BLHC Coote Lane Limited

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Inspection report

Coote Lane Residential Home
Coote Lane, Lostock Hall
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection at BHLC Coote Lane Limited (referred to throughout the report as Coote Lane) on 25 September 2018.

Coot Lane 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.

Coote Lane is registered to provide personal care for up to 24 people. There were 21 people living in home at the time of this inspection, some of whom were living with dementia. Accommodation is provided in single bedrooms, some with en-suite facilities, over two floors. A passenger lift is available to assist people to move freely around the home.

At our last comprehensive inspection in May 2017 we found improvements had been made. However, there were continuing shortfalls in relation to the way medicines were handled in the service and the lack of robust procedures to protect the rights of people who could not consent to their care in Coote Lane.

Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations. On this inspection of 25 September 2018, we found good progress had been made and the provider had met the action plan and was no longer in breach of the regulations. Medicines were judged to be well managed. The home was now complying with the requirements of the Mental Capacity Act 2005 to ensure that people's rights were being upheld in line with the Act.

There was a registered manager in place. 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.

The registered manager had been in post for just over 12 months and was solely responsible for this home. People living in the home, their relatives and staff all spoke very highly of the new manager and the improvements made since her arrival and the change in management structure.

People felt safe living in Coote Lane and with the staff who supported them. Staff in the home were aware of their responsibilities in relation to protecting people from harm or abuse. Staff had received training and there was suitable guidance in place about making safeguarding referrals.

People were supported by staff who knew them well and were focussed on promoting their independence and well-being. The home assessed people prior to coming into them coming into the home to ensure that their needs could be met. This was followed by on-going assessments and care plans that were developed with the individual to set out how their needs were to be met.

Staffing levels were suitable for people's needs. Staff recruitment was done correctly so that only suitable staff cared for vulnerable people.

There was a stable staff team who had the skills and knowledge to meet people's needs. The home had a programme of training and on-going staff supervision which ensured staff had up to date guidance and information for their roles.

People received the support they required to maintain good health. Medicines records were accurate and supported the safe administration of medicines. The home worked in partnership with external healthcare professionals. Healthcare professionals gave positive feedback on the care and of the monitoring of peoples changing health needs.

People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice. The staff understood their responsibilities under the Mental Capacity Act 2005 and people's rights were upheld.

People were involved in planning their own support and the activities they wanted to take part in. There was a programme of activities for people to take part in and people were also supported to follow individual interests and hobbies.

We have made a recommendation that the service looks at ways of how technology can be used to enhance people's lives.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

People were provided with meals and drinks that they enjoyed. The staff were knowledgeable about the support people required to enjoy their meals and drinks safely and this was provided.

The home had undergone improvements to the environment since the last inspection. The registered manager and owner had developed an improvement plan for the home which included the next phase of works, such as continuing to replace furniture and carpets.

The service had audits and checks in place on the premises and quality of the service including seeking people's views. Concerns and complaints were managed appropriately.

The management structure in the home had been strengthened since the last inspection, including the appointment of a new registered manager. This had led to improvements in the service, such as with care planning and the thoroughness of audits. Staff morale, team work and communication had also improved and the staff team were very positive about the changes.

Further information is in the detailed findings below.

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 had improved from Requires Improvement and was now Good in Safe.

Medicines were now suitably managed.

Suitable systems were in place to protect people from harm and abuse.

The home was well staffed to provide care and support to people when they needed it.

Is the service effective?

Good

The service had improved to Good in effective.

Staff received suitable training, support and development.

The service understood their responsibilities under the Mental Capacity Act and people's rights were protected.

People told us they liked the food provided and that they had plenty of choice.

People's healthcare needs were well managed and the home had developed good working relationships with healthcare professionals.

Is the service caring?

Good

The service was caring.

People who used the service spoke positively about the kind and caring nature of staff. They told us staff always respected their dignity and privacy when providing care.

Staff demonstrated a commitment to providing high quality care. They had a good understanding of the needs of people who used the service.

Is the service responsive?

Good

The service was responsive.

Assessment and planning for care were good. Care plans were person-centred and developed with the individual, and their families were appropriated.

A range of activities was provided to promote the well-being of people who used the service. People told us they were happy with the activities on offer.

Concerns and complaints were managed appropriately.

Is the service well-led?

Good

The service was now being well-led.

