

Coverage Care Services Limited

The Cottage Christian Nursing and Residential Home

Inspection report

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

Date of inspection visit: 3 March 2015
Date of publication: 05/06/2015

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 3 March 2015 and was unannounced. At our last inspection in September 2013, we found the service was meeting the regulations we inspected.

Cottage Christian Nursing and Residential Home provides nursing, personal care and accommodation for up to

older 40 people in addition to people with a physical disability. There were 39 people living in the home when we visited and 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

Summary of findings

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.

Although people told us that they felt safe in the home, there were times when there were not enough staff to meet people's needs. This sometimes impacted on the support that people were provided with.

The registered manager and staff had received training in relation to their role of protecting people's human rights. However, people's ability to make decisions had not been formally assessed to ensure their rights were fully protected.

The atmosphere in the home was open and inclusive. Most people considered the home was well managed. Although there were systems to assess the quality of the service provided, we found that these were not always effective and required improvement. These included 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.

People told us they liked living at the home and were positive about the care and support they received. Staff

were friendly and professional in their approach and interacted confidently with people. They provided care and support sensitively and discreetly. Staff were aware of their responsibilities to keep people safe from harm and abuse and had received training to support their knowledge in protecting people.

People were offered choices about their care and support and were involved in decisions about their care routines and what was happening in the home. Staff were supported to carry out their roles and had the knowledge and skills to meet people's needs.

People told us they felt listened to, were involved in planning and reviewing their care and said staff were generally responsive to their needs. People were encouraged and supported to be involved in a range of activities and were supported to maintain relationships with their family and friends. People knew who to speak with if they wanted to raise a concern.

We found two breaches in Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

Staff had received training and knew how to recognise and report allegations of abuse. There were not always enough staff available to meet people's needs and keep them safe.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People's ability to make decisions had not been formally assessed to ensure their rights were fully protected. Staff received training to meet people's specific needs. People were supported to maintain good health and eat and drink sufficient amounts to help them sustain optimum health.

Requires Improvement



Is the service caring?

The service was caring.

The staff were kind, caring and respected people's preferences, treated people as individuals and gave them the care and support that they wanted.

Good



Is the service responsive?

The service was responsive.

People's needs were kept under review to ensure they were receiving the right level of care and support. People were listened to and knew how to raise any complaints or concerns.

Good



Is the service well-led?

The service was not consistently well led.

The atmosphere in the home was open and inclusive. Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. People were asked for their opinions of the service and their comments were acted on.

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 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.

The inspection took place on 3 March 2015 and was unannounced.

The inspection team included two inspectors, a specialist nurse advisor in dementia care, 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. Their area of expertise was in older people services.

Prior to our inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that that asked the provider to give us some key information about the home, what they do well and improvements they plan

to make. This was completed and returned by the registered manager within the requested timescale. We reviewed this information and used it to help focus our inspection.

We also 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 and Healthwatch and used this information to help us plan our inspection of the home.

On the day of our inspection we spoke with 11 people who lived at home. We also spoke with the registered manager, deputy manager, cook, laundry assistant, housekeeper, administrator, activities co-ordinator, eight care and nursing staff, an agency worker, five relatives and a social care professional. We looked in detail at the care six people received, carried out observations across the home and reviewed records relating to six people's care. We also looked at medicine records, complaints, staff training, staff recruitment records and records relating to the management of the home.

Is the service safe?

Our findings

People we spoke with told us there were not always enough staff available to meet their needs. When we asked one person who lived at the home if they considered there were enough staff on duty, they said, “You must be joking. I’m always kept waiting. If I press my buzzer I expect staff to be here but 9 out of 10 times I’m kept waiting. They are short staffed and very busy”. A visiting relative told us, “The majority of the carers are very good but that they could do with one more on each shift. It would be nice to see someone around”. Staff we spoke with also shared concerns about how this had impacted the support they provided for people. A member of staff told us, “I’ve never worked so hard in all my life. We don’t get time to sit and chat to residents; it’s just task, task, task”. Two other staff shared similar concerns. Comments included, “Some service users are not easy and have high nursing needs”.

The registered manager explained that staffing levels were based on people's initial assessed needs and these were kept under review. They said they were, “Very comfortable with staffing levels” and considered staffing levels were managed well by the head office. We were told that senior carers had been introduced to help lead and organise shifts and offer support to the nurses. We saw that managers worked alongside staff supporting people using the service, which staff also confirmed. The registered manager told us that action had been taken with individual staff in relation to staff sickness with the help of colleagues based in the provider’s central office. One member of staff told us, “It’s super when we have a full complement of staff but a recent shift was a complete nightmare due to annual leave and staff sickness”.

