspection, we found there was a clear cleaning regime in place for the whole home and also the equipment. We found the showering facilities to be clean and also observed how equipment which was being used throughout the home appeared to be clean. We looked at the checks completed by the registered manager and these confirmed regular cleaning of the facilities and equipment was taking place.

People told us they felt safe living at Cotswold House. People we spoke with used comments such as, "Yes I feel safe here", "The staff are perfect" and, "Yes – nothing wrong with them (the staff)." We observed people were relaxed when in the company of staff. We observed staff working at the pace of the people they were supporting them and not rushing them to ensure safe care was being provided. Relatives told us they felt their relative was safe and comfortable in the home and they had good relationships with the staff. One family member said, "It is nice and safe and secure. Mum is safe."

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

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

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. There was evidence of staff liaising with other health professionals to identify and manage risk. For example, where people required their skin condition to be monitored due to risk of skin breakdown, there were clear guidelines for staff to follow on how to support this person and minimise the risk.

Where people had suffered falls or were involved in any other incident, body maps had been completed to detail any injuries suffered by the person and these had been followed up on a regular basis to track recovery. We found the risk assessments for people had been reviewed and updated where required following any incidents.

There were sufficient staff supporting people living in the home. This was confirmed in conversations with staff and the rotas. Each person was allocated a keyworker and a named nurse. The named nurse was responsible for ensuring care plans were up to date and reflected the current level of need for the person. The registered manager told us they continually reviewed staffing levels and would make adjustments as required. For example, the registered manager told us how the staffing levels on the night shift had been increased due to more people requiring hoisting. Relatives commented on how they felt the home was sufficiently staffed.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character.

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

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. For example, there was an up to date and comprehensive COSHH risk assessment file. This contained the safety data sheet and a risk assessment for each chemical used at the home. This was further supported by the completion of the Health and Safety Executive (HSE) COSHH Essentials tool. This required details of the chemical to be entered into an online tool which resulted in a report providing additional control guidance and advice for staff.

Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation.

Staff told us there was a quick response to maintenance and repairs. The home maintained regular premises checks to identify any issues which were then reported to the head office. Records were kept of all issues requiring work and these evidenced that where work had been identified, there had been a quick

response and the work was completed in a timely manner.

Good

# Is the service effective?

## Our findings

The service provided to people at Cotswold House was effective in meeting their needs.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The registered manager told us staff training was provided through face to face classroom approaches as well as distance learning through the use of an external provider. The registered manager told us all new staff were required to complete the care certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

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

Staff had completed an induction when they first started working in the home. This was a mixture of completing mandatory training courses and completing shadow shifts. These shifts allow a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager and staff we spoke with told us shadow shifts would be at different times of day and night to ensure staff had experience of working all shifts required. The staff we spoke with told us they felt they had received a good induction which had been effective in meeting their learning needs and building their confidence to complete their role.

Staff had received regular individual meetings with the registered or deputy manager called supervision. The registered manager told us supervision occurred every two months. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and felt they could discuss any issues with the registered manager who was always available. Staff told us they felt they did not have to wait for their supervision to discuss any issues with the registered manager. The registered manager told us supervision responsibilities were shared between themselves and the deputy manager. There was evidence staff had received an annual appraisal. An appraisal is a meeting between an employee and their manager to discuss their performance over a period of time. Appraisals are also generally used to discuss the employee's learning and developmental needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Everyone living at Cotswold House had assessments regarding their capacity to make decisions. The registered manager and staff in the home demonstrated a clear understanding of DoLS procedures. The registered manager was able to outline their responsibilities in relation to making DoLS applications if they were required. The registered manager had invited appropriate people such as social workers and family members to be involved in best interest meetings which had been documented in the care plans. When speaking with family members, they told us they felt involved in best interest decisions.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed one member of staff spending time with a person during the morning to discuss how they would like to spend their day. From talking with staff and observing their interaction with people, it was evident that they respected the wishes of people using the service. For example, we observed one staff member offering a drink and snack to a person. The person declined and the staff member respected this wish.

The registered manager told us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service. The registered manager told us they used evidence from health and social care professionals involved in peoples care to plan care effectively. This was evidenced in the care files. For example, care plans contained guidance from people's GP's and other health professionals who had been involved in their care.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. Staff told us menus were planned on a weekly basis and people were consulted regarding the menus during resident meetings. The menus we looked at showed people had a varied choice in regards to their meals.

During our lunchtime observations, we found it to be a positive experience and observed staff spending time with people and engaging in conversations. Where people required support with their meals, this was provided by the staff.