There was a registered manager in post. People spoke highly of the improvements brought in since a restructure and the new manager being in post. Staff morale had improved.

There were clear values underpinning the service which were focussed on providing high quality person centred care.

The owner and registered manager had ensured that robust systems were in place for monitoring the quality of the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 25 September 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During this inspection we spoke with 15 people living at the home and eight visiting relatives. We looked at the care plans files and medicines records for the people living in the home and at seven people's care records in greater detail. We observed the care and support staff provided to people in the communal areas of the home and at meal times. We observed medicines being handled and discussed medicines handling with the staff involved.

We spoke with four care staff and a senior staff member. The registered manager was on annual leave and we spoke with them on their return. We reviewed five recruitment files, two belonging to staff members who had been recruited since the last inspection. We checked documentation that was relevant to the management of the service including quality assurance and monitoring systems.

Before the 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 information we held about the service. We contacted health and social services commissioners who contracted people's care. We also contacted the local safeguarding and adult social services teams. We spoke with health care professionals who supported people who lived in the home.

We checked the information we held about statutory notifications sent to us about incidents and accidents affecting the service and people living there. A statutory notification is information about important events that the provider is required to send to us by law. We used a planning tool to collate all this evidence and information prior to visiting the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. One person told us, "I feel completely safe here. There's always staff to hand." Another person said, "They are quick to come if I push my buzzer." Another person told us, "I can talk to staff if I am worried about anything and they make me feel better."

Relatives told us they felt their relatives were safe. We received comments such as, "There's always seems enough staff when we come, we feel (relative) is very safe here", and "The manager and staff are absolutely fabulous at putting you at your ease. I know my relative gets the very best care here. I'm 100% sure of that." Another relative said "I know (relative) is safe here, they have been so much better since coming here."

At our last inspection we found medicines were not always safely managed; this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that this had now been addressed by the provider who had introduced a robust system for auditing the safe handling of medicines.

People now received their medicines in a safe way. Up-to-date policies and procedures were in place to support staff and to ensure medicines were managed in accordance with current guidance. We observed a medicine round and saw the supervisor remained with each person to ensure they had swallowed their medicines. The recording of the applications of prescribed creams had improved. Staff now had clear instructions on what part of the body and the frequency of when creams should be applied. Medicines records were accurate and supported the safe administration of medicines. We found that there were no gaps in signatures and all medicines were signed for after administration. All medicines were appropriately stored and secured.

People were supported by staff who recognised the signs of potential abuse and knew how to minimise the risk of people who used the service coming to harm. We saw staff received regular training and guidance in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and how to escalate concerns to the registered manager or to external organisations including the local authority, who lead on any safeguarding concerns. A staff member said, "We have had training on moving and handling and safeguarding."

Safe staff recruitment practices were in place. This process had been improved since the last inspection and included making sure that new staff had all the required employment background checks, security checks and references taken up. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Copies of interview questions and notes were also available to show how each staff member had been appointed.

We considered staffing levels were sufficient to provide safe and individual care to people. During the day shift there were four care staff, a senior care staff and the registered manager on duty, with further ancillary staff to support. The staff rotas we looked at confirmed these levels were adhered to. Staff reported that the

staffing levels were "good" and this gave them time to give people care that was paced according to people's needs. We observed unhurried and safe care being delivered, for example when a person was being hoisted staff took their time and ensured the person felt comfortable and safe.

Fire safety measures had been improved in the home since the last inspection. Personal emergency evacuation plans (PEEPs) had been developed for each person that took into account their mobility and moving and assisting needs. The plans were reviewed monthly to ensure they were up to date. These were used in the event of the building needing to be evacuated in an emergency.

The registered manager had updated the fire risk assessment for the home. One of the actions resulting from this was to relocate the smoking shelter so that it was now safe and away from potential combustible materials.

Risk assessments were in place that were regularly reviewed and evaluated to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as for moving and assisting, mobility, nutrition and pressure care.

Routine safety checks and repairs were carried out such checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. We also saw records to show that equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

People were protected by the prevention and control of infection. Staff had specific work routines to deal with cross infection and general hygiene matters. Good control measures were in place, such as disposable gloves and aprons for use during personal care, and paper towels and soap dispensers located around the home. The premises were clean and tidy. There were cleaning schedules and recording and checking systems to maintain hygiene standards. The home had a five-star rating from the Food Standards Agency, which is the highest rating.

