

Coverage Care Services Limited

The Cottage Christian Nursing and Residential Home

Inspection report

Granville Drive
Newport
Shropshire
TF10 7EQ
Tel: 01952 825557
Website: www.coveragecareservices.co.uk

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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?

Is the service responsive?

Is the service well-led?

Requires improvement



Overall summary

This inspection was unannounced and took place on 23 September 2015. At the last inspection on 3 March 2015 breaches of legal requirements were found. We asked the provider to make improvements to ensure there were sufficient suitably qualified staff available to meet people's needs and that suitable arrangements were in place for assessing people's capacity and demonstrating

they were working in people's best interests in accordance with the Law. We also asked the provider to improve staff recruitment checks and to improve how they monitored the quality of service. We received a provider action plan, which said that the legal requirements would be met by 30 June 2015.

Summary of findings

The Cottage Christian Nursing and Residential Home provides nursing and personal care for up to 40 people. At the time of the inspection 38 people were living at the home.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements as there had been two breaches at the last inspection. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Cottage Christian Nursing and Residential Home on our website at www.cqc.org.uk.

There was a registered manager in post. 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.

We found there had been improvements made, which ensured there were enough suitably qualified staff available to meet people's needs. People told us there

was sufficient staff available and they were not left waiting for assistance. The provider had taken action to address staff attendance and had reviewed the deployment of staff to ensure people were adequately supervised across the home. We saw improvements had been made to recruitment procedures that ensured checks on new staff were in place before they commenced work.

People's capacity had been assessed and staff knew how to support people who were unable to make decisions for themselves in a way that was in their best interests. Staff ensured they gained people's consent and most had some understanding of protecting people's human rights and the legislation to safeguard people.

The registered manager promoted an open culture and had implemented a number of improvements. Audits were in place and showed any shortfalls had been identified and actioned.

Although we saw improvements had been made by the provider over a short period of time, we needed to see that the provider was able to demonstrate sustainability and continued improvements for people before we could improve the overall rating for this 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?

The service was safe.

People were cared for by sufficient staff to meet their needs. Previous issues in relation to staff attendance had been addressed. Improvements had been made to ensure all the required checks on new staff recruited to the home were suitable to work with people.

We could not improve the rating for safe above 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service effective?

The service was effective.

People consented to their care and staff supported people to make informed decisions.

We could not improve the rating for effective from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service caring?

We did not assess this key question during this inspection.

Is the service responsive?

We did not assess this key question during this inspection.

Is the service well-led?

The service was well-led.

Systems to monitor the quality of the service people received had improved.

We could not improve the rating for well led from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



The Cottage Christian Nursing and Residential Home

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 done to check that improvements to meet legal requirements planned by the provider after our March 2015 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well led. This is because the service was not meeting some legal requirements.

The inspection took place on 23 September 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is

required to send us by law. We also sought information and views from the local authority about the quality of the service provided. We used this information to help us plan our inspection of the home.

During the inspection visit we spoke with six people who were living at the home. We also spoke with a visiting relative, six care staff, a nurse, the property manager, the deputy manager, the registered manager and clinical lead operations manager. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to people's care. We looked at staff recruitment records and records relating to the management of the home.

During the inspection visit we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who lived at the home. We used this because some people living at the home were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with people.

Is the service safe?

Our findings

At the last inspection we found that there was insufficient staff employed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. We asked the provider to make improvements to ensure that there were sufficient staff available to meet people's needs. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made and saw the provider had taken action to address the concerns we identified.

People told us there were enough staff available and they were not left waiting for their care. One person said, "There's been staffing issues in the past but it seems to be getting better." Another person told us, "I'm very happy with the staffing levels here; they usually come quickly when I ring my bell." We saw that there were enough staff during the inspection visit and staff supported people in an unrushed and calm manner, engaging with people whilst providing care and support. A member of staff told us, "Staffing has hugely improved and sickness has really been tackled through the appropriate route. It's much better." Another member of staff said, "We can be assured that if someone calls in sick, the numbers on shift are not dramatically reduced. The manager has recruited additional relief staff and it's now great to be on duty of a weekend." The registered manager told us they had worked with their human resources department and action had been taken to address staff attendance including issuing improvement notices and taking disciplinary action. We saw the provider had also attended a staff meeting to discuss the issue of staff sickness. We saw the impact for people had reduced since the last inspection and staff were deployed around the home to ensure people were supervised throughout the home. Staff regularly checked

on people that were seated in the shared areas of the home and in their rooms and spent time engaging with people. On the occasions that people rang their call bells for assistance, we saw staff attended to them promptly.

We looked at the staffing rota covering a period of two weeks and saw there were sufficient numbers of staff on duty both day and night to meet people's needs. A member of staff told us, "There's been a big improvement in staffing levels and sickness. It's much better than when you did the last inspection. Every shift is now covered and [name of registered manager] is on top of it; she's really good." Another member of staff said, "The staffing levels are great now and [name of registered manager] walks the floor to check there's enough staff to meet the needs of the residents." A further member of staff told us, "Staffing is much better. It's improved 100%. It's a nicer place to work." A visiting relative told us, "Staffing levels are much improved. [Name of registered manager] has recruited more staff and it's much better in terms of numbers."

