Care Quality Commission

Coverage Care Services Limited

Coton Hill House

Inspection report

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Date of inspection visit: 1 and 3 September 2015
Date of publication: 02/11/2015

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

Overall summary

The inspection took place on the 1 and 3 of September 2015 and was unannounced.

Coton Hill House is registered to provide accommodation with personal care for up to 45 older people who may have dementia. There were 36 people living at the home on the day of our inspection.

There was no registered manager in post however, the new manager started work on1 September 2015 and had submitted an application to become the registered manager of the home. The operational manager had been overseeing the running of the home in the absence of a manager and was also present during the inspection. 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.

Staff were not effectively deployed to meet people's needs and therefore there were times when people had to wait for support and staff could not assure us they could keep people safe.

People with dementia did not always receive appropriate support as staff had not received adequate training to enable them to meet their needs.

Summary of findings

The provider had systems in place to monitor the delivery of care and to promote people's safety and wellbeing but these were not consistently completed.

People told us they felt safe because of the way carers looked after them. Staff had received training to enable them to keep people safe and knew how to identify and report concerns of abuse. Staff were aware of the support people needed to reduce the risk of harm.

People received their medicines safely and when they needed them. People had access to health care professionals as and when needed.

People benefitted from the support of staff who knew them well. People were always asked before support was given and their wishes were respected. Where people were unable to make decisions for themselves best interests decision had been made on their behalf.

People told us they enjoyed their food and were given a choice of what they would like to eat. We observed that people's nutritional needs had been assessed and regularly reviewed.

People told us that staff were kind and treated them with dignity and respect. People and their relatives found staff polite and approachable. People were supported to maintain their independence and individuality.

People were supported to keep in contact with people who were important to them.

People and their relatives were happy to speak to management if they had any concerns or complaints. Where people had complained their concerns had been investigated and the management had taken action to prevent re occurrence.

The provider had systems in place to gain people and relatives views of the service provided in order to develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe

People did not always get the support that they needed because staff were not deployed appropriately to meet people's needs. Staff were aware how to protect people from harm and abuse and who to report concerns to. People received their medicines at the right time and when they needed them in order to meet their health needs.

Is the service effective?

Requires improvement

The service was not consistently effective

People with living with dementia did not always receive appropriate support because some staff had not received adequate training. People's nutritional needs had been assessed and regularly reviewed to ensure they had enough to eat and drink. People enjoyed their food and were supported to eat where needed. People were supported to see health care professionals where required to promote their health and wellbeing.

Is the service caring?

Good

The service was caring

People were treated with dignity and respect. Staff spoke to people politely and involved them in decisions about their care and treatment. People were offered choices and staff promoted their independence.

Is the service responsive?

Good

The service was responsive

People were happy with the care and support they received. They were supported to keep in contact with people who were important to them. People were offered a choice of activities and were involved in the running of the home. People and their relatives were happy to approach management if they had any concerns. Those who had complained had been satisfied with the responses they had received.

Is the service well-led?

Requires improvement

The service was not consistently well led

The provider had put checks in place to monitor the delivery of care and promote people's health and safety but they were not consistently completed. People and their relatives found management accessible and approachable. Staff morale was good and they felt well supported in their roles. The provider had systems in place to gain feedback from, people, relatives and staff to develop and improve the service.

Coton Hill House

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 1 and 3 of September 2015 and was unannounced.

The inspection team consisted of two inspectors 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service. We used this information to plan the inspection.

During the inspection we spoke with six people who lived at the home and seven relatives. We spoke with 13 staff which included the operational manager, the manager, seven care staff, two support staff, the cook and assistant cook. We viewed nine records which related people's medicines, assessment of needs and risks and consent. We also viewed other records which related to management of the home such as complaints, accidents and recruitment records.

We spent time observing interactions between people and staff and how people spent their time. Many people were unable to talk to us because of their dementia or physical frailty. We used the Short Observational Framework for Inspection (SOFI) to help us understand the experience of people who could not talk to us.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us that there was not always enough staff to support them when they needed help. People told us they sometimes had to wait a while for staff to attend to them. Whilst one relative said there had been a great improvement in staffing over the past few months, another relative told us staff often got called away to other people leaving the unit unattended for up to an hour.