We received positive feedback regarding the quality of the food at Cotswold House. One person we spoke with described the food as 'good'. Another person said "there is always enough to eat". Relatives we spoke with told us they felt the food was of good quality. The home had received the maximum five star food hygiene rating from the local council.

Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food or food needed to be at a certain consistency, these were clearly detailed in the care plans. Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required. Relatives told us they felt there was enough food provided for people at the home.

People had access to a GP, dentist and other health professionals. The records from these appointments

were recorded and were also reflected within the reviews in peoples care files.

Cotswold House is situated close to the centre of Stroud. The home was suitable for the people that were accommodated and where adaptations were required these were made.

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

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

Good

# Is the service caring?

## Our findings

Throughout this inspection it was evident that people were cared for with compassion and kindness and the actions of staff showed that people really mattered. Staff at every level wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us the staff were caring and dedicated. One person said, "The staff are perfect." Another person described the staff as, "Lovely people. They are so kind to me." The relatives we spoke with also spoke highly of the staff. One relative said, "The staff are the most wonderful people". People told us they would recommend the service to others. A relative said, "The staff are very compassionate, caring and extremely motivated. We can't ask for more." Another relative had written, "We can't thank you enough for all the attention and great care that you gave to my mum." A health professional had also noted in their feedback to the service ''The staff at Cotswold House are always warm and welcoming''.

Relatives told us how they felt staff went over and above their role to provide a caring service to people. Two relatives we spoke with told us how members of staff would stay behind to talk with people even though they weren't obliged to do this. One relative told us how a staff member was about to leave the home after their shift and a lady asked them if they could comb their hair. The relative told us how this staff member had returned and spent time with this lady combing her hair and having a conversation with her. Another family member told us how their relative liked to visit the pub on the weekends and a member of staff would come in when they weren't working to take this person to the pub.

Staff were positive about the people they supported. A number of staff described the people living at the home as 'their family'. One staff member said, "It's great to see these people happy and smiling". All of the health professionals we spoke with told us they felt there was a very strong and caring relationship between the staff and people living at Cotswold House.

The registered manager told us all of the staff working at Cotswold House were 'Dignity Champions' and they were a member of the National Dignity Council. The impact of this was evident throughout the inspection as we observed staff treating people with understanding, kindness, respect and dignity. The home had designed and implemented a dignity sign system on the doors allowing people outside the room to identify immediately if dignity is required to be preserved in that room, at that time. We observed staff providing personal care behind closed bedroom and bathroom doors, and seeking consent from people before entering their rooms. We also saw in the staff files that each member of staff had signed a 'confidentiality agreement' when they started working at the home to ensure they respected people's confidentiality and privacy.

We observed positive interactions between people and staff. There was a genuine sense of fondness and respect between the staff and people. People were given the information and explanations they needed, at the time they needed them. For example, one person was being supported to transfer to their wheelchair with the aid of a hoist. The staff who were supporting this person clearly explained to them each step of the process and worked at the pace of the person. From our observations, it was evident this approach helped put the person at ease. People appeared happy and relaxed in the company of staff. Relatives we spoke with

informed us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate", "Caring", "Excellent" and "Very motivated" to describe the staff. All the people we spoke with told us they felt staff went over and above what was expected of them and they couldn't ask for more from the staff.

It was evident from speaking with staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviours which may challenge as a result of their condition. Relatives informed us they felt the staff had the skills and knowledge to manage these behaviours. People's care plans clearly detailed their communication needs. It was evident throughout the inspection that staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. For example, the registered manager told us people were supported to take part in religious activities if they indicated a desire to do so. The registered manager told us how they had arranged for representatives of different religious groups to come into the home and spend time with people based on their preferences for this.

People were involved in planning their care and support. When people's families could not provide support with care planning an independent advocate supported people to make decisions about their care. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences, likes and dislikes, what made them happy and things that were important to them. People's personal histories were gathered on admission and all care plans contain a 'This is Me' document from the Alzheimer's Society at the front of the care plans. This supported staff to understand the lives of people living with dementia. Care records contained clear information around people's communication needs. Each person had a detailed communication care plan which clearly outlined the person's communication needs and the what support they required in this area. There was evidence the service had worked hard to aid people to improve their level of communication. For example, the registered manager had secured a grant from a local charity to purchase a tablet computer for one person to empower them to make their opinions and needs knows to staff using the assistive technology.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative confirmed 'There  have never been any restrictions on visiting'. Another relative said, "We have come to visit in the early hours of the morning and have always been welcomed by the staff."