We carried out observations across the home and found people in communal areas were supported by staff for most of the time. However, we heard call bells on the first floor went unattended to for short periods of time because staff were busy attending to people’s needs. We also sat for approximately 20 minutes in the first floor lounge with people who had differing needs and in that time we saw no member of staff checking or overseeing the areas. During this time, one person who needed support attempted to get up which placed them at risk of injury. We saw one person who needed support, was wandering without staff knowing their whereabouts. Their care records showed they had been found in the lift on their own on one other

occasion. We spoke with the registered manager and they told us an alternative placement was being sought as they were unable to manage the person’s needs. This placed a risk of staff not supporting people promptly if needed. We found that staffing levels were not sufficient to adequately ensure the safety of the people who lived at the home at all times.

We found that the registered person had not protected people against the risk of insufficient numbers of suitable, qualified, skilled and experienced persons employed to meet people’s needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained the process they had in place to ensure only suitable people were employed to work with people who lived at the home. They told us staff were not appointed until all satisfactory references, occupational health and disclosure and barring checks had taken place. We looked at the staff files held for three staff that had been recruited since our last inspection. We did this to ensure the recruitment procedure was effective, safe and reflective of what the registered manager had told us in their PIR. We found shortfalls in two of the three files we looked at and this did not reflect what we had been told in relation to staff references being 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. The registered manager acknowledged these shortfalls and committed to address them.

People told us they got their medicine on time and when they needed them. We observed people being given their medicine during lunchtime. People were supported with instruction and encouragement. We saw only qualified staff were responsible for administering medicines for people. We saw the pharmacist from the dispensing pharmacy had recently visited the home and had carried out an audit on medicines. Their findings showed there was nothing identified that needed to be followed up urgently.

People told us they felt safe living at the home. One person told us, “We are all one large family and I feel safe and cared for here”. The registered manager told us in their PIR that they had a zero tolerance to abuse. They said there was a speaking out policy and confidential phone line, to

Is the service safe?

ensure there are no obstacles to reporting any concerns about safety or possible abuse. Staff spoken with were aware of their responsibilities to keep people safe from harm and abuse. They told us that they had completed training to support people safely, recognise and report abuse, and knew the actions to take if they were concerned that a person was at risk of harm. Where allegations had been made we saw managers had referred these appropriately for these to be investigated. The local authority take responsibility for investigating concerns about alleged abuse. Records we hold showed the provider had notified us about safeguarding incidents as required.

The registered manager told us that regular checks were carried out by a trained member of staff. These included fire checks, emergency lighting and other health and safety

checks. We found some health and safety checks had not recently been undertaken at the stated frequency. We were told this was due to a period of leave taken by the designated person responsible for carrying out these checks. The registered manager agreed to ensure these checks were carried out at the earliest opportunity to ensure people's safety. We found equipment had been inspected and serviced by approved contractors to ensure the safety of people who lived and worked at the home. We saw risks to individuals had been identified and assessed and general risk assessments had been carried out to cover health and safety issues and were reviewed. Risks to people had been identified and plans were in place for staff to follow to minimise risks.

Is the service effective?

Our findings

The registered manager told us in their PIR that people who used the service and family members were involved in all decisions surrounding their care and that best interests meetings with relevant people and professionals took place where necessary. We saw examples of people who lacked capacity during our inspection. However, care records we saw for two people who presented signs that should have triggered a mental capacity assessment did not show that their ability to make decisions had been formally assessed to ensure their rights were fully protected. This was also identified as an area of concern in a recent visit carried out by the local clinical commissioning team. Discussions also evidenced that no DoLS application had been considered in relation to a person who lacked capacity and expressed a wish to leave the home.

We asked staff about their knowledge of the Mental Capacity Act (MCA) and DoLS (Deprivation of Liberty Safeguards). Staff told us they had received training in this area and most staff spoken with were able to explain the fundamental elements of the Act. When presented with a scenario about a potential DoLS they were able to give a response indicating they would have the knowledge to utilise the Act appropriately. However, we found the correct processes had not been followed to protect people and promote their rights.

We found that the registered person had not protected people against the risk of not obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were consulted about their care and support and staff asked for their consent before they received care and support. One person said, “They always ask me what I want before they do anything”. During our observations we saw the nurse asked each person for their consent prior to giving them their lunchtime medicine.

People told us they considered staff had the knowledge and skills to care for them and did their job well. One person told us, “The carers are very good at what they do”. People told us they were happy with the way the staff

provided their care and support. The registered manager told us, “We place great value on training and have invested in our staff team. This ensures that competencies and skills are in place to meet the needs of residents”. We looked at the records around staff training. These showed that staff had completed a range of training relevant to their roles and to meet people’s specific needs. A training plan was in place that enabled managers to keep track of training and refresher courses staff required. We spoke with member of staff who had designated responsibility for overseeing staff training. They told us they liaised closely with the provider’s training team regarding courses and further qualifications as required and were in the process of updating the training plan to ensure it captured everyone’s training and dates completed. A member of staff told us, “My training is up to date and we’ve definitely got the skills and knowledge to meet people’s needs”. People were supported by an experienced staff team who knew them well.

