

C R Bentley

Cotman Lodge

Inspection report

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Date of inspection visit: 21 October 2014

Date of publication: 19/12/2014

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



Overall summary

Cotman Lodge provides accommodation and personal care for up to 21 older people who require 24 hour support and care. Some people are living with dementia.

There were 20 people living in the service when we inspected on 21 October 2014. This was an unannounced inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were procedures in place which safeguarded the people who used the service from abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

There were sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

Staff in the service were trained and knowledgeable about the Mental Capacity Act (MCA) 2005. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

Summary of findings

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 safe.

People and their relatives told us the service was a safe place to live. The provider had systems in place to manage safeguarding matters. Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

There were systems in place to provide people with their medication when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented. Therefore people were not unlawfully deprived of their liberty.

People told us that they were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People told us there was always plenty to eat and drink. People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



Is the service caring?

The service was caring.

People told us that staff respected their privacy and dignity and supported them to maintain their independence.

People and their relatives told us they were involved in making decisions about their care and these were respected.

People told us staff treated them with respect and we observed caring interactions between staff and people who used the service.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times

Good



Cotman Lodge

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 checked 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 took place on 21 October 2014 and was unannounced.

The inspection team consisted of an Inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

Before our inspection, the provider 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 reviewed the PIR and previous inspection reports to help us plan what areas we were going to focus on during our inspection. We also reviewed other information we

held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who were able to verbally express their views about the service and two people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs. We also observed the interaction between staff and people in the lounge.

We spoke with a health professional who was visiting people at the time of our inspection about their views of the service. They were complimentary about the care and support provided to people.

We looked at records in relation to four people's care. We spoke with six members of staff, including the deputy manager, care staff, catering and activities staff. We also spoke with the provider. The registered manager was on leave during our inspection, therefore we were not able to speak to them during this inspection. We looked at records relating to the management of the service, five staff recruitment and training records, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

All people spoken with gave positive comments with regards to feeling safe. One person, who preferred to spend the majority of their time in their bedroom, told us, “Staff look in regularly, you just have to press your call bell and they are there within four to five seconds, they come very quickly.” Another person commented, “I feel that my personal belongings are perfectly safe. I don’t feel the need to have anything locked away, but I could ask for that facility if I wanted.”

One person’s relative told us that they had, “No worries,” about their relative’s safety, and, “I always see loads of staff around,” which reassured them that their relative’s needs would be met when needed.

Discussions with staff and records showed that staff had received training in safeguarding adults from abuse. Staff understood the policies and procedures relating to safeguarding and whistleblowing and their responsibilities to ensure that people were protected from abuse. Staff explained various types of abuse and knew how to report concerns. One staff member told us that safeguarding was, “Very important,” and that they, “Would have no problems with whistleblowing, and I know all staff would do the same if something was wrong.”

Where people required support with behaviours that may be challenging to others there were care plans in place which guided staff support people in a consistent way that protected and promoted their dignity and rights. Staff spoken with understood how these people should be supported to manage their behaviours.

Staff interactions with people were calm and encouraging. One staff member described how they made sure that they diffused instances of behaviours that challenge by distracting and engaging people in a one to one activity with the particular interests that they enjoyed.

There were systems in place for people who preferred for a small amount of money, for incidentals, to be kept in the service for safekeeping. We looked at the records which showed that this money was kept safely; this included a running total of people’s money. This told us that where people required assistance with their finances, this was done safely.

The service was clean and free of obstacles and hazards which could cause a risk to people using the service and others. People told us that they were happy with the environment. One person commented, “Everything is good quality here and all the equipment is in working order. I have a beautiful room, very clean.”

In the last twelve months there had been some renovation work completed in the service. This included decoration and the installation of an additional passenger lift, which replaced the stair lift providing safer access to the lower ground floor. There were risk assessments in place which provided guidance for staff on how people would be protected during the work and when using the passenger lift.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure that the equipment was fit for purpose and safe to use. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us that they felt confident that they and their colleagues were fully competent with this.

The provider’s emergency procedure provided guidance to staff on what actions they should take to safeguard people if an emergency arose, including fire, gas leak or if the service needed to be evacuated.

All of the people we spoke with told us that there was enough staff available to meet their needs. One person told us, “They are good staff, and there are plenty of them. Someone is always available.” Another person told us that when they first started using the service they needed to ring for assistance quite frequently, particularly during the night. They told us that they felt embarrassed at having to do so, “The carers came very quickly and told me each time that it’s not a problem, that’s what we’re here for.”