Good

Is the service effective?

Our findings

People told us that the staff in the home knew the support they needed and provided this at the time they needed it. Relatives told us the staff were very good and met the needs of people who used the service. Relatives praised the staff team and spoke highly of the support provided. One relative said, "Staff are always well informed and helpful." One person told us, "I see my Doctor if I need to, the girls just send for him. They know the signs and when I'm not feeling very well."

At the last inspection we found there was a continuing failure to operate an effective system to protect the rights of people who were unable to consent to their care in Coote Lane. This was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We found that the service was now working to the principles of the MCA and the necessary authorisations to deprive a person of their liberty were being met. The registered manager and staff in the home had completed training around the principles of the MCA and how to ensure people's rights were protected. Where the registered manager had identified that people required restrictions on their liberty, to ensure their safety, a DoLS had been applied for. The registered manager had completed a comprehensive piece of work in carrying out assessments of people's capacity and ensuring that people had support when their capacity was in question. We saw good documentation around supporting people to make decisions and best interest decision-making meetings that had been instigated by the home.

Since the last inspection the registered manager had developed a staff training matrix that showed the training for each staff role and the intervals at which training should be repeated in order to help ensure staff were supported to keep their skills and knowledge up to date. The staff training records we looked at confirmed staff were kept up-to-date with safe working practices. Training courses included nutrition and malnutrition, continence care, wound management, pressure area care, privacy and dignity awareness, person centred care, falls awareness, and on equality and diversity. The majority of support staff had achieved a National Vocational Qualification (NVQ), at level two, now known as the Diploma in Health and Social Care.

Staff told us they were well supported to carry out their role. All staff said they had regular supervision to discuss their role and their training needs. Records we reviewed showed staff completed an induction when

they started work at the service and evidence that supervision sessions had taken place. A standard supervision agenda was in place which covered topics including a review of the staff member's work performance as well as any training, development or personal needs. Staff said they could also approach the registered manager at any time to discuss any issues. Staff also said they received an annual appraisal to review their progress and work performance.

We found that assessments of people's needs had been completed to identify the support people required. They were supported to access appropriate services and to maintain good health. These included local GPs, dentists and opticians and specialist services appropriate to their needs. Detailed records were kept about people's health needs and the contact with healthcare professionals with any updates required.

One healthcare professional we contacted told us, "I feel the team work amongst the staff is excellent. Staff know each of the residents inside out, being aware of their past history and the medications they are on. We work together to promote a proactive approach to people's care and keep them out of hospital longer. Any emergencies are dealt with promptly and effectively with telephone triage, visits and communication."

People were supported to maintain a healthy diet. Support plans contained information on people's nutritional support needs and preferences. People were involved in choosing the food they wanted to eat. People were positive about the food saying they had plenty to eat and received good quality food. Drinks were readily available around the home and as well as fresh fruit.

People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Referrals were also made to relevant health care professionals, such as dieticians and speech and language therapists for advice and guidance. Records were up to date and showed people were routinely assessed monthly against the risk of poor nutrition using a recognised nutritional screening tool. We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. We saw a board was available in the kitchen to show information and capture any changes that had been communicated about people's dietary requirements.

The home had been adapted to the needs of people living in the home. People had the necessary aids and equipment for their comfort and safety, for instance mobility and bathing aids, and profiling beds. The home had a programme of purchasing their own profiling beds were people wanted or required them to meet their needs.

We reviewed how the service used technology to enhance the delivery of effective care and support. The home used some types of technology such as sensor mats to monitor peoples movements as part of a falls reduction strategy. The home had IT and internet available for staff to use, for example for training and research. However, this was not routinely offered to people in the home. There was currently no access for people in the home to use computers or to use communication methods, such as skype.

We have made a recommendation that the service looks at ways of how they can use technology to enhance people's lives.

Good

Is the service caring?

Our findings

We asked people in the home about how caring they felt the staff were. People responded in a positive way. People said: "'I am very happy here and the girls look after you well" and "The staff are always on hand to help you." We were told that staff were "kind", "very nice" and "very good staff." We were also told, "Everyone here is very friendly and has time for you."

