

April Cottage Retirement Home

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 4 November and 10 November

April Cottage Retirement Home provides accommodation for up to 12 older people. There were 11 people using the service on the day of our inspection.

There was a registered manager. 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.

People felt safe within the home. Risks were assessed and managed to protect them from harm.

Summary of findings

Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

People's independence was promoted and choice making encouraged. People remained part of the wider community if they wished to and links with people important to them were maintained.

Most people had the capacity to make decisions about their care and the support they received. These people were involved and their opinions sort and respected. Where people required support to make decisions, the service did not follow the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff team were unclear of their role in ensuring best interest decisions were made for people.

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals. Where people had more complex needs these were not always being met.

Staff knew people well and treated them with kindness and compassion. People enjoyed the meals provided and where they had dietary requirements, these were met. People were offered adequate drinks to maintain their health and wellbeing.

Systems were in place to monitor the health and wellbeing of people who used the service.

People's health needs were met and when necessary, outside health professionals were contacted for support.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager and had faith that they would address issues if required. Relatives found the registered manager to be approachable.

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 told us they felt safe and the staff team knew how to keep people safe from harm. Regular safety checks had been carried out on the environment and the equipment used for people's care. People's medicines were managed so that they received them safely.

Good



Is the service effective?

The service was not always effective

We saw that staff received appropriate training to enable them to meet the requirements of their role. People enjoyed the food and individual preferences were catered for. We saw that the service had not completed assessments of people's capacity to make informed decisions around aspects of their care in line with the mental capacity Act 2015

Requires improvement



Is the service caring?

The service was caring

People were encouraged to make choices and independence was promoted. Staff treated people with kindness, dignity and respect.

There were no restrictions on visiting times which enabled relatives to maintain frequent contact with people.

Good



Is the service responsive?

The service was responsive.

Feedback from people who used the service and visitors was actively sought. People were aware of the complaints procedure and felt able to raise any concerns. Where concerns had been raised these had been dealt with in a timely manner.

Good



Is the service well-led?

The service was well led

The service had a statement of purpose and staff had a clear understanding of the aims and objectives of the service. Staff felt supported by the registered manager. People using the service felt able to contact the registered manager and discuss any issues with them.

The registered manager kept robust records to enable them to monitor the smooth running of the service.

Good



April Cottage Retirement 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.

This inspection took place on 4 and 10 of November. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed notifications that we had received from the provider. A notification is

information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with six people who used the service. We also spoke with a visiting health professional and three visitors during our inspection.

We spoke with the provider, the registered manager and five care workers. We looked at the care records of three people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, handover records, staff rota and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us that they felt safe at April Cottage. One person told us “You get looked after well.” Another person told us that that best thing about living at April cottage was “Knowing there is always someone there to help if I need it.” One visitor told us “She [relative] is safe here, she wouldn’t be at home.”

Visitors told us that there were enough staff to keep people safe. The registered manager told us about the staffing levels that they had in place. They told us that the rota was set out so that there was increased staffing at busy times and this was facilitated by some staff coming on shift earlier or staying later to cover. This was confirmed by looking at the rota. We were told that the service’s own staff covered other staff’s sickness or holidays, this ensured that people were only supported by staff who knew them well. The provider also employed a domestic staff member five days per week.

There was only one member of staff working at night in the service. We found that for the majority of people who used the service this staffing level met their needs. One person however periodically required two people to assist them during the night with toileting and turning to avoid pressure sores. We were assured that at these times extra staff were available.

We saw that there was a policy in place that provided staff, visitors and people using the service with details of how to report safeguarding concerns. Staff were aware of this policy and how to report and escalate if required. They told us that they felt able to report concerns. The registered manager was aware of their duty to report and respond to safeguarding situations however we were told of an occasion when an external professional had asked the registered manager to alert the local safeguarding team as they had not done so. The registered manager told us that they had recognised the cause of the concern and addressed it therefore had not felt it necessary to report. They did once requested.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks were carried out on staff members prior to them

starting work. We looked at the recruitment files for three staff members. We found that all the required pre-employment checks had been carried out before they had commenced work.

People could be assured that they would receive their medicines as prescribed by their doctor. One person told us “We all have medication from the doctor, staff sort things out quickly.” Medicines were all stored securely and the temperature of the medicines fridge was regularly checked and recorded. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was taken regularly.