Not all of the staff we spoke with had received regular one-to-one meetings or an annual review of their development. This shortfall was evident on the staff files we reviewed. Therefore they were not provided with regular opportunities to discuss their work practice, performance or identify their training needs. Staff told us team meetings took place but were infrequent. We saw the last staff meeting was held in January 2015 and the meeting was recorded. This identified concerns about the lack of staff attendance at the meeting and the need for them to attend future meetings.

Most people told us they enjoyed the food provided by the home and had a choice of what and where to eat. One person said, “The food has improved and we now have choices”. We saw there was a four week menu in place. The registered manager told us that people’s choices were included when menus were put together. We observed the lunchtime meal across the two dining rooms. We saw people were offered a choice of food at breakfast and lunchtime and offered a second helping if desired. Where people required assistance with eating, this was offered discreetly and sensitively. The registered manager told us in their PIR, “Our home provides its own nutritious healthy food from kitchen staff and a qualified catering manager. The kitchen offers choice at every meal, as well as catering for preferences, and any special requirements.” We spoke with the cook in charge on the day of the inspection. They were aware of people’s specific dietary needs for example,

Is the service effective?

people with diabetes, and were confident the home was able to meet people's nutritional needs. We saw the home had involved other professionals to manage risks related to people's diet. During the inspection a "residents and relatives" meeting was held and people were asked if they were happy with the food choices available. People said they were happy with the food provided. One person requested melon be made available and the registered manager said they would arrange it.

People told us they saw the doctor and other health and social care professionals when they needed to. During the inspection, a social care professional attended the home to review a person's care needs. They told us the person and their relatives' were happy with the care received and their

health and social care needs were being met. They said they had no concerns. The registered manager told us that the nurses liaised with relevant professional bodies to gain advice, direction and guidance to ensure high standards of care for the people who lived at home. This was reflected in discussions held with people using the service, staff and a visiting professional we spoke with. Care records showed that staff were observant of changes in people's health and well-being. We saw they had documented outcomes of health appointments and made appropriate referrals where required. For example, a person had been referred to the memory clinic and been seen on a number of occasions.

Is the service caring?

Our findings

People told us the staff were caring and friendly. They considered staff met their needs and allowed them choice and freedom. One person said, “They are a lovely caring bunch of girls”. A member of staff told us, “The care is really good in the home”. Visiting relatives spoke highly about the care the staff provided to their family members. The registered manager told us in their PIR, “Individual wishes are taken into account as far as possible to enable residents to stay in control of their lives for as long as possible. Staff know the residents as individuals and care is provided in that manner. Choice is a fundamental part of our values”. We saw staff were friendly and professional in their approach. They interacted confidently with people and provided care and support sensitively and discreetly. Staff ensured people were at the forefront of everything they were involved in. We saw people looked well cared and were comfortable in the company of their peers, staff and managers.

We saw people were offered choices about their care and people told us they were involved in decisions about their care routines. For example, when they wanted to get up in the morning, go to bed and what activities they wanted to do. The registered manager told us no one currently had an advocate however, we saw contact information was displayed on the noticeboard about these services. Advocates are independent of the service and support people to communicate their wishes. During the inspection a review of a person’s care was carried out by a social work professional. They told us the person, their relatives and a nurse attended the review. They said the person was happy

with their care. We saw care plans were in place for the six people whose care we looked at in detail. The majority of these were relevant and most had been updated regularly to reflect people’s change in needs and completed appropriately. However, the records for one person, who was receiving end of life care, contained no detail regarding how their specific needs should be met. The registered manager acknowledged this shortfall at the time of our inspection. Care staff considered care plans were sufficiently detailed but said they would welcome more time to read and digest the information about people.

An agency member of staff on duty told us, “This home is really good, it’s my favourite, I like coming here. All the staff pull together and they do really provide care for their residents. Staff think the world of the residents. They make sure it feels like their home”.

People told us staff respected their privacy and dignity. We saw staff knocked on people’s doors and asked permission before entering their room. The registered manager told us, “All staff are led by seniors to respect and promote privacy and dignity in all aspects of care and daily living. We encourage independence for as long as possible. Seniors work alongside carers to monitor this, as well as offer advice and guidance when needed”. Staff were able to share examples of good practice. One member of staff told us that they promoted people’s dignity at all times when providing personal care and made sure people’s curtains and doors were closed. We saw people were able to personalise their rooms as they wished. People were able to spend their time where they wanted, either in their own rooms or in the communal areas of the home.

Is the service responsive?

