

Swillbrook Limited

# Coot Lane Residential Home

## Inspection report

Coot Lane  
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Tel: 01772312152

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Coote Lane Residential Home is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

Some care plans lacked some information related to people's individual needs and behaviours. The auditing processes in place did not identify the concerns we found. A new management team had recently been employed to lead the staff and manage the home. Staff told us positive changes had taken place and they were updated on planned future improvements. The management team worked in partnership with a variety of agencies to ensure people's health and social needs were met. Onsite face to face visits by families had commenced to promote people's wellbeing.

Not all staff followed good practice guidance and company policy. They travelled to and from work in their uniforms, rather than getting changed when at the care home. We have made a recommendation about infection prevention. Medicines were managed safely by trained staff and people received their medicines as prescribed. The home was very clean and used infection control measures to reduce the risk of COVID-19. Staff were aware of individual risks to people and were knowledgeable about how to safeguard people from abuse. Staff had safe recruitment checks before providing care.

The provider ensured staff received training that met people's needs. Feedback showed people were happy with meals and the choice and quantity of food provided throughout the day. One person said, "[The food] its very good. Really tasty." People received support with their healthcare needs. The environment was maintained to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We observed people were treated with compassion and kindness. People praised the way staff treated them with respect, maintained their dignity and promoted their day to day choices.

How to communicate effectively was recorded in care plans and staff were observed taking time to listen and respond appropriately to people. Activities were available for people to participate in. People were aware of how to raise any concerns should they have any complaints. When required, people were supported with their end of life needs.

### Rating at last inspection and update:

The last rating for this service was inadequate (published 25 August 2020) and there were multiple breaches of regulation. 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 all but one of the regulations.

This service has been in Special Measures since 25 August 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the Well-led section of this full report. The provider has taken action to lessen the risks identified during this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Coote Lane Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach in relation to good governance and the recording and auditing of information.

Please see the action we have told the provider to take at the end of this report.

Since the last inspection we recognised that the provider had failed to notify the commission without delay of an incident that occurred at Coote Lane Residential Home. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Coote Lane Residential Home

## **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

Two inspectors carried out the inspection.

#### Service and service type

Coote Lane Residential Home 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 did not have a manager registered with the Care Quality Commission. They had recently employed a new manager who was planning to apply to become registered with the Care Quality Commission. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last 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 sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, manager, interim assistant manager, senior care worker, care workers, housekeeping staff and the cook. We walked around the home to make sure it was a clean and safe environment for people to live in.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

### After the inspection

We continued to seek clarification from the provider 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider did not consistently assess and minimise the risks of people who received support. Some care plans did not hold information on how to manage people's underlying health and/ or behaviours that may challenge.

We will address these concerns in the Well-led section of this report.

The provider responded immediately during and after the inspection. They confirmed all care plans had been updated to include relevant information.

- The provider had protected people from the risks associated with fire. Firefighting equipment such as fire extinguishers and emergency lighting had been inspected and serviced in line with manufacturers guidance. Each person had a personal emergency evacuation plan. These are individual escape plans for anyone who may not be able to quickly reach a place of safety unaided in the event of an emergency.
- The provider had carried out health and safety maintenance checks on the premises and the equipment used to deliver care in line with national guidance and manufacturer's recommendations.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider failed to report unexplained injuries. On two occasions one person had unexplained bruising and an unexplained cut to their hand. The provider had not been made aware of these concerns and investigated these concerns and discussed the outcome with the local authority.
- People told us they felt safe at Coote Lane Residential Home. One person commented, "I am safe. I have a red button and if I press it somebody comes." A second person said, "I feel comfortable, looked after and safe, yes I do."
- Staff were provided with training in safeguarding and knew how to identify and report concerns. One staff member told us, "Safeguarding people is the right thing to do. It's my job."

### Preventing and controlling infection

At our last inspection the provider had failed to assess the risks to the health and safety of service users. There was also a failure to ensure premises and equipment were properly maintained, including maintaining standards of hygiene appropriate for the purposes for which they were being used. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Some staff did not follow the providers infection prevention and control policy. Despite having an allocated area for changing, some staff travelled to and from work in their uniforms. This was discussed with the provider during the inspection.

We recommend the provider implement good practice guidance on infection prevention and control.

- 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider had a food hygiene rating of five. This means hygiene standards were very good.