We observed that during lunch time on the first day of our inspection there was only one member of staff present on both River View and Castle View over much of the lunchtime period whilst other staff took their breaks. One person on Castle View became quite tearful and distressed. The one staff member offered reassurance which helped but was unable to remain with the person as the other people needed support. We saw as this person's behaviour continued it affected other people's behaviour too. We saw on River View where there was only one staff member present after the main course had been served. One person became quite restless and was trying to walk with a lap table. Whilst the staff member responded to this person this meant that there was no one facilitating lunch for the other people who were getting anxious.

Staff told us there were times they could do with more staff as they were not confident that they could always keep people safe. They also said that they could not always take people outside when they requested as there were not enough staff. When we spoke with the manager and operational manager they told us there were other staff available to assist care staff when needed but these had not been effectively utilised by staff. They agreed to look at the deployment of staff.

People told us they felt safe, one person told us they felt safe because of the way the carers looked after them. Another person told us they were reassured as they knew staff were around to support them when they got out of the bath and only had to call them for help. Some people told us they were not confident about the safety of their belongings as other people had taken items from their rooms. When we spoke with the operational manager they told us that they had looked for missing items but had been unable to locate them. They told us that people had lockable drawers in their room and had been offered a key to lock their rooms to protect their belongings but had declined to lock their rooms.

Staff had received training on how to recognise abuse and had a good understanding of how to keep people safe. They were able to tell us the signs of abuse and who they would report concerns to if they became aware of or witnessed any abuse. People were given a copy of the provider's information pack on admission to the home which gave details of who to speak to if they had concerns about their care. In reception there was information available to visitors on how to raise concerns together with the details of a confidential helpline. We viewed records of reported abuse and saw that the provider had completed investigations and had took action to prevent re occurrence.

Staff were aware of risks related to people's health needs and the support they required to keep safe. They were able to tell us which people were at risk and the action they took to reduce the risk of harm or deterioration. Staff told us about a person who was at risk of skin breakdown and how they helped them to reposition themselves regularly throughout the day and night. We saw that monitoring charts had been put in place to ensure that staff knew when the person had last been repositioned and when they should be moved again.

Staff understood how to report accident and incidents. We observed that the manager had systems in place to analyse the information for any trends or signs of deterioration in people's health and abilities. We observed that the manager had liaised with the doctor after a person had suffered a number of falls, the person's medication was reviewed and the number of falls reduced.

People told us staff gave them their medicine when they needed them. We observed that staff took time to explain to people what they were taking their medicines for and to ensure they were sat upright to help them swallow their medicine safely. We saw that there were safe systems in place for the storage and disposal of medicines. Only staff who had received medicine training administered medicine and received regular competency checks to ensure safe management of medicine. We observed that monthly medicine audits had been completed and in response the provider had worked with the clinical commissioning group and pharmacist to improve the medicine ordering system.

The operational manager told us they had recently employed a number of new staff. We saw that there were checks in place to ensure that new staff were suitable to

Requires improvement

Is the service safe?

work with people, these included disclosure and barring service (DBS) checks and references from previous employers. We spoke with new staff who confirmed that management had ensured these checks had been completed before they started to work in the home.

Requires improvement

Is the service effective?

Our findings

Staff told us the support they received from management was good. One staff said "[Name] is a good boss, the support you get is brilliant". We spoke with new staff who told us they had received good support from the operational manager who had arranged a comprehensive induction which included training and shadowing experienced staff to enable them to gain experience and confidence. Staff told us they had regular supervision and felt that they could approach management at any time should they need support with work or personal problems.

We found that although staff had access to and had completed a range of training, some felt that they would benefit from further training in dementia to give them a greater understanding of the illness and how best to communicate with people. Some staff told us they were unsure how to initiate a conversation or respond to people with dementia when the person was unable to distinguish between their past and the present day. One staff had requested additional training on dementia in their supervision but had not heard anything back from the manager. We observed that some staff struggled to communicate with people living with dementia. This meant it took these staff longer to identify and address what people were trying to tell them. We saw that people became restless and anxious if they could not make their needs known. When we spoke with the operational manager they told us that the provider had an accredited dementia training programme, however there had been a delay in arranging this training as staff who usually delivered this had not been available. They agreed to review staff training needs and make alternative arrangements for dementia training as soon as possible.