Our findings

People told us they felt listened to, were involved in planning their care and staff were responsive to their needs. One person said, “If you ask for something staff do their very best to get it for you or alter the way it has been done so that it suits you better”. The registered manager told us, “Following a robust pre-admission assessment, we monitor and review clinical, emotional and social needs on an ongoing basis. Care plans are updated and amended as required, following discussions with the resident and their family”. However, we found that some people’s risk assessments had not been regularly updated and some of the care plans merely stated, “Continue, no change”. These should evidence meaningful reassessment of people’s needs and interventions.

People told us about the activities they were offered. These included in-house activities and activities provided by external groups. An activities co-ordinator was employed and worked week days. A visiting relative told us they thought the activities offered were generally good but felt the activities co-ordinator was used to cover other duties i.e. going to the chemist, assisting at meal times and covering other staff if the home is short. The activities co-ordinator attended a “residents and relatives” meeting that was held during the inspection. We saw people were provided with a summary of activities and were asked for their views on these. People openly shared their views and

suggestions. Some people said they would like to be provided with more opportunities to go out. The registered manager told people with the improvement in the weather this should be encouraged. People were supported and encouraged to develop and maintain relationships with their friends and family. We saw people could visit the home at any time during the daytime and evening to meet their relatives.

People we spoke with said they knew how to handle any concerns and told us staff took notice of what they said. People knew how to raise concerns. One person told us, “I’d speak with the staff if I wasn’t happy with something”. A visiting relative told us, “The only complaint I have is about the laundry which is not always returned”. The laundry assistant told us how they had made improvements following these concerns. Staff knew how to support people to complain and said these instances were very rare. One member of staff told us, “It’s easy to access the management and discuss issues before they became concerns”. We saw the provider had a formal procedure for receiving and handling complaints. The registered manager told us, “Any complaints we receive are logged and acknowledged immediately, and investigations completed as soon as practically possible and always with 28 days”. We found this reflected our findings and all complaints received had been managed under the formal complaints procedure. There were no outstanding complaints.

Is the service well-led?

Our findings

Although there were systems to assess the quality of the service provided in the home we found that these were not always effective. For example 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. The provider carried out visits which looked at all areas of the home and areas that required improvement was identified. However, shortfalls that we found had not been identified.

People told us the home was well managed. Most staff told us they enjoyed working for the organisation. People knew who the registered manager was and said they would be confident speaking with them if they had any concerns about the service provided. One person told us, “The manager comes to see me daily to check I’m okay”. All staff told us they felt supported by the registered manager and the deputy manager and said they were able to make suggestions for improvement. One member of staff told us, “[Name of manager] is a lovely lady and tries her hardest. If staffing issues were sorted out, things here would improve”. Another member of staff said, [Name of manager] is a lovely manager, she’s happy to discuss anything and does her utmost to try and resolve things”.

People told us they were asked their views of the service and had completed surveys. The outcome of the latest survey carried out was not yet available. We saw quarterly resident and relative meetings took place and people were encouraged to share their suggestions for improvement. We noted that only two relatives attended the meeting held on the day of the inspection. We saw meetings were always scheduled at the same time in the afternoons. The timing may have prevented working relatives from attending the meetings held.

The registered manager told us, “Health and safety is paramount, and best practice is shared quarterly with the company's other homes”. They said they attended monthly meetings at the provider’s central office to gain up to date information and details of any relevant legislation, policies and practices. We saw accidents and incidents were documented along with near misses. Any learning outcomes were shared and discussed at the quarterly health and safety meetings and fed back to staff team. We saw audits were carried out and outcomes were recorded and action plans developed.

The registered manager told us in their PIR, “Our vision and mission statement and values were put together by staff and we try and live our values. All staff are given these during induction, and trained to reinforce and prioritise them whilst working to achieve their QCF qualifications”. We saw that key values were displayed in the reception area of the home and staff told us they had been provided with a copy of them but could not recall them when we asked them. Therefore values had not been embedded within the home.

The atmosphere in the home was open and inclusive. Staff spoke with people in a kind and friendly way and we saw many positive interactions between the staff on duty and people who lived in the home. The registered manager told us they had an open door policy, allowing people and their families and staff to approach them at any time. This was reflective of what people told us. We saw the door to the manager’s office remained open throughout the inspection unless discussions of a confidential nature were discussed. We saw a person who lived at the home was welcomed into the manager’s office to chat with them. The registered manager told us they encouraged a positive culture that was person centred. We saw the provider acknowledged staff achievement and several members of staff had been nominated for ‘STAR awards’ by people who lived at the home and their relatives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

There was not suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People's health, safety and welfare was not safeguarded because the provider had not taken appropriate steps to ensure that at all times there are sufficient numbers of suitable, qualified, skilled and experienced persons employed to meet people's needs.