

Coverage Care Services Limited

Coton Hill House

Inspection report

Berwick Road
Shrewsbury
Shropshire
SY1 2PG

Tel: 01743235788

Website: www.coveragecareservices.co.uk

Date of inspection visit:
02 January 2020

Date of publication:
24 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Coton Hill House provides accommodation and nursing or personal care for up to 45 people. There were 40 people living at the home on the day of our inspection, some of whom were living with dementia. People were cared for in five units over two floors. Cherry and Berwick units were on the ground floor. River View, West View and Castle View units were on the first floor which were accessible by stairs and lifts.

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

People did not always receive safe support with their medicines.

Environmental checks did not always follow best practice designed to keep people safe.

The provider's quality assurance and monitoring systems were not always effective in assuring a good and consistent service.

People were protected from the risks of abuse and ill-treatment as the staff team were trained to recognise potential signs of abuse and understood what to do to if they suspected wrongdoing.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people. When changes to risks occurred, the provider had systems in place to review how they supported people.

Staff members followed effective infection prevention and control procedures when supporting people. Staff members had access to, and used, appropriate personal protection equipment.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

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 at Coton Hill House supported this practice.

People had access to additional healthcare services when required. Staff members knew people's individual health outcomes and supported them appropriately. People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

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

Rating at last inspection

The last rating for this service was 'Good' (published 13 June 2017).

Enforcement

We have identified one breach or regulations in relation to people not being safely supported. Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Coton Hill 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.

Inspection team

One inspector, an assistant inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Coton Hill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the

service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine members of staff including, the registered manager, senior carer, laundry assistant, four care assistants, the maintenance person and the operations director.

We reviewed a range of records. These included three people's care record and daily reports. We also looked at the records of medicines administration. We had sight of two staff members file's in relation to recruitment and supervision. In addition, we looked at a variety of records relating to the management of the service, including any quality monitoring checks and incident and accident records.

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 good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- People were not always safely supported with their medicines. For example, we saw stored in a fridge, one person's medicine which had passed its expiry date. This medicine should have been discarded 90 days after opening. This had not been identified as part of the provider's checks and a person had received this medicine after the date they should.
- In addition, we saw a recent incident where one person had been given another's persons prescribed medicine by mistake. This medicine had been stored in the fridge. In both instances the staff members failed to complete the proper checks prior to the administration of the medicine.
- The provider had a quality check in place to check medicines were stored and administered safely. However, this check failed to include medicines stored in the medicine fridge which put people at risk of receiving unsafe support with their medicines.
- We identified a recording error with regards to one person's medicines. We highlighted this to the registered manager who investigated the circumstances and we were reassured this was a recording error and not an administration error. However, neither the provider, nor staff members, had identified or taken action to rectify this error.

Preventing and controlling infection

- There were several rooms at Coton Hill House which were not occupied and contained sinks and taps. We asked to see the providers legionella checks which would include action to flush out infrequently used outlets. Legionnaires' disease is a potentially fatal type of pneumonia. The registered manager could only provide water temperature checks and there was no record of water flush outs. They, along with the maintenance person, told us these checks had been completed yet their documentation was blank. We could not be assured these checks had occurred in accordance with best practice and their own risk assessments. This put people at the risk of harm of contractible illnesses.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings everyone we spoke with told us they received their medicines when they needed them. One person told us they receive their medicines at the correct time and they knew what they all were.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these

guidelines.

- When people received topical creams, we saw these were applied correctly and recorded appropriately in people's records.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and protected at Coton Hill House. One person said, "I feel very safe here."
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise potential signs of abuse and what to do if they suspected wrongdoing.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support.
- We saw assessments of risks associated with people's care had been accurately completed. These included risks to people's skin integrity, mobility and diet.
- People told us, and we saw, staff members safely supporting them to safely use a variety of mobility aids which were individual to those using them. Staff members knew the risks associated with people's care and support and how to keep people safe.
- The environment and equipment was safe and well maintained although some areas were in need of updating. The management team were aware of this and there was a programme of redecoration in place.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. However, the registered manager told us the new system they had been provided with did not clearly identify trends. For example, the times of day when accidents are most likely to occur. Despite this the management team used their existing paper-based systems and good working knowledge of people and the environment to identify concerns pending a review of their systems.

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. People and relatives consistently told us they were involved in the development and review of their care and support plans. One person said, "My relative and I both sat with (staff) as part of a care plan meeting, we went through everything."
- We saw a range of clinical assessments used to identify people's needs and support outcomes. For example, tissue viability, oral health and mobility needs had been accurately assessed and a support plan created where there was a need.
- When people had been discharged from other healthcare establishments, like hospitals, we saw the management team had acquired appropriate information prior to welcoming people at Coton Hill House.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the provider and the management team. Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and safe moving techniques.