### Using medicines safely

At our last inspection the provider had failed to implement robust processes for the safe storage and administration of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 related to the proper and safe management of medicines.



- The provider failed to consistently record when temperature checks for medicine fridges and the room where medicines are stored were completed. This will be discussed in the Well-led domain.
- People's medicines were administered correctly. When people were allergic to specific medicines, this was identified on their medicine administration records. When people required a modified diet this was recorded and shared with kitchen staff.
- Staff were trained to administer medicines safely. We observed one staff member being trained in medicines administration. They told us, "I won't be rushed when administering medication. I don't want it to be wrong."
- We observed staff administer medicines in a personalised way. A second staff member commented, "Talking to people when administering medicines is a way of finding out how they are."

#### Staffing and recruitment

- Enough staff were deployed to meet people's needs. One person told us, "If I need help, I get it quickly."
- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included completing a Disclosure and Barring Service (DBS) check and obtaining references.

#### Learning lessons when things go wrong

- The provider had introduced processes to record incidents and concerns, and to report them internally and externally. They had introduced a reporting list, guiding the management team on what had to be shared with the provider each week.
- The management team had scheduled monthly meetings with the management team from sister homes and the provider, to discuss the implementation of new processes and any lessons to be learnt.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to care, and treatment was provided with the consent of the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff worked within the principles of the MCA. People's capacity to make decisions was assessed and recorded. There was evidence to show how Dols had been considered to ensure restrictions on people were lawful.
- Staff had received training related to the MCA. We observed people being offered choices and supported with their decision making by care staff. Mealtimes and the administration of medicines were organised around people's chosen times.

Staff support: induction, training, skills and experience

At our last inspection there was a failure to ensure that all staff had received appropriate support and

training to enable them to carry out the duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- The provider supported both staff and managers with their induction into their roles and responsibilities. We observed a staff member having their competency checked as part of their induction into their new role.
- Staff had completed computer-based learning and felt they had the skills to complete their roles.
- Staff said they had received supervision to guide them in their roles. One staff member commented, "I have spoken with [nominated individual] quite often. They are very approachable, and [owner] has an open door and listened to me." However, one staff member stated they had not had formal supervision for some time, but felt supported in their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information gathered during assessment was used to create people's care plans. People's likes, dislikes and preferences were included in the care planning process to ensure care provided was in line with people's needs and wishes.
- Care plans had been reviewed to reflect people's changing needs. We observed a member of management update one person's care plan to reflect their deteriorating health. Daily meetings were used to update staff on people's support needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave positive feedback on the food they received. One person told us, "If I want my meal in the lounge, I have it in the lounge. The meals are out of this world and the cakes are to die for." A second person commented, "The food, it's very good, really tasty."
- There were no set mealtimes, we observed people arriving in the dining room at different times and choosing where they sat and who with. People had a choice of meals, we observed one person request something not on the menu and this was provided. One staff member told us, "They can have what they want, when they want it." One person told us they liked a hot drink sometimes during the night and this was accommodated.
- Kitchen staff and carers had knowledge of people's individual dietary requirements.
- People who required them, had food and fluid charts to monitor how much they had eaten and drank. These charts were signed regularly by senior carers to show the information recorded had been reviewed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management team worked with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs and community-based health and social care professionals. One person said, "The district nurses come in and manage [ongoing health condition]."
- Staff had recorded health professional's involvement in care and had a good understanding about the current medical and health conditions of people they supported.

Adapting service, design, decoration to meet people's needs

- The location had undergone some refurbishment. New carpets and some new furniture had been purchased to ensure people's environment was safe and met their needs.
- People were able to bring their own furniture and personal items to personalise their rooms and promote their individuality.

- Corridors were free from clutter which promoted people's independence.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness with their day to day support. We observed staff were patient and considerate with people. One person told us, "They [staff] are so loving. I know they do care about me; I can just tell." A second person said, "It is a credit to the girls [staff]. Nothing is too much trouble." One relative commented, "The staff have been fabulous with [relative]."
- Care plans included important information for people, about their preferences in relation to culture, religion and identity. Records included detailed 'about me' information that was transferred into people's care plans.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us their personal choices and preferences were respected. People gave examples of staff seeking consent in relation to COVID-19 testing and vaccinations. One person said, "Everyone is friendly, they work to my routine."
- Staff gave people time to share their views. They took time to explain what they were going to do, worked at the person's pace and made good eye contact to reassure people.
- There was a stable staff team who knew people well and how much support people required to support their independence. One staff member told us, "We do this job because we care."
- One person told us staff respected their privacy and they don't go into their room without asking for consent first, even if they are not there.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Most care plans contained information related to people's support needs, and staff were aware of how to deliver person centred care. However, one care plan did not identify one person's long-term health condition. Some care plans did not guide staff on actions to take should people's health deteriorate. These care plans were updated during the inspection.
- People told us the care they received met their needs. One person told us, "I am quite happy all the carers do what I need. If I ask, they do." A second person said, "I don't have any worries here, I'm well looked after."