We observed staff administering medication. Once a person had taken the medicine the MAR chart was then signed. On three occasions we observed people being offered their medicines but refusing them due to eating their lunch. This was respected and the medicine was offered again after the meal. There were no medication profiles which would inform staff of how each person liked to receive their medication and aid consistency in administration. The manager assured us that they would develop these to assist good practice.

Where people had PRN [as required] medicines there were protocols in place. Some people who used the service administered their own medicine. We saw that they had been assessed as safe to do so. We were told that one person sometimes needed to be given their medicine covertly. Covert medicines are those which are disguised in food or drink without the person taking them being aware that they are there. We saw that this had been sanctioned by the person’s GP but there was no protocol in place for this and staff did not have an understanding of how and when medicines could be given covertly. When we returned for our second day of inspection the registered manager had begun the process of implementing a covert medication policy in line with current guidelines. The registered manager also told us that they were arranging for the GP to support them to review the person’s care plan to ensure that if covert medication was required, this was done in line with their specific needs.

We looked at three people’s plans of care and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance

Is the service safe?

for staff to be put in place to minimise the impact of these risks. For most people their risk assessments had been reviewed regularly however, for people with higher support needs or changing needs, theirs had not been updated to reflect current risks. We discussed this with the registered manager who said that they would reassess people and reflect this in their plan of care. After the inspection we received contact from the registered manager and the local authority who informed us that those with higher support needs were being reassessed.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. We identified two areas where we felt more robust risk assessment was required, such as the use of bed rails to prevent falls. The registered manager said they would address this.

There was an accident book where accidents or incidents were recorded. These included details about dates, times and circumstances that led to the accident or incident. We saw that changes had been made to working practices or care plans as a result of the accident or incident. We discussed with the registered manager how further analysis and more in depth record keeping may aid the process of assessing if changes made had been positive.

The help that people would need if there was a fire had not been formally assessed. This had been identified at the last fire officer's visit. The registered manager informed us that they were in the process of completing these assessments. Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe.

Is the service effective?

Our findings

One person told us “I’m pretty convinced I wouldn’t be alive if I hadn’t come here”. A visitor told us that their loved one had improved in health since they had been at April cottage and put this down to the level of care that they received.

Staff told us that they received training when they started working at the service that enabled them to understand and meet people’s needs. This included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own.

The staff training records showed that staff received regular refresher training and ongoing learning. Staff told us that they had attended courses such as diabetes management, dignity in care, safeguarding and some practical sessions with the hoist and slings. We saw that some staff had attended a course which then enabled them to carry out training in that subject, known as a train the trainer course. These staff then provided the training in those areas for other staff at the service. We saw that in addition to this, some long distance learning and college courses were also offered.

The registered manager conducted regular supervision with staff members. During supervision staff’s progress, training and support needs were discussed this enabled the registered manager to evaluate what further support staff required from them. Staff also received an annual appraisal. During appraisal they were requested to reflect on achievements, agree a development plan and identify any obstacles that may prevent them from carrying out their role.

People told us that “Staff sort things out quickly” if there was an issue with their medication or if they need to see a Doctor. We saw that people had regular appointments with a variety of health professionals. This was confirmed by the GP. We also saw that emergency care had been sort in a timely manner when a person had become ill.

The Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The registered manager was not following the legislation. We found that one person who

used the service had asked for their bed rails to be removed two days prior to our inspection. This had not been done but there had been no assessment of the person’s capacity to consent to their being in place. We understand that since our visit this person has been assessed as having capacity and that they have consented to the use of bed rails.

Staff had received training about the MCA but did not demonstrate that they had knowledge of how they might apply the legislation in real life situations. One person who used the service sometimes received their medicines covertly. The GP had authorised this but the assessment of the person’s capacity to consent to this had not been recorded as required by the Act. The registered manager informed us that they believed that one person lacked the capacity to consent to their care and treatment. They had not made the necessary assessments to confirm this and ensure that the person received the care that took into account their specific needs and wishes. The manager assured us that they would develop and implement a policy which addressed the requirements of the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards.