Staff demonstrated a caring and respectful attitude towards supporting people in the home. The staff had taken care that people were well dressed and well groomed. Everyone had slippers or shoes on with stockings or socks. One staff member told us, "It's important that people look nice and how they have always kept themselves. Ladies with handbags and jewellery; gentlemen shaved with wristwatches and their wallets with them." One person commented on how the staff made sure her hair was always nice and another said staff looked after her clothes when they went to the laundry.

During the inspection we observed staff working with people in a patient and sensitive manner. We heard people being asked about preferences and involvement in both small and large things. Staff were intuitive and sometimes managed to pre-empt people's needs and wishes when they found it difficult to explain what they wanted. A healthcare professional told us, "The staff especially go the extra mile if people's appetite is off. One of my patients was end of life and the staff sat and helped them eat choc ices as this was the only thing they would eat, brought in specially. It's these little touches which raise the quality of this home compared to others."

People were valued and care was unhurried. We saw staff who could engage very well with people in the home. We noted there was lots of laughter and banter between people living in the home and staff. Staff spent time with people, sitting and chatting. There were appropriate hugs and touch was used in a very reassuring manner. For example, a hand placed on an arm or round a shoulder. We heard staff explaining options to people. People were asked politely and appropriately about choices, what they would like to do and what they wanted to eat. We heard people being reassured and being given an explanation about medicines.

Another healthcare professional told us, "Their care to the residents is wonderful. There is a married couple who celebrate a big anniversary recently. The manager Sandra organised a singer, party with food and invited everyone in the home and the couple's family and friends. What a lovely thing to do. The staff help each other out, cover for each other and demonstrate a kindness towards each other which is lovely to see."

People were given privacy and dignity in each interaction. Staff could talk about the importance of this and about maintaining people's confidentiality. We noted that in care plans there were references to promoting independence and that the language used was respectful. We saw and were told about the methods used to support people in expressing their views and making decisions about their care. Easy read information was displayed, such as the day's menu and posters about how to report complaints or safeguarding concerns.

There was information displayed in the home about advocacy services and how to contact them. The

registered manager told us people had the involvement of an advocate where there was no relative involvement. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted.

Good

Is the service responsive?

Our findings

People told us that the home met their needs. One person summed it up by saying, "Staff know me so well, they took time to get to know me before I came here. The manager came out and went through everything."

We observed that staff treated people in a way that was person-centred. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We looked at a total of six care files in some depth. We saw that suitable assessments were in place. This started with an assessment before the person came into the home and continued during their time in the service. We saw other risk assessments and risk management plans in place that covered things like falls and pain control. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place.

The home worked with hospice nurses and the GP's to ensure people had comfortable, peaceful, pain free end of life care. They also said staff managed people's pain relief and comfort well, provided good skin and mouth care and organised all the equipment needed. We were told by healthcare professionals that the care staff in this home were good at supporting people at the end of their lives. The registered manager had worked with people in the home and the local healthcare professionals to find out if people wanted to be resuscitated. Suitable paperwork was in place. Staff had completed end of life training and there was a plan in place to continue to develop this important aspect of the work of home. People had been consulted about end of life wishes.

We had evidence to show that suitable support was called on if people needed to move from one service to another. For example, in each care file there was a 'hospital passport'. This document gave basic details of each person's needs and preferences so that if they had to go to hospital, either on a planned or emergency basis, information would go with them. We found them to be relevant and up-to-date.

We saw that care planning had improved since the last inspection. We saw that the plans had become more detailed, were up-to-date and relevant to the individual's needs and wishes. People told us they had been included in the development of these person-centred plans and these included detailed life stories, preferences and lifestyle choices. Detailed information was available for each person with a record of their likes and dislikes, which had been collected from relatives, where people could not communicate their needs as well. This was available to help staff and give them some insight into people's previous interests and hobbies when a person was no longer able to tell staff themselves.

People were able to participate in a variety of activities. We saw that people's routines were flexible and we saw people making choices to have a lie-in or to eat their meals where they chose. There was an orderly calm atmosphere while people chose to read a newspaper, listen to the radio and chatted to staff or visitors. One person said, "We do as we please here." The activities included, chair aerobics, singalongs, coffee afternoons, dominoes, reminiscence sessions and afternoon teas. People told us they particularly enjoyed

the art and craft sessions and were keen to show us the art work displayed around the home.