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.

- Care plans contained guidance on the communication needs of people and guidance for staff on how to communicate with people. We observed staff taking time, sitting with people, listening and responding appropriately. One person said, "Perfectly happy here, [staff] are very sympathetic and never too busy to help."

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

- People were supported to maintain relationships with family and friends. We observed people received visits from loved ones while following COVID-19 guidelines.
- People spoke positively about the activities that took place. One person said, "I go if I want, it's a bit of a laugh." A second person told us they were always asked to take part in activities and asked what they would like to do. The preferred not to participate and their decision was respected.

Improving care quality in response to complaints or concerns

- The provider had a formal complaints policy which was shared with people. The management team stated there had been no formal complaints. One person told us, "I've got a complaints policy here, but I've never had to use it." A second person told us they had no complaints, but if they did, "They would be sorted out."

End of life care and support

- Staff supported people with their end of life needs. The provider worked in partnership with health

professionals to ensure people who received end of life care were able to remain at Coote Lane.

- Staff were able to explain what tasks were required to keep people comfortable when they required end of life care.
- Care plans contained appropriate end of life records. DNACPR's were present in people's care plans. DNACPR stands for 'Do not attempt cardiopulmonary resuscitation (CPR)'. It means that if a person has a cardiac arrest or dies suddenly, there will be guidance on what action should or shouldn't be taken by a healthcare professional, including not performing CPR on the person.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess monitor and improve the quality, safety and welfare of service users and others who may be at risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider did not have established systems and processes to assess, monitor and lessen risk. One person had unexplained bruising and cut to left hand. These were not recorded following process and reviewed following their safeguarding policy and procedures.
- Audits failed to identify medicine fridge temperatures were not consistently recorded. They did not identify when some care plans lacked information on behaviours that may challenge.
- Staff were aware of people's health conditions and how to manage these, however, some care plans did not reflect their knowledge. Some care plans failed to include strategies to guide staff on meeting people's needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had appointed a manager and interim deputy manager who were both very new to post to manage and lead the service. The new manager assured us they would be applying to become registered with the Care Quality Commission.
- Staff felt the provider had greater oversight of the service and improvements had been made. One staff member said, "All we had was each other, we got each other through. We've been missing a manager. It makes me feel better now we have one." A second staff member commented, "Through the pandemic we felt abandoned, I can see things happening now."
- The provider had introduced a process to promote consistent quality care. The management team had to



gather and submit evidence to the provider showing they had reviewed the service and what actions, if any, had taken place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Management promoted a shared vision, engaging with people, relatives and staff. Staff said they had team meetings and were updated on changes within the service. One staff member said, "I can see things changing." Staff who were unable to physically attend meetings were able to attend and participate using video calling.
- Staff and relatives, we spoke with felt they were updated on changes within the service.
- The service worked in partnership with healthcare professionals and other agencies to ensure they could continue to meet people's needs. People shared examples of discussions with staff about their care and the support they received to access medical opinion. One person told us, "If I'm not well they do everything they can to keep me comfortable."

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

- We observed people seek out staff to chat, who were then engaged in meaningful conversations. We observed staff anticipate people's needs, so they did not have to ask for support. One person commented, "I can only praise everyone here. It's a good place to live, if you lived here, you'd think the same." They also shared how much they looked forward to chatting with the night staff when they arrived on shift.
- Onsite face to face visits had commenced to promote people's wellbeing. These visits were in accordance with government guidelines and best practice.

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

- The management team understood their duty of candour responsibilities. They participated in frank and honest conversations related to managing the service and meeting their regulatory responsibilities.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not operated effectively to ensure all records were accurate, complete and contemporaneous for the management of the regulated activity.  Regulation 17(1)(2)(c)(d)