People told us that they could make decisions about their lives and the things that they do. One person told us, “I can get up at 6 and have a bath whenever I want”, “I do what I want.” Staff understood the need to support and encourage people and knew to ask people’s consent before they supported them. People were also asked to sign to give consent to the care they received. Care plans stated that records should be reviewed regularly with people and that they should agree to the content. The care needs of people had been assessed and documented. This enabled staff to know how best to support people. We were able to see that people’s preferences and wishes had been taken into account.

People told us that they enjoyed the food provided. One person told us, “Today it was lovely.” One visitor told us, “She [relative] loves it.” We were told by the registered manager that the menus were put together based on what people told them they liked to eat. The meals looked to be appetising. A variety of both hot and cold drinks were offered throughout the day. We saw that most people were able to make choices of what they would like to eat when asked. The registered manager regularly asked people

Is the service effective?

using the service if there was anything they would like adding to the menu. This was so that people could try new things. We saw that tables were laid nicely in a welcoming style and napkins and condiments were available.

The service was able to demonstrate that it maintained high standards in relation to food hygiene. Individual dietary needs were catered for such as soft diets and staff were aware of how to provide these. Staff had a good understanding of individual's preferences and needs.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "Living here is very pleasant generally." One visitor told us, "We love it [April cottage] because its home from home." And another said that, "If I was looking for a home for my mum I would want her to come here." There was a homely feel. One relative told us, "It is warm and cosy."

Staff told us that they enjoyed the fact that the home was small and this meant that they got to know all the people using the service well. One staff member told us, "We are like a family." A visiting health professional told us, "This home is brilliant" if I grow old and need care, I would come here." We observed warm interactions between people and staff. During activities staff engaged in jokes and light banter and these were reciprocated by people. We also saw that staff had not recognised the communication attempts made by a person with more complex ways of communicating and as a result had missed opportunities to engage in meaningful interactions.

Staff supported people to remain as independent as possible and adapted to their needs and wishes. Where people wished to prepare their own meals, this was supported. One visitor told us, "The longer she [relative] has been here the more independent she has got."

We were told that people were encouraged to make choices about their lives at April Cottage. Some people using the service preferred to spend time in their bedrooms

rather than the lounge and this was respected. We observed people being offered choice around their meals. One visitor told us that, "When she [relative] first came here they asked us what sorts of food she liked."

The information that the service kept about how to support people was kept confidentially. Where people were able to, they signed to say that they agreed to their private information being shared with necessary professionals.

People's care plans contain information about their life history. This helps the service to recognise what may be important to people. People's belongings were respected and we saw that staff asked permission to enter their bedrooms. We saw that people's bedrooms had been personalised with their belongings. One person told us, "Your room is respected as your own personal space." Another person told us, "Its private, staff always knock on the door before they come in."

We saw that people were encouraged to maintain links with people who were important to them. We observed people using mobile phones to stay in contact with others. Visitors told us that they were welcomed at any time. We saw from the visitor's book that people often visited.

The registered manager held regular meetings for the people using the service. During these meetings people were updated on events happening at the service. If visits from outside agencies were known about, people were informed of this. People were asked about activities or entertainment they enjoyed and or wanted more of.

Is the service responsive?

Our findings

People told us that they would feel comfortable making a complaint. One person told us “I would complain to the carers, leave it to them. ... Things are soon sorted.” We saw that one person had raised a concern. This was responded to by the registered manager and appropriate action had been taken to address the concern. The person who had made the complaint told us that they were satisfied with the outcome. One visitor told us that they knew that the home had a complaints policy and that they would feel happy to use it if they needed to.

The registered manager conducted surveys with people who used the service to try to establish their views on whether they like living at April cottage and what things could be improved. At the last survey taken in September 2015 nine points were raised by people who used the service. Not all of the points made were concerns, however the registered manager had shown that they had addressed each point with individuals as appropriate. Where a person had said that they usually felt staff were attentive he had asked for more clarity on the point. We saw that the registered manager also carried out surveys with family members to gain their feedback. Results from these had been positive.

We saw that people’s needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. We found that most people had been involved in the initial implementation of the care plans however they were not routinely involved in the review of these. We brought this to the registered managers attention and they agreed that they would implement a system where by people would be more involved.