People said they knew how to complain or raise any concerns. The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure that was available in the contract they signed when they moved into the home. A record of complaints was maintained and we saw the most recent one had been investigated and resolved appropriately. Several cards of appreciation were also available from relatives expressing thanks to staff for the care provided. There was also an up-to-date policy and procedure in place for staff. People told us that any problems were: "sorted out straight away."

Good

Is the service well-led?

Our findings

People we met on the day of the inspection told us they were happy with the way the home was managed. People commented on the "family atmosphere" at Coote Lane and relatives told us that they were "kept up to date" with any issues that might affect their relatives.

One person told us, "It's a good place to stay." One relative described how they had visited several care homes before deciding on Coote Lane and another relative said the home had been recommended by a person who frequently visited a friend who lived here. A healthcare professional we contacted told us, "I would have no qualms on recommending this home for the excellent care patients receive, often over and above what is usually expected, as well as the excellent management and organisation."

The registered manager had been in post for just over 12 months and was solely responsible for this home. The owner had another home in a different area of Lancashire and the owner was the manager for this other home. The previous registered manager ran both homes. People living in the home, their relatives and staff all spoke very highly of the new manager and the improvements made since her arrival and the change in management structure.

At our last inspection, May 2017, we made a recommendation for the provider to review their auditing systems. This was because their quality assurance assessments did not always evidence how identified issues were addressed and dates actioned. During this inspection, we found the provider had made improvements in the processes they had to monitor people's safety and welfare

We found that the new registered manager, along with the owner, had introduced several new systems, such as for care planning and assessments, supervision and appraisals and a more robust quality assurance system. These had significantly improved the running and monitoring of the service.

Staff told us the leadership was very good and they felt supported in their roles and duties. The new registered manager spoke of the importance of not taking over and imposing these systems. They told us, "It's all about leading from within and fostering staff but doing it in a way that you don't take over and impose things. I want staff to feel part of the success of the home. We have all worked so hard to get it to where it is now."

People living in the home, there relatives and staff spoke positively about the new registered manager. One care staff member said, "The manager is really supportive. She knows us really well and now we have loads of new training." Another staff member said, "She leads by example and is always helping out with the residents. This way she knows the staff and the residents."

There were regular staff meetings. We saw from the minutes that these meetings offered an opportunity for staff to share their views and to be updated by the management. Some meetings included updates on specific training areas such as the MCA or safeguarding and staff had been reminded about forthcoming training dates. Staff told us that the registered manager frequently held staff meetings and that the provider

operated an "open door" policy. Staff told us that they were encouraged to make suggestions as to how the service could improve.

Records showed audits were carried out regularly and updated as required in order to the service provided by the home. Monthly audits included checks on medicines management, care documentation, training, kitchen audits, accidents and incidents and nutrition. These audits fed into the system the new registered manager had introduced so that the overall quality and safety of the service could be monitored and upheld.

We did note issues regarding confidentiality of some records. Care plans were held in a cupboard in the dining room so that they could be accessible for staff to refer to, however the cupboard was not lockable. We also saw some staff payslips in a public area that had not been locked away. We raised this with the senior person on duty and this was rectified straight away. The care plans were moved temporarily while a lock was fitted and the payslips were removed to the office.

We found that equipment such as hoists and firefighting equipment had been regularly inspected and serviced. The provider and registered manager carried out visual checks of the premises and where necessary, improvements to the environment were made. We noted that major improvements to the home had been made to make a more pleasant and hygienic environment for the people that lived and worked there. Recent improvements had included new bathrooms and a refurbishment of the dining room. We did note that some chairs in the conservatory area were badly worn with exposed foam. This may pose an infection control risk as well as looking unsightly. The registered manager arranged for these to be disposed of and replacements were scheduled into the home's development plan.

During this inspection, we found the management team were knowledgeable about their responsibilities and processes related to reporting to CQC. They had submitted required notifications to assist the Commission in monitoring people's safety and wellbeing. We also noted that the home was clearly displaying the last CQC rating both in the home and on the home's website, as is required.

We spoke with care staff and ancillary staff on the day and they were able to tell us about the values and vision of the service. We saw that staff meetings and individual supervision records showed that the manager had led staff discussions about individuals' rights and the duty of care. Up-to-date good practice was promoted in the home because the manager and the senior team were looking at what was the best way to care for older vulnerable people.