Stroud & District Homes Foundation Limited

Cotswold Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was completed on 24 May and 5 June 2018 and was unannounced.

Cotswold Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cotswold Court accommodates 6 people with learning disabilities in one adapted building. There were 6 people living at Cotswold Court at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run

The previous inspection was completed in March 2017 and the service was rated 'Requires Improvement' overall. At this inspection we found two breaches of the regulations. The recording of the administration of medicines was not completed accurately. We also found quality audits had not always identified the shortfalls in the recording of medicines and as a result no action was taken to minimise the risks to people. We carried out a focussed inspection in September 2017 to check whether the service was meeting the requirements of the regulations. At our focussed inspection, we found improvements had been made and the service was meeting the requirements of the regulations. We did not change the overall rating of 'requires improvement' for this service following our focused inspection because we did not review all of the key questions.

At this inspection, we found these improvements had been sustained and the service has been rated 'Good' overall.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited.
Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.
People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted to and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and could describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. People were supported to make decisions about end of life care which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to continually improve the service.

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.

There were sufficient staff to keep people safe.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind.

People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

People could express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to make decision about end of life care which met their individual needs and preferences.

Is the service well-led?

Good

The service was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

Cotswold Court

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 24 May and 5 June 2018 and was unannounced. The inspection included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector.

We spoke with a representative of the provider, the registered manager of the service and five members of care staff. We spoke with three people living at Cotswold Court. We also spoke with three relatives of people living at the service and four health and social care professionals who have regular contact with the provider.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I am very safe here. All of the staff take very good care of me". Another person said "I feel really safe. The staff look after me really well". One relative said, "All of the people living at the home are safe. The staff take very good care of them".

The service had maintained safe medicine management practices. There were clear policies and procedures in the safe handling and administration of medicines. Medication Administration Records (MAR) had been completed accurately and demonstrated that people were receiving their prescribed medicines. Staff who administered medicines received training, were observed by senior staff and completed a full and comprehensive competency assessment, before being able to give medication independently.

People were supported to take their medicines as they wished. Each person had their own medicines profile which detailed what medicines they were taking, what these were for, their preferences in relation to their medicine administration and what support they required with their medicines. All relatives were satisfied that people received their medicines as prescribed.

Staff had been provided with safeguarding training and understood how to recognise abuse and report allegations and incidents of abuse. Agencies staff notified when they suspected an incident or event that may constitute abuse; included the local authority, CQC and the police. One staff member said, "We are encouraged to be open and honest and raise any concerns we have. The manager and directors take all concerns very seriously." People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on the number of people using the service, people's presenting needs and the level of funding available for each person. Where people required support on a one to one basis, this was provided. For example, one person need one to one support when they left the home for activities. We saw this was being provided. People, staff, relatives and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection, we observed a strong staff presence in the service. We saw people's requests for assistance were responded to promptly and staff spent time talking to people about their day. Throughout the inspection, staff were observed giving people time and not rushing them when they were supporting them. The registered manager ensured the service was always sufficiently staffed and staff told us if further staff support was required, the registered manager was always willing to support with care tasks.

We looked at the recruitment records of a sample of staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment,

these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed.

The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe. We saw from the staff records that where required, appropriate disciplinary action had been taken.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. One person's risk assessment around their mobility had been updated after they had suffered a fall to minimise the risk of future falls. The risk assessment of another person who was at risk of developing pressure sore ulcers had been regularly updated as the person's level of need had changed to protect their skin.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. Staff told us they had confidence in the registered manager's ability to investigate and respond appropriately to safety concerns. The service had a folder which was a central log for detailing any concerns and there was a system to deal with each one as appropriate. The service could identify areas for improvement and lessons were learnt from each investigation. For example, where people suffered falls, the cause of these falls had been investigated and safeguards had been implemented to minimise the risk of future incidents.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Records showed that checks were completed on the environment, such as fire system checks by external contractors. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections and good hygiene standards. We observed staff wearing gloves and aprons when supporting people with their care. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided.