Outstanding ☆

# Is the service responsive?

## Our findings

People received exceptionally personalised care and staff found creative ways to enable people to live as full a life as possible. All the relatives we spoke with spoke highly of the level of staff skills and understanding of people's needs.

The arrangements for social activities were innovative and people were encouraged and supported to engage with community activities and events outside of the service. Staff were extremely responsive in meeting the social needs of people. People were supported on a regular basis to participate in meaningful activities which were tailored to their individual needs and preferences. Activities included walks in the park, entertainers visiting the home, going to a local 'dementia café' and indoor gardening. People told us they had lots to do and enjoyed the activities that were on offer. Relatives told us activities were person centred, suitable for people and there were sufficient activities taking place. One person had a pet dog who they described as their best friend. Staff had made arrangements for a family member to drop the dog off at the home every morning and spend time with the person. It was evident from speaking with this person that this had a positive impact to their emotional well-being and they were very appreciative of the support provided by staff to support them to care for their dog whilst they were at the home.

We were also shown evidence how the registered manager, provider and activities coordinator had worked closely with local charities, other community groups and nursing homes to provide more activities for people. The activity co-ordinator was the representative for the local area's Meaningful Activity and Wellbeing Network. New ideas were brought back to the home, tried and tested. If the residents engaged with the activity, it was built into the activity programme, and if not, they moved on and try something else. For example, the home had been successful in securing 'Bright Sparks Community Grant' to initiate and maintain interest groups accessible not only to people living at the home but the wider community as well. One of the groups running at the time of the inspection was a weekly Art Therapy session at the local 'Fresh Ground Café, which was run by a person living at the home and attended by a mix of community members. The registered manager told us they had also organised a 'Men's Club' at a local pub, and a 'Women's hour' craft club which took place at the home with support from volunteers. The home also took part in 'Thrive'. This was a social and therapeutic horticultural session which took place every month. The registered manager told us how this supported people to improve their physical and psychological health, communication and thinking skills as well as developing their ability to socialise.

The registered manager told us how the home was involved in an initiative at the local park to further develop a peace garden. This involved representatives from Cotswold House, the Parish Council, local youth groups, local schools, a local church and a local charity coming together as one in the community to make decisions regarding the project. People told us this allowed them to feel engaged, involved and empowered in their local community.

The home had also linked with a local initiative to develop 'Dementia walks' in the local park. The registered manager told us how this had made a positive impact on people living in the home as it gave them a regular outing from the home. The registered manager went on tell us how for some people it had become a means

of an activity out in the community whereas they previously did not show any desire to the leave the home. The dementia walks meant people were able to interact with others from the community who also lived with dementia and enabled them to build friendships with people from outside the home.

People, their relatives and staff told us the management worked hard to continually improve the activities available to people For example, we were told how a separate room at the home had been allocated for complementary therapies. The provider told us this decision had been made following a successful taster day in a 'lotus belle' tent in the garden which gave the opportunity for residents, relatives and staff to experience complementary therapies including massage with natural oils and aromatherapy carried out by qualified practitioners. The provider told us how this had been very successful and led to their decision to make it a part of regular life at the home. The provider told us they were working with an aroma therapist regarding the use of natural oils and how these may benefit individual residents through sensory stimulation. All staff had been trained to deliver hand massages and as a result there had been noticeable reduction in agitation levels with people who were receiving this therapy. The home was awarded the 2017 Gloucestershire Care Providers Association 'Innovation in Care Award' for their work in this area.

The service also worked closely with the Care Home Support Team and had started implementing the POOL Activity Level (PAL) instrument for occupational profiling for people with cognitive impairments. This instrument is recommended for well-being and activity planning by the National Institute for Health Excellence Clinical Guidance for Dementia. The registered manager and provider told us they hoped this would enable them to offer more person centred activities and improve people's sense of well-being as a result.

The provider, registered manager and staff had worked extremely hard to ensure staff skills were continually developed to enable the service to respond to peoples changing needs. For example, the service was providing end of life care and people's needs and preferences regarding this had been clearly recorded in their care files. People and their relatives told us they had been involved in developing these plans. The service had a palliative care/end of life care champion. The member of staff attended monthly forums at a local hospice and the information from these meetings was fed back to staff at the home to ensure high level of care was provided which was based on current guidelines. The registered manager told us this member of staff would often sit and discuss with family members any concerns they may have regarding the death of their loved one and provide ongoing support as required. During the inspection, it was evident that this support was much appreciated and we saw a number of compliments from family members praising the exceptional support they had received when their loved one was nearing the end of their life.