People told us that staff always asked their consent before helping them. Staff had received training on the Mental Capacity Act (MCA) and were able to tell us what this meant for their practice and the people they supported. We observed staff encouraging a person to take their medicine, the person refused to take their medicine despite reassurances from staff. Staff respected their decision and disposed of their medicine. Staff told us that they always offered people choices and would not force them to do anything they did not want to do. Where people were assessed to be unable to make decisions for themselves the provider had completed best interests decisions, involving people, their relatives and where required health care professionals. These included decisions such as, consent to personal care and their ability to keep themselves safe. Where people required constant supervision and support subsequent applications for deprivation of liberty safeguards had been applied for to the Local Authority.

We asked people about their access to health care professionals, they told us that they could see their doctor when they wanted. Relatives told us that the staff and health care was very good. We spoke with a health care professional who was visiting people at the home, they told us that staff would always contact them if they had any concerns. They found that the management listened and took action if they had any concerns.

People told us they enjoyed the food and had choice of meals, snacks and drinks. One person said that the food was, "Very nice and I have drinks when I want them". We spoke with relatives who had the same opinion, one relative had told them that the food was brilliant. People's nutritional needs were routinely assessed and monitored. There were risk assessments and detailed eating and drinking care plans in place for people who were considered to be at risk. We saw that staff monitored people's nutritional intake and their weight. Where they had identified concerns they had reported them to health care professionals. We saw that Speech and Language Therapy (SaLT) and doctors were involved where required and that their recommendations had been followed.

The cook had a good knowledge of people's different nutritional needs, which people were on soft or pureed diet and which people required build up meals. They were aware which people had SaLT input and held a list of people's nutritional requirements. They told us people were offered a choice of menus and that they would always cook something different if people did not like the choices presented. They told us they got to know the people using the service over time what they liked and disliked.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, “They are great [staff]”.One relative we spoke with us said “[Name] Is happy here, the staff are lovely”. A visiting health care professional told us,” That all staff had a good attitude towards people and they had never heard an unkind word said”. Relatives told us they found staff polite and welcoming during their visits.

People told us that staff were respectful and spoke to them nicely. They felt staff were patient and understanding and took time to listen to them. We spoke with staff to establish how they promoted people’s privacy and dignity. Staff said one person was able to bath themselves but needed help to get in and out. They respected the person’s choice and after assisting them into the bath they waited until the person called them to help. Other staff said that if they saw a person was upset or acting out of character, they would take them to one side to find out what was troubling them and reassure them. We observed that staff called people by their preferred name and saw them discreetly asking one person if they would like to go to the toilet. The operational manager told us that staff received dignity training in their induction. They also had a dignity champion whose role it was to monitor staff practice and to report on any concerns in order to promote people’s dignity.

We spent time observing interactions between people and staff in order to gain an understanding people’s experience of the care and support they received. Staff spoke with people with kindness and affection and were patient and encouraging in their approach. We saw and heard people and staff talking about each other’s families, where they used to live and things they used to do. We observed staff walking with a person to the dining table, they were happily chatting away, the person started singing and the staff joined in. There was much laughter and smiles that created a happy atmosphere around the breakfast table.

People and their relatives informed us that they were involved in decisions about their care and treatment. One person said, “Staff ask us how we like things done”. One relative told us that the operational manager had sat with them and the person and discussed advanced care planning and their wishes in regards to Do Not Attempt Cardio Resuscitation Pulmonary (DNACPR) orders. Staff we spoke with told us that they involved people in their care planning and respected their individuality. One staff said, “They will let you know what they want, everyone’s wants and needs are different”

Staff were positive about their caring role, they told us how they enjoyed talking to people and getting to know them. They acknowledged that no two people were the same and adapted their approach to suit individual needs. Staff recognised that the way they approached people was very important. One staff told us about a person who used to be really anxious, they helped them a little at a time until they gradually became more accepting of their care and support. Another staff told us how they reassured people that they were there for them, always greeted them with a smile and did their best to ensure people got what they wanted.

Good

Is the service responsive?

Our findings

People and their relatives told us they were happy with the support they received. Staff asked them what they would like to do and if they wanted to take part in activities. One person said, “We can do bingo or quizzes and they have visiting artists which I enjoy”. Staff told us that everyone one was very different and that when people came to live at the home they would spend time getting to know them. They would talk about their past and got to know what they liked and disliked doing. Where people had difficulty communicating staff would speak with their families and friends to gain insight into their past and their interests. Staff knew people well and could tell us about people’s needs, what things were important to them such as family and where they used to work. Staff were able to relate how people’s previous jobs and life experiences could impact on their daily routines. One person did not like to sleep at night, by talking with relatives staff found that during their working life the person had worked nights.