Important information about changes in care needs for people were shared with carers during the handover period. A Handover is when staff coming on to a shift are made aware of the wellbeing of each person and any important information relating to their care.

We saw that a plan had been put in place for one person to detail how to support them when they were upset. Records showed that this plan had been followed on occasions when they had been upset and that it had helped to alleviate the person’s anxiety. The person confirmed that this level of support was helpful to them and has enabled them to maintain a positive mental state. We saw that for

people whose needs were more complex, care planning was not responsive to their changing needs. For example one person’s care plan stated that they required no support to eat but on the day of our inspection we saw that they were being assisted with eating their meal. We pointed this out to the registered manager who informed us that after our inspection they had reviewed all care plans and taken action based on their findings.

Care plans contained information about people’s preferences and usual routines. This included information about what was important to them, details of their life history and information about their hobbies and interests.

Staff members were responsible for providing activities as part of their role. We observed people using the service engaging in some activities during our visit such as singing and bingo as well as watching television. Care plans reflected people’s interests and hobbies and it was clear how most people were being supported to engage in these. We saw that people engaged in activities both in their rooms as well as communal spaces. One person told us that they generally didn’t like to mix with others but did go to the lounge when they were playing bingo.

We saw that the registered manager reviewed care plans monthly. The registered manager contacted the GP or other agencies if there were concerns and asked for their advice or input. For example the pharmacist had been contacted when the new medication ordering system had been implemented and the registered manager felt they needed some support with ‘bedding the system in’.

People engaged in their preferred activities. We saw that many people who used the service accessed community facilities or activities independently, with family members or with support from staff. One person told us about their varied hobbies and achievements outside of the home. We saw that some of the trophies that they had won were on display. We were told that a number of different hair dressers came to the home to visit people and others go out to have their preferred hair dresser.

People were supported to practice their faith. One visitor told us. “People are looked after spiritually.” We saw that people’s wishes about the care they wanted to receive at the end of their lives had been discussed with them and documented.

Is the service responsive?

We saw that the garden was well maintained and accessible to everyone. For those people who smoked, a shelter had been erected to enable them do so safely and comfortably.

Is the service well-led?

Our findings

People told us that they had confidence in the registered manager, knew who they were and would feel comfortable to address issues with them. One person told us “I would tell [registered managers name]”. We observed people calling the registered manager by their name and chatting with them throughout our inspection.

Visitors told us that they regularly saw the registered manager and that they were approachable.

They felt that communication between themselves and the management was good and that they were kept informed of events or concerns. The manager told us that they had tried to involve families more in the past but feedback from families had been that they didn't feel the need to be more involved.

The service had a statement of purpose. Staff had a clear understanding of the provider's aims and objectives and told us that they should “Involve people in making decisions”. Staff recognised their role in supporting people to make the best decisions for themselves but if they chose not to, they had the right to do so. Staff understood the need to communicate issues to the manager straight away.

Staff told us that they felt supported by the registered manager and would be confident to discuss issues as and when they arose. Staff knew what was expected of them. We saw that staff meetings took place. During these the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures.

The service had a vacant bedroom at the time of our inspection. The registered manager told us that despite referrals they had not yet filled the vacancy. They said that this was due to them being aware of only taking someone for whom the service could be confident would meet their needs and who would be compatible with other people currently living in the service.

The manager had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed three-monthly audits in all areas of the home including equipment and furnishings to ensure that they were in good order.

The registered manager completed a forecast of expected maintenance and upgrades for the home once a year. This helped them to budget and plan for works required. We also saw that where unplanned repairs or upgrades were required, these had been accommodated.

The registered manager was aware of the requirements upon them to notify the Care Quality Commission or other agencies of significant events within the service. We reminded them of their legal duty to inform CQC when a safeguarding referral had been made as they had not on one occasion in the past year. The registered manager informed us they would do so.

Records of safety checks, staff supervision and training needs were kept by the registered manager. These enabled them to see what had been done and what was required to ensure the smooth running of the service. The registered manager had identified where some records kept were not effective in picking up potential errors such as new system for booking in medication from the pharmacy. The manager had adapted their systems in order to address this and contacted the pharmacy for clarity on the process of booking in and receiving medication.

We saw that where outside agencies had identified risks or upgrades for improvements to the service these had been addