

Caring Homes (TFP) Group Ltd

Cotman House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cotman House is a residential care home providing personal care to up to 62 older people in one adapted building. At the time of our inspection there were 58 people using the service. Some were living with dementia.

People's experience of using this service and what we found

People were being provided with a service which was well-led. The quality monitoring systems in place supported the registered manager and provider to identify and address shortfalls in a timely way. Where incidents had happened, lessons were learned to reduce the risks of them happening again. People's views and concerns were listened to and used to drive improvement.

Systems designed to reduce the risk of avoidable harm to people using the service, including abuse, were in place. Medicines were managed safely and monitoring reduced risks to people. Staffing levels were determined by the monitoring of people's dependency levels to reduce the risks of not having their needs met. Checks were made on new staff to reduce the risks of unsafe recruitment. Infection control processes and procedures reduced the risks to people, visitors and staff.

People were being provided with a service which was responsive to their needs. Care records guided staff in how people's specific needs and preferences were to be met, these records included people's end of life decisions. There was a programme of activities available to people to reduce isolation and boredom. There was a complaints procedure in place and complaints were addressed and used to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 January 2020) and there were two breaches of regulation relating to person centred care and safe care and treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, care provided and staffing. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. We also undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cotman House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cotman House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Cotman House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We called the service to announce our inspection visit 30 minutes before the inspector arrived. This was to ensure we could ask the service for specific information regarding if there were any people using the service who had a positive test for Covid-19 and to ensure we were working within the provider's procedures for infection control and Covid-19.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

The inspection activity started with a visit to the service on 16 December 2020. Following the visit, the registered manager sent us a range of records which we reviewed remotely. We fed back our findings of the inspection to the registered manager and the divisional support manager on 5 January 2021.

We spoke with three people who used the service about their experience in the service. Seven relatives provided feedback about their views of the service provided to their family members. We spoke with 10 staff members, including the registered manager, divisional support manager, senior care staff, care staff, domestic staff and maintenance staff.

We reviewed a range of records. This included four people's full care records, including care plans and risk assessments in areas such as falls, pressure ulcer prevention, nutrition and hydration, and end of life. We also reviewed nutrition and hydration sections of two other people's care records. We reviewed staff training records and records relating to the safe recruitment of staff. A variety of records relating to the management of the service, including audits and quality assurance were reviewed.

After the inspection visit

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection risk assessments and care plans were not kept under review to provide clear up to date information about the current risks to people and how these were mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the service had improved and were no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Since our last inspection, improvements had been made in how risks to people were assessed and mitigated. People's care records guided staff in how the risks in people's daily lives were reduced. This included risks associated with falls, nutrition and pressure ulcers.
- Incidents and risks to people's safety were monitored and analysed, and systems introduced to reduce them happening again.
- Systems were in place to check the safety in the environment and equipment used, such as fire safety and moving and handling equipment, reduced risks to people using the service, staff and visitors.
- People told us they felt safe living in the service, and relatives spoken with told us they felt their family members were receiving safe care. One person's relative said they were, "Totally confident that my [family member] is safe and receiving first class care."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to reduce the risks of abuse. Staff were trained in how to recognise and report abuse. Staff spoken with understood their role and responsibilities in keeping people safe.
- The service appropriately reported concerns of abuse, this included to the local authority safeguarding team, who are responsible for investigating abuse.
- Where safeguarding incidents had happened or there were concerns of potential incidents, action was taken to learn from these and reduce future risks. This included adapting night staff allocations and the use of pressure mats to alert staff if people were coming out of their bedrooms

Staffing and recruitment

- People, relatives and staff spoken with told us they felt there were enough staff to meet people's needs. Prior to our inspection we had received concerns about staffing levels in the service. During our inspection we did not identify risks to people relating to the numbers of staff allocated to meet their needs.
- The registered manager used a tool to calculate the numbers of staff required to meet people's dependency needs. This was kept under review to monitor changes in people's needs which may require increased staff numbers. The staff rota was kept up to date and staff were allocated to the area of the service they were to work in.

- Appropriate checks were undertaken on new staff members before they were allowed to work in the service. This reduced the risks of staff being employed who were not suitable for working in this type of service.