Staff were attentive to people’s needs and verbal and non-verbal requests for assistance were responded to promptly. Call bells were answered in a timely manner. This showed that there were sufficient staff numbers to meet people’s needs. Staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner.

A staff member told us that regular discussion with the staff team identified where people’s needs had increased. They explained how the staffing levels had recently been

Is the service safe?

increased to ensure that there were sufficient staff numbers to manage the busier times during the day, in order to meet people's changing needs. The staff rota confirmed the staffing levels which we had been told about.

Records showed that the appropriate checks had been undertaken on prospective staff members before they were employed by the service. This told us that staff working in the service had been checked to ensure that they were able to support people using the service. Staff told us that they were not allowed to work in the service until all these checks had been made.

All of the people we spoke with told us that their medication was given to them on time. One person said, "My pills come on time, they [staff] put them in front of me, and trust me to take them. I want this independence."

We saw part of the lunchtime medication administration round. This was done safely and people were provided with their medication in a polite manner by staff.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medication was stored securely. Medication administration records were appropriately completed which identified when staff had signed to show that people had been given their medication.

Is the service effective?

Our findings

All of the people we spoke with told us that they felt that the staff were competent in their role. One person told us, "They [staff] know what they are doing, they are very competent." Another person said, "I know they [staff] are taught how to care for us, and they do this well." Another person commented, "They [staff] all know what they are doing."

One person's relative told us that they were, "Fully confident," that the staff had the skills they needed to care for their relative.

Three staff members told us that they were provided with the training they needed to meet people's needs safely and effectively. One staff member explained that they were provided with good quality training which was regularly updated. They said that they could have all the training they wanted, "Everyone has to do the mandatory stuff, but there are lists of other training on the office noticeboard. If you say you want specific training in something then they will arrange it for you."

Records showed that provider had systems in place to ensure that staff received regular training, achieved industry recognised qualifications and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. Our observations showed that the training provided to staff ensured that they were able to deliver care and support to people who used the service to an appropriate standard. For example, staff were seen to interact with people in a caring and respectful manner and we saw staff supported people to mobilise in appropriate and safe ways.

All staff spoken with told us that they were provided with regular one to one supervision meetings and staff meetings. One staff member told us that in staff meetings they could bring up any concerns they may have, "We can say what we really think, and we are listened to." This told us that staff had the opportunity to discuss the ways that they worked and to receive feedback on their work practice.

All people spoken with told us that the staff sought their consent and the staff acted in accordance with their wishes. One person told us that they needed some

assistance with their personal care and that staff asked for the person's consent before, "Doing anything." Another person said that had been able to have, "Full and frank discussions," about their care and end of life wishes, which they were, "Confident will be respected." The person told us that they had a copy of their living will in their care plan. This was confirmed in their care records which we looked at.

Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation and had completed a number of referrals to the local authority in accordance with new guidance to ensure that restrictions on people were lawful. Staff also understood the Mental Capacity Act 2005 (MCA) and were able to speak knowledgeably about their responsibility. Records and discussions with staff showed that they had received training in MCA and DoLS.

We saw that before people received any care or support they were asked for their consent and the staff acted in accordance with their wishes. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included Do Not Attempt Resuscitation (DNAR) forms, and showed that relevant people, such as people's relatives had been involved.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person told us, "There is always a good choice of at least two options for both mains and pudding. It is always very nice." Another person said that their meals arrived, "Nice and hot." Another said that the chef made them, "Very tasty and tempting meals," to meet their specific dietary requirements. One person's relative told us that their relative always enjoyed the food in the service.

The menu for the day was displayed in the service and people confirmed that they made their choices from the menu. However, if they wanted something different this was provided. This was confirmed by the service's chefs who we spoke with. They were knowledgeable about people's specific and diverse needs relating to their dietary needs.

Is the service effective?

Our observations and records confirmed what people had told us and showed that people were supported to eat, drink and maintain a balanced diet. People's dietary needs were being assessed and met.

Our observations and discussions with people showed that they were supported to have sufficient drinks to minimise the risks of dehydration. When people were provided with a choice of drinks and snacks, one person mentioned to staff that there were no fig rolls, their favourite. The staff member left the room and five minutes later re-appeared with a packet of fig rolls. They had gone to the neighbouring service, which was also owned by the provider, to find them. This told us that the staff took prompt action to make sure that people's choices were listened to and acted upon.

All of the people we spoke with told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us that the staff always accompanied them to hospital appointments. They said that when they had recently felt unwell, the doctor had visited the same day,

"They [staff] take care of all that side of things for you, including organising hospital appointments." Another commented that the staff liaised with their family regarding hospital appointments and visits from their doctor. One person said that they were having dental problems and needed a dentist which was accessible. During our inspection we saw a staff member making a number of telephone calls to local dentists to find one which would meet the person's requirements. One person's relative said that if their relative was unwell the staff were, "Very quick to call the doctor."

We spoke with a visiting health professional who told us that the service made appropriate and timely referrals to ensure that people's health needs were met. They said they had no concerns about the care and support provided to people.

People's care records confirmed what we had been told. People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

All of the people we spoke with told us that the staff were caring and treated them with respect. One person said, "They [staff] chat to you when they are doing their jobs, I feel they are interested." Another person told us, "The staff are very friendly and helpful. I know them well and they know me well." One person commented, "I can't find any fault. The carers all very good." There was a 'carer of the month' award which one person felt was, "Unfair as they [staff] are all really good. They even tuck you in at night, its lovely." Another person said, "I can't fault the care here, nothing is too much trouble. The staff give 100% and make time to do any little job you want done, anything they can do to help they will."

One person's relative commented, "The staff are good fun and will spend time with my [relative], there is lots of humour here. Staff turnover is small, so most of the staff have been working at the home for a long time. That means they are able to get to know people well and form good relationships." Another relative said, "They [staff] are all marvellous with my [relative]."

Staff told us that they felt that people were treated with respect and kindness. One staff member said, "If I had a relative who needed to move into residential I wouldn't hesitate to get them a place here. We look after people in the way that I would like to be looked after."

We observed that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. During lunch, staff sat with people and ate their own lunch with them. The atmosphere in the dining room was jolly and everyone was chatting happily together. When more frail people were assisted into the dining room at lunchtime this was done with care and respect.

People's care plans included information about people's diverse needs and how these needs were met. This included how they communicated, mobilised and their spiritual needs. One person told us that there was regular Holy Communion held in the service, which they enjoyed. This told us that there were events in the service which were intended to meet people's spiritual needs. The care plans provided guidance to staff to ensure that people were treated with respect at all times.

All of the people we spoke with told us that they felt that the staff listened to what they said and their views were taken into account when their care was planned and reviewed. One person said, "Staff take time to talk to me and so they know me well. They take an interest and will remember what I like to do and make sure I am involved." Another person told us about how they made decisions about their care, "Those are my decisions to make and the staff are here to help if I want them to." Another person told us that they had been involved in a recent care review. One person's relative told us that they had recently completed a questionnaire regarding their relative's life history, felt that staff had made use of this information and "Know my [relative] really well."

People's care records confirmed that they had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for and their decisions about end of life care. Care review meetings were undertaken with input from staff, the person and, where appropriate, their relatives. In these reviews people discussed their views about the care and support they received. Where people had raised concerns or wished to change aspects of their care provision we saw that this had been incorporated into their care plans to show that their views were valued and acted upon.

People told us that they felt that their independence and dignity was promoted and respected. One person told us that when the staff supported them with their personal care needs that the staff asked, "Would you like to do this yourself or would you like me to do it?" Another person said that one of the hardest things they had to come to terms with was needing help with personal care, but this was done by staff, "In the most discreet way." One person commented, "I recognise that I now need some help, but the staff will support you to do what you still can, and I appreciate that."

Staff understood how people's privacy, independence and dignity was promoted and respected, and why this was important. One staff member commented, "The home champions independence, if people are able to do things for themselves, then we support them with that."

Our observations confirmed what we had been told. For example staff knocked on bedroom doors before entering the room, whether the door was open or closed. This was

Is the service caring?

confirmed by people using the service and people's relatives. People were supported to move to a private area of the service before they were seen by a visiting health professional.

Is the service responsive?

Our findings

All of the people we spoke with told us that they were satisfied with the care and support they received and were happy living in the service. One person said, “I can’t fault it.” Another person commented, “I am allowed to have an opinion about my care and the way it is done.” Another told us, “I prefer to stay in my own room. I get what I want, when I want, it is not at all regimented here.”

People’s care records included care plans which provided staff with the information that they needed to meet people’s specific needs. This included support with their personal care needs and mobility. There were risk assessments in place which identified how the risks in their care and support were minimised. These included risks associated with pressure area care and moving and handling. Care plans and risk assessments were regularly reviewed and updated to reflect people’s changing needs and preferences.

Daily records identified the care and support that people had been provided with on each shift, their wellbeing and the activities that they had participated in. These showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in. One person commented, “I read a lot and the library here is quite good.” One person commented, “There is no obligation to do them [activities] if you don’t want to.” Two people told us that they would like to go out into the community more often. They said that there were outings to a local community setting for lunch.

A staff member told us that people could go out to the local town with staff if they wanted to and they were able to tell us about various social clubs that people attended, which was confirmed in their care records. They said that they were looking into supporting people more to go out into the community and some people did so independently. The two staff responsible for arranging events told us that they regularly discussed people’s preferences with them and were keen to ensure that people were provided with events that stimulated them.

All of the people spoken with told us that they knew who to speak with if they needed to make a complaint. One person commented, “If anything was not right I would have no problem with speaking to any senior member of staff.” Another person told us that there had not been any cause to complain and that all concerns were, “Sorted out.” One person and their relative said that they had raised a concern with the provider who had taken it, “Very seriously indeed.” Their relative told us that their concern had been, “Very swiftly and satisfactorily acted upon.” They also said that this, “Sent out a clear message about the ethos of the home,” and, “Any concerns are dealt with immediately.” This showed that people’s complaints and concerns were listened to and addressed in a timely manner.

We looked at records of complaints which showed that they were well documented, acted upon and were used to improve the service. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaint procedure in place which was displayed in the service, which explained how people could raise a complaint if they needed to.

Is the service well-led?

Our findings

We asked people if they felt that the service was well-led. One person said, “Everyone knows the owner and the manager. It is not a them and us situation.” Another person told us that they had moved into the service because it had been recommended and, “Has a good reputation.” They said that the service was, “Wonderful.” Another person also told us that the service had been recommended to them and they had, “Not been disappointed.” One person gave an example of how their family had told the provider that the person was, “A bit chilly,” last winter and the next morning the provider had supplied an extra heater for their bedroom to boost the temperature when needed and said, “They do their very best for you.”

One person’s relative said that the provider was, “Constantly looking to improve services,” spent a lot of time in the service and was, “Always accessible.” Another person’s relative commented, “This place has a well-deserved name for itself. They really care.”

All of the staff we spoke with told us that the management and provider were approachable and listened to what they said. One staff member described the manager as, “Brilliant. You only have to half mention that something needs doing and it is done.” Another staff member told us that there was a low staff turnover which showed, “How good it is to work here,” and that they enjoyed their work and felt valued. They commented that this meant that people were provided with a consistent service by staff who were known to them. All staff spoken with understood their roles and responsibilities in providing good quality and safe care to people.

There was documentation in place which identified the actions that had been taken as a result of comments made in the satisfaction questionnaires completed by people who used the service, their representatives and staff. This

showed that people’s views and experiences were valued and acted on. The minutes from a meeting for people who used the service showed that they were kept updated with the plans for the service’s refurbishments and they had the opportunity to express their views and concerns.

The provider and manager had identified the need for increased management support in the service. We saw the minutes of the meeting with the provider and the manager to discuss this, including the introduction of supervisors and a training manager. There was a system in place to monitor the effectiveness of this decision. This told us that the provider and the manager had noted where improvements were needed, took action and documented the action take to ensure that the service was improving.

The service had notified us of any incidents that were required by law, such as the death of people or accidents and injuries. We were able to see, from people’s records, that actions were taken to learn from incidents, for example, when accidents had occurred they had reviewed risk assessments to reduce the risks of these happening again. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

A staff member told us how they undertook audits on the medication and took action if they noted any shortfalls. However, this was not recorded. During our inspection visit they completed a document to evidence that these checks took place and assured us that these would be completed when their audits were undertaken. This showed that action was taken promptly to improve the service.

There was a process in place to monitor people’s care records to check that they were up to date and that people’s changing needs and preferences were met. This showed that the service’s quality assurance systems were used to identify shortfalls and to drive continuous improvement.