The premises were clean and tidy and free from odour. Cleaning was completed by the staff who were on shift. Where appropriate, the people living at the home were encouraged to partake in cleaning activities. The registered manager told us this promoted a culture of inclusion as well as giving people a level of independence and enabling them to learn a life skill. The relatives we spoke with told us the home was clean.

Good

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. 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. Training was targeted around people's presenting conditions such as stroke awareness and dementia training. Staff confirmed their attendance at training sessions. New staff were required to complete the care certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. One member of staff said, "The training is very good and helps me in my role." Another member of staff told us how they felt the training provided to them when they started working at the service was excellent. People living at Cotswold Court and their relatives told us staff had good levels of skill in relation to their roles.

Staff had completed a comprehensive induction when they first started working in the home. This included reading policies, completing core training such as first aid and safeguarding and working alongside more experienced staff to support them to get to know people. The staff we spoke with told us they had received a good induction which had prepared them well for their role.

Staff had received regular supervision and an annual appraisal. These meetings provided an opportunity to assess staff's knowledge and skills and put plans in place to address any development needs.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the act and how it impacted on their day to day roles of supporting people. We found the service was working within the principles of the MCA and DoLS legislation.

People can only be deprived of their liberty so that they can receive care and treatment and this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Where required, the registered manager had ensured people's mental capacity had been assessed. From reading the assessments; it was evident that these were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity, we saw evidence that the service had worked closely with the person's representatives and relevant professionals to ensure decisions were made

in their best interests.

The registered manager had ensured that where people's liberty was being deprived, a DoLS application had been made to the local authority. The registered manager was clear around their understanding of the notification process to CQC. We looked at the records of people who had a DoLS in place and found these were up to date. The registered manager had a process of reviewing people's DoLS applications to ensure renewals were applied for in a timely manner.

Care records included information about any special arrangements for meal times and dietary needs. Menus showed people were offered a varied and nutritious diet. The menu was displayed in the dining room and we observed staff talking with people and asking them what they would like to eat. Where people indicated a different preference to what was on the daily menu, care staff supported people to choose an alternative.

We observed positive interactions between people and staff. Where people were being assisted with their meal by staff, this support was provided in a kind and caring way. Staff took their time and did not rush people. There was lots of conversation between the staff and people during lunch. During our inspection, we observed staff supporting people to prepare hot or cold drinks to people throughout the day. People told us they could ask for drinks or snacks at any time and there was a quick response to these requests. All the people and relatives we spoke with told us they felt the food was good and that there was plenty of choice available.

The provider assessed people's needs and choices in line with current legislation and standards. When people were at risk of malnutrition staff assessed the risks associated with this condition. For example, they used the universally recognised Waterlow tool to identify and review the risks to people's skin health.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists and cancer specialist nurses when needed. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One person said, "There are always other people visiting if people are unwell. They will call for help if people need it".

Cotswold Court 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. For example, some residents required a stair lift to access the first floor. The home had taken the needs of residents into account when decorating the hallways and communal areas.

Each person had their own en-suite bedroom. Each bedroom was decorated to individual preferences and the registered manager informed us that the people had choice as to how they wanted to decorate their room. Relatives told us that people could 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 front of the property which people could access if they wanted to.

Good

Is the service caring?

Our findings

There were positive comments about the staff from people and relatives and health professionals. One person said "I am very happy here. This is home for me. The staff are very kind towards me." Another person said "The staff are like friends to me. They treat me with lots of respect and are very kind to me." Relatives we spoke with all told us the staff were kind, caring and respectful towards the people living at Cotswold Court.

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received several positive comments from relatives of people who used the service. The registered manager told us this feedback was shared with the staff as they found it supported staff morale and showed staff that their efforts and dedication was appreciated by the people living at the home.

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. One person said, "The staff are fantastic. They treat us with lots of respect." Staff commented on how they worked well as a team and were keen to support each other in their roles.

Staff treated people with understanding, kindness and understood the importance of respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their own pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering people's bedrooms.

The registered manager told us that recognising and valuing the work of staff was important to ensuring a caring staff team. The staff we spoke with told us they felt valued by the registered manager and this was communicated to them through positive feedback during team meetings and formal supervision. Staff told us this assured them that their efforts were appreciated by management.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their roles in ensuring people's needs were met in this area. We saw that staff had been trained in equality and diversity. The registered manager and provider could outline how they would support people from various cultural or religious backgrounds if needed.

Good

Is the service responsive?

Our findings

We saw that each person had a care plan of their care and support needs which provided guidance on how staff were to support people. Each care and support plan covered areas such as; safety, personality, physical health, eating and drinking, environment, family, friends and community, biography, sensory impairment and spirituality. Each person's care plan had a page detailing their likes, dislikes, critical care and support needs so that staff had a quick personalised profile of the person. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. During conversations with staff, they were able to describe how people liked to be supported. For example; one member of staff told us about one person's preferences for their personal care routine in the morning.

There was evidence regular reviews of people's care plans were being carried out. Staff told us reviews were carried out every three months and more frequently if required. Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. For example, one health professional who visited the service told us staff always involved them when they were reviewing people's care.

Staff confirmed any changes to people's care were 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 were detailed and contained information such as what activities people had engaged in, their nutritional intake and any behavioural issues occurring on shift so that staff working the next shift were well prepared.

Arrangements were in place to ensure emergencies affecting people would be well responded to. For example, everyone living at the home had a 'Hospital Grab Pack' which was given to the paramedics attending to the person. This provided the hospital staff with key information about the person's needs and preferences including information about their medical history and current medication.

People were supported on a regular basis to participate in meaningful activities. Activities included swimming, going out to local shops and each person also had at least one holiday per year. Each person had their own activities timetable detailing the activities they planned to attend each week. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they spent time in the home. Relatives we spoke with told us activities were suitable for people and there were sufficient activities taking place.

Nobody living at Cotswold Court was receiving end of life care at the time of the inspection. However, the registered manager and staff had worked with people and their families to record their needs and wishes in relation to end of life care. Relatives we spoke with told us they had been involved in this process. Staff told us they knew what end of life care entailed and had received training in relation to this.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one

we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One person said, "If I have any concerns I can speak with the manager or any of the staff. They always listen to us and put things right." One relative said, "I haven't had to make any complaints but am confident my concerns would be taken seriously and investigated if I did make a complaint."

Good

Is the service well-led?

Our findings

We found the provider had sustained effective quality assurance systems at Cotswold Court and improvements made following our inspections had been maintained. The registered manager completed regular audits of the service. These included assessments and updates of care plans, meal time experiences, incidents, accidents, complaints, staff training, medicines and the environment. It was evident from looking at these audits that they were effective in supporting the registered manager to identify and respond to concerns. For example, during a number of monthly medicines audits, the registered manager identified that one member of staff had regularly made errors in the recording of the administration of people's medicines. The registered manager supported the member of staff to access further support and training around medicines administration. Subsequent audits identified that the staff member had continued to make errors and further disciplinary action had been taken to ensure good practice was maintained.

There was a registered manager for the service. People, staff and relatives spoke positively about the registered manager. Staff told us they felt well supported by the registered manager. One member of staff said, "The manager is very good. We have great support from her." Another member of staff said, "The registered manager is hands on and will help with care tasks." A person living at the home, when speaking about the registered manager said, "You can always talk to her. She works very hard." Another person when speaking about the registered manager said, "She will do anything for you."

Staff attended regular team meetings and briefings which gave the team consistency and a space to deal with any issues. The team meetings covered areas such as safeguarding and policy updates. One staff member said "The team meetings are really good as we can discuss any issues with our colleagues and management. I have found the management are willing to listen to our opinions."

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken.

The registered manger told us they were well supported by the provider and they could contact their line manager or the head office when they required support. They told us they received a prompt response and appropriate support was provided. The registered manager told us they could also seek support from other managers within the organisation.

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. 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 Court was the home of the people living there.

The registered manager had a clear contingency plan to manage the home in their absence to ensure a

continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager could 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.