Using medicines safely

- Records showed people received their medicines when they needed them. We observed staff administering medicines and this was done safely.
- Routine audits supported the registered manager and staff to identify risks and errors in a timely way. During our inspection, the registered manager was monitoring the times of medicines administration rounds to ensure any risks of people not receiving their medicines when required were mitigated.
- Staff who administered medicines were trained to do so and their competency was checked. Two staff members who were 'medication champions' had received enhanced training and supported the registered manager and staff in the safe management of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service had systems to learn lessons when incidents had happened. This included reviewing care records, care provided and processes to reduce future occurrences.
- Where there had been shortfalls identified in staff practice, this had been addressed by the provision of additional training and support and/or disciplinary action.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection people's care records did not demonstrate people's current care needs were robustly planned for and met. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the service had improved and were no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records had improved since our last inspection. The records included guidance for staff on how to meet people's specific needs and preferences needs effectively and ensure their choices and independence were promoted and respected. Staff spoken with were knowledgeable about people's needs and how they were met.
- We observed staff were working with people in a way which was responsive to their individual needs and preferences. For example, one person had not eaten their meal and a staff member offered them an alternative which they particularly enjoyed. Staff interacted with people in a caring and compassionate way.
- Call bell monitoring had improved and there were systems to check people were receiving support when they needed and requested it. This supported the registered manager to identify shortfalls and address them with the staff.
- People's relatives told us how they felt their family members received the care they needed and preferred. One relative said their family member was, "Well cared for, has progressed well in the home and the staff understand my [family member], [their] background and are interested in [family member's] progression."

End of life care and support

- Since our last inspection, improvements had been made in how people's decisions about their end of life care were discussed and recorded. This included if they wanted to be resuscitated. Resuscitation had been discussed at a recent relative meeting, they were assured by the registered manager that choices were discussed with people, and their representatives, where appropriate.
- The registered manager told us about an example of how they had worked with a person on their end of life decisions and these were being implemented. We saw records which confirmed what we had been told.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included guidance for staff how they were to communicate effectively with people in line with their methods of communication.
- Important documents were available in formats which were accessible to people using the service and their representatives, such as in larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a programme of group and individual activity and interaction that people could participate in to reduce the risks of boredom and isolation. People were encouraged to discuss their interests with staff to enable activities to be provided which interested them.
- Relatives gave us examples of what their family members had told them about the activities they had participated in and enjoyed.
- The service had supported people to maintain relationships with the individuals who were important to them, this included controlled visits during the Covid-19 pandemic, and electronic contact such as telephone calls.

Improving care quality in response to complaints or concerns

- The service had system to manage complaints made about the service they provided.
- Complaints were investigated, responded to in line with their own complaints procedure and used to improve the service.
- Relatives spoken with told us when they had raised concerns these were addressed promptly and were confident any comments would be acted on. One relative said, "I have not had to raise a complaint but if I had an issue, I would just call [registered manager] and discuss it with her. I feel very comfortable in being able to call up if required."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection there were two breaches of regulation, the registered manager was in the process of making improvements in the service. At this inspection improvements had been made and they were no longer in breach of regulation.
- People who used the service told us they were satisfied with the service they received. For example, one person said, "It is very good here, we are well looked after." Relatives also told us they were happy with the care their family members received and how caring the staff were. One relative said, "It gives me great peace of mind to know that [family member] is being so well looked after."
- Relatives told us they felt the service was well-led. One relative said, "I believe [registered manager] has fantastic leadership, she has an infectious personality and creates a happy working environment yet is very professional and caring. The seniors are also a credit to the home."
- Staff spoken with told us the registered manager was approachable, would listen to their concerns and suggestions and act where required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy and procedure in place and the registered manager understood their responsibilities relating to this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable about their role, responsibilities and the requirements of managing the service. They were committed to providing high quality care and continuous improvement. The registered manager told us they felt supported by the provider.
- The registered manager was a visible presence in the service and was knowledgeable about the needs of the people living there and how they were met.
- Staff spoken with understood their roles and responsibilities and were committed to providing good quality care. Staff spoke about people and the care they provided in a caring and compassionate way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and their representatives, including relatives, were asked for their views on the

service in meetings and quality assurance satisfaction questionnaires. People's views were valued and used to drive improvement. People's relatives told us they felt involved in their family member's care and their views were listened to.

- Relatives spoken with told us the registered manager was approachable and had time to discuss their family member's care and where needed they had addressed any issues. One relative said, "Management are available and approachable. I have received regular email updates so always feel in touch and aware of the latest guidance. I also receive regular surveys to complete with the opportunity to comment and raise any concerns I may have."
- Staff received one to one supervision meetings and attended staff meetings. These were a forum to receive updates, discuss their performance and the care provided to people.

Continuous learning and improving care

- Records and discussions with staff identified staff were provided with training to meet the needs of people they cared for. The registered manager told us a training programme was being introduced on supporting people with behaviours that others may find challenging.
- There was a programme of audits in place, which assisted the registered manager and provider to monitor and assess the service provided and address any shortfalls. This included health and safety, care records, care provided to people, call bell response times and food and fluid intake.

Working in partnership with others

- The registered manager told us how they had good relationships with other health and social care professionals involved in people's care.
- People's care records included guidance and support received from other professionals to ensure people received consistent care which met their needs.
- The registered manager continued to seek how contacts within the community could assist in improving people's experiences, this included a plan to work with a local hospice in relation to end of life care.