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

- People told us, and we saw, they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people making decisions about what they wanted to eat and when.
- When people needed additional support to eat we saw this was provided at a pace to suit them.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged promptly. Staff members were aware of any recommendations following specialist assessments and supported people consistently to maintain their well-being. Any recommendations were clearly written for staff members to follow.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This included formal handover meetings at the start of each day. We saw staff members sharing appropriate information with other health care professionals about the support people required. This helped people to receive well-coordinated and consistent care.

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

- We saw people moving safely around Coton Hill House. The Home was safe and well maintained with appropriate signage to assist people with their orientation.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, dentists and chiropodists. When it was needed people were referred promptly for assessment.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

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.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure they reapplied for applications in a timely way to ensure people's rights were maintained.
- The management team and staff members were aware of the processes and procedures for supporting people in their best interests, which included supporting people to make decisions for themselves.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 told us they were treated with care by a kind, interactive and friendly staff team. People and relatives described staff members as, "Wonderful," and "Supportive" One person said, "There are regular staff and they are all very good and genuinely caring."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard.
- Throughout this inspection we saw staff members chatting people and relatives. The general atmosphere was calm and relaxed with staff members able to spend quality time with people talking about shared interests.

Supporting people to express their views and be involved in making decisions about their care

- People said they were supported to make decisions about their care and support and they were involved in the development of their care and support plans.
- Throughout this inspection we saw people we supported to make decisions. For example, what activities they wanted to take part in. We saw one person didn't want to join into a group activity but chose to stay in their room. They were provided with some crafting materials to keep them occupied. We saw all staff members, including domestic and maintenance popping in throughout the day chatting and engaging with this person. This was welcomed by the person and minimised their risks of becoming socially isolated.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. One person told us they chose to keep their door open all day for company, but this was closed to ensure their privacy and dignity when it was required.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- We saw one person clearly decided they did not require staff members assistance but started to struggle with what they were doing. Rather than take over the staff member suggested an alternative way of doing it. This was welcomed by the person who then went on to complete what they were doing independently. This clearly demonstrated staff members respected and promoted independence and offered support to people to achieve this where possible.

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 good. At this inspection this key question has remained the same.

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

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. All those we spoke with told us they were involved in the creation and review of their plans.
- These plans were updated following changes in people's circumstances. For example, we saw one person had a change of need regarding their mobility. The care plans were updated, and staff members knew how to support this person in the way they wished.
- Staff members could tell us about those they supported in detail indicating they knew people well. This included, what people used to do for a living, where they lived, who is important to them and what they liked to do. People had individual "This is me" documents which they or staff could add to at any point. This gave information about the person and their lives so far, including key events and people who mattered to them.
- Staff members were aware of people's preferences and diverse needs. For example, one person told us how staff members supported them to maintain contact with their faith group. They went on to tell us how much this meant to them and the benefits they gain from this continued support.
- When it was appropriate relatives were kept informed about changes to people's health and needs.

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 had information presented in a way that they found accessible and, in a format, they could easily comprehend. These included larger print or picture prompts to support people's understanding of information.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed and found interesting and stimulating. People told us they had access to a programme of activities including bingo and reminiscence events which they could access if they wished. Those who chose not to take part in such

activities were supported to do alternatives if they wished.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Coton Hill House supported people at the end of their lives. We saw positive testimonials from family members and friends. People were supported to identify their spiritual and cultural needs as they moved towards this stage of their life.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we identified there was a new manager in post and they needed to embed systems and processes to ensure the improvements made could be sustained over time. At this inspection we saw general oversight was still required regarding the recording of quality systems. For example, the registered manager told us weekly legionella prevention tasks had been completed yet could not evidence this. We saw checks to the storage of medicines did not include medicines which were stored in the medicine's fridge. The registered manager and provider had not identified these omissions in recording and checks.
- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Coton Hill House and on their website.

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

- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. One person told us the registered manager came around everyday to have a chat and see how they were doing. They went on to say they found this to be reassuring.
- Staff members told us they found the management team supportive and approachable.

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 Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinion. People told us the provider was planning redecoration in some areas of Coton Hill House. They were provided with colour charts and asked what colour they would like. They felt valued and their opinion respected.
- People took part in regular 'Unit meetings' where they could openly discuss aspects of living at Coton Hill House which were important to them.
- Staff members told us they found the management team supportive and their opinions were welcomed.
- Staff members took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

Continuous learning and improving care

- People told us they completed annual surveys where they could comment on the quality of the care they received and make any suggestions. This survey was due to be repeated shortly after this inspection.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular support from their area manager. In addition, they received regular updates from professional organisations involved in adult social care.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.

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 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive safe support with their medicines. Environmental checks were not recorded in accordance with best practice or their own risk assessment.