At the last inspection we found shortfalls in the checks the provider made to ensure new staff were suitable to work with people. Not all staff references had been obtained before staff commenced work. This meant that there was a risk that the provider had not protected people by employing people who may be unsuitable to work at the home. At this inspection we checked the files for two new staff that had been recruited since the last inspection and found they contained all the records as required. A newly appointed member of staff told us, "I couldn't start work until all the checks were in place and then I had to shadow other staff."

Although we saw improvements had been made by the provider over a short period of time, we needed to see that the provider was able to demonstrate sustainability and continued improvements for people before we could improve the rating.

Is the service effective?

Our findings

At the last inspection we found that people's ability to make decisions had not been formally assessed and the correct processes had not been followed to protect people and promote their rights. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to ensure that people's capacity was assessed and that staff understood their responsibilities in working in people's best interests. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made and saw the provider had taken action to address the concerns we identified.

The provider told us in their action plan that both the registered manager and deputy manager had attended additional training on Mental Capacity Act (MCA), Best Interests and the Deprivation of Liberty Safeguards (DoLS). They said that this training would be cascaded throughout the staff team within the home and they would address anyone who had shown to lack capacity as soon as possible. Discussions held with the registered manager, operations manager and nurse showed they had a good understanding of their responsibilities with regards to DoLS to ensure that people were not unlawfully restricted. There were no DoLS authorisations in place at the time of the inspection visit. The registered manager was able to show us the documentation of the people they had referred to the local authority. We saw the registered manager had chased these applications with the local authority on a monthly basis and the local authority had acknowledged that the application for two people identified as high priority would be allocated a Best Interest Assessor shortly. The registered manager told us mental capacity checklists

had been completed on each person. We saw copies of these and detailed mental capacity assessments had been completed where people were unable to make decisions for themselves. Care records we looked at identified who had responsibility for making best interest decisions and we saw detailed best interest meetings had been held and the outcome recorded. A relative told us, "They never make decisions without involving me. I can't fault this place."

We asked staff about their knowledge of the MCA and DoLS and how they protected people's rights. Staff we spoke with confirmed they had received some training in this area and we saw this had been discussed in a staff meeting held. However, not all staff spoken with were able to tell us about the legislation and their responsibility to ensure they worked in people's best interests. The registered manager acknowledged that further improvement was needed to improve staff knowledge and told us a number of staff had been booked to attend training with an external trainer.

People told us that they consented to their care and that staff explained their options to them and provided them with choice. For example, we saw one person was asked where they wanted to sit in one of the lounges. One person said, "The staff always ask what I want and if it's okay to wash me." Another person said, "They always ask before they do." A member of staff told us, "We always gain people's consent before we do anything. If a person tells me no, it's no." They were able to share an example of how they had respected a person's choice.

Although we saw improvements had been made by the provider over a short period of time, we needed to see that the provider was able to demonstrate sustainability and continued improvements for people before we could improve the rating.

Is the service caring?

Our findings

We did not assess this key question during this inspection.

Is the service responsive?

Our findings

We did not assess this key question during this inspection.

Is the service well-led?

Our findings

At the last inspection we found that the quality assurance systems to monitor the home were not effective. We found shortfalls in the monitoring of staffing levels and deployment of staff, routine health and safety checks in the absence of the designated person, staff recruitment, supervision and appraisal of care staff. We did not make any breaches in the Regulations, however we asked the provider to make improvements.

People we spoke with thought the home was well managed and improvements had been made. We spoke with the clinical lead operations manager who had recently been appointed. They were visiting the home to undertake a monthly compliance audit at the time of this inspection visit. They told us about the audits they had carried out and shared copies with us. Audits showed any shortfalls had been identified and actioned. The operations manager told us, "When I do my audits, I want to know that people are getting proper care. The care here is very good but there's always room for improvement. It's onwards and upwards." They told us the registered manager had made, "Significant

progress in the paperwork matching the quality of care given." We saw evidence of this in the files we reviewed. The operations manager shared the improvements that had been made following the last inspection. These included working with human resources department to improve staff attendance, improvements in staff training and improved checks undertaken on health and safety aspects of the home. They told us the provider's property manager visited the home every other month to ensure that all the relevant health and safety checks had been completed as required. We spoke with the property manager who visited the home during the inspection visit. They told us what they did and how they ensured the home was safely maintained. We saw all relevant checks had been undertaken and there were no outstanding service checks. They told us about the contingency plans in place in the event of the designated maintenance person being away from the home.

Although we saw improvements had been made by the provider over a short period of time, we needed to see that the provider was able to demonstrate sustainability and continued improvements for people before we could improve the rating.