People were supported to keep in contact with people who were important to them. One person told us their family lived away but that they had a telephone in their room to keep in touch with them. One relative told us they had been asked to send in family photographs to put in the person’s memory box.

People told us they were involved in daily chores. One person told us how they helped to look after the garden and the pet birds, we saw them tending to the garden later in the day. Other people were encouraged to wash and wipe dishes and make drinks for themselves. The operational manager told us they encouraged people to be involved in the running of the home. They regularly asked their opinion on the quality of the service including what changes they would like and what activities they would like to partake in. They arranged a wide range of activities and were able to offer people choice. The provider had an activities coordinator who was able to offer group and one to one activities. One person told us they went out shopping with the activities coordinator, another person told us they had been to a local show. The operational manager also told us that a religious group visited the home on a monthly basis. The service was held in the day centre and people were able to choose if they wished to attend.

People we spoke with were aware of the complaints process and had raised concerns where they felt necessary. We spoke with a person who told us that they had complained about items of clothing going missing when they went to the laundry, this had been looked into by the management and improvement had been made over time. Staff were aware of their responsibility in regards to complaints. They would talk to people or relatives about the concerns they had raised and report the complaints to the management. We saw that there was a robust system in place for managing complaints. We observed that management investigated complaints and took responsive action to deal with the issues raised and to prevent reoccurrence.

Requires improvement

Is the service well-led?

Our findings

The service had been without a registered manager since April 2015. It was the new manager's first day as manager on day one of our visit. The operational manager had been running the home in the absence of a manager.

We found that some of the checks the provider had in place to monitor the delivery of care and to maintain people's health and safety were not consistently completed. There were gaps in recording so it was unclear when and if people received the support they needed when they needed in order to minimise risks to their health and wellbeing. When we spoke with staff they told us the tasks had been completed but not recorded. The gaps in recording had not been picked up through audits or management oversight and therefore were not driving improvements in the service. When we spoke with the manager and operational manager they agreed to review their audits and to speak to staff about the importance of accurate recording.

We also observed that people's care was not always delivered as planned plan. For example weight monitoring charts put in to place for people at high risk of weight loss had been monitored monthly instead of weekly as recommended in their care plan. When we spoke with the operational and home manager they acknowledged the discrepancies and immediately updated the people's care records.

People told us that staff and management were approachable. The operational manager came to see them most days, sat and chatted with them and took time to listen to them. Relatives we spoke with told us that management and staff were friendly and approachable and the atmosphere at the home was good. They thought management were accessible and proactive in addressing issues. Staff were positive about the working culture, they said management were good and there was a definite sense of teamwork. They said that staff helped each other and one staff said, "We all muck in" when we are short staffed. Another staff said, "They [management] are more than helpful". The operational manager told us that they felt staff morale had greatly improved since they had recruited permanent staff. The new manager told us they would strive to keep up the momentum in order to improve the service.

The provider had systems in place to gain people's views on the quality of the care and support they received. People told us they had meetings with management and had been asked whether they were happy with the service and if they had any complaints. We observed more recently that separate meetings had been held in each area of the home. These meetings had a clear format and the minutes recorded the discussion and the actions required to address issues raised. We saw that people were asked if they had any complaints about the service and that menu choices and activities were regularly discussed. People had asked for more choice in snacks and requested various sauces to accompany meat dishes. The operational manager had spoken with the catering manager and this had been arranged. The provider also sent out annual quality assurance questionnaires to people and their relatives to gain an oversight of the service and improvements that were required. The provider published the results of the questionnaires in the homes information pack so that people were aware of the quality of the service provided.

The provider held regular team meetings, staff told us they felt comfortable to raise issues and concerns and found management responsive. One staff said they had requested more wheelchairs and management had arranged for more wheelchairs to be provided. The operational manager advised that they discussed people's needs and staff approach at team meetings to share good practice. They also had different key themes each month and had discussed dignity and care in the most recent meeting.

The manager reviewed accident and incident forms and analysed if there were any trends or signs of deterioration in people's health and arranged medical reviews where required. The information was then entered onto the provider's electronic systems and discussed at quarterly health and safety meetings so that information and lessons learnt were shared.

The provider was aware of their statutory responsibilities and ensured that they submitted statutory notifications to us in a timely manner.