Another example of the service continually developing staff skills to provide personalised care, was evident in their efforts to ensure staff had a better knowledge base and understanding of dementia care. The registered manager had completed their Dementia Leadership Award and there were also two dementia link workers and a dementia foundation trainer working in the service. The registered manager and provider told us this was to ensure best practice for dementia care was sustained at all times. The latest best practice information is able to be easily disseminated and circulated among the whole staff team. We also saw evidence how the service had worked closely with other health professionals to deliver specific dementia training such as the dementia five step approach to staff. This had led to the staff having an increased knowledge of the care that they were delivering to promote positive outcomes for the people living at Cotswold House.

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

preferences.

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

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

The home had a robust process for ensuring changes were recorded in peoples files. We were informed each named nurse would record any changes in the care file. There was evidence regular reviews of care plans were being carried out. Staff told us reviews were carried out monthly and more frequently if required. Professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the home responded well to people's needs.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff.

Complaints had been managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the complaints records, it was evident that where issues had been raised, they had been addressed to a satisfactory resolution. Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the registered manager to respond promptly to any concerns or suggestions that were made. In addition to a formal complaints procedure, the home also had suggestion forms to enable people to provide feedback about their experience of Cotswold House. The service had implemented a 'You said, We said' display board which demonstrated what people had suggested and the action taken by the home.

People and relatives were provided with opportunities to give feedback regarding their experience of the service provided at Cotswold House. The service had received a number of positive comments from relatives of people who used the service. For example, one person had written, "All the staff at Cotswold House, we would like to thank you all for everything you have done for mum in the last few months. You were all very kind and supportive."

Good

# Is the service well-led?

## Our findings

The service was well-led. There was a registered manager working at Cotswold House. They told us they had been working at the home for three years. Staff spoke positively about the management style of the registered manager. A member of staff told us they felt supported by the registered manager. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff told us there was an open culture within the home and the registered manager listened to them.

Relatives spoke positively about the registered manager and felt they offered good leadership and were a positive role model for the staff. The relatives we spoke with told us they felt the registered manager was approachable, committed to providing person centred care and willing to listen to feedback about the home. A relative said the registered manager, "Will always talk to me". Another relative said, "My mother has been here six years and the home has been at its best since the manager started".

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

Quality assurance systems were in place. These consisted of a schedule of monthly audits and a monthly visit from one of the directors. The audits looked at; health and safety, infection control, care plans, staff training, medicines and the monthly completion of a care home audit tool. These audits were carried out as scheduled and it was evident from our observations corrective action had been taken when identified. In addition to these audits, the service also completed a self-review form for the local authority and had received quality visits from the local authority. The registered manager told us they completed a monthly 'resident review matrix'. This included using a map of the home to plot where accidents and incidents had occurred so that they could easily visualise and identify if any environmental factors may be contributing to people's falls and identify any trends or patterns. The registered manager told us this enabled them to take corrective action to minimise the risks posed to people living in the home and prevent further accidents from happening.

The registered manager told us they also sent surveys to people and their relatives to gauge their opinion regarding the quality of the service being provided. The registered manager told us these were sent annually and the feedback from these meetings was analysed. Any actions arising from the surveys were incorporated into the annual action plan. The registered manager and provider also showed us questionnaires which were sent to health and social care professionals who visited the home. The registered manager told us this was done to gather their views regarding the care provided at the home and make

changes based on the feedback received/. We looked at a sample of these and saw that the feedback was positive. For example, one professional had complimented the caring nature of the staff and the quality of the care plans at the home.

Staff told us they used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager told us they felt team meetings were very important as they allowed the staff team to identify good practice as well as areas for improvement. The registered manager told us staff meetings occurred every three months.

The registered manager attended various meetings and forums to keep up to date with service developments and best practice. This included meetings with the local authority as well as care provider forums. The registered manager told us this was important to as they believed the service had to continually improve. The registered manager attended Registered Manager Network meetings hosted in partnership with Gloucestershire County Council, Gloucestershire Care Services NHS Trust and Gloucestershire Clinical Commissioning Group. The registered manager told us this ensured they were continually up to date with developments in care provision and had up to date knowledge. The provider told us the home was signed up to the Social Care Commitment to ensure high quality care was provided. The registered manager demonstrated how the learning from these meetings would be shared with staff at the staff meetings and in supervision. It was evident that this had had a positive impact on staff practice within the home. For example, members of staff were winners of the Gloucestershire Care Providers Association Care Awards 2016 for the Unsung Hero Award. The home had also been selected as the 2017 winners of the Innovation in Care Award and were finalists for Activities Champion, Unsung Hero and Team of the Year Awards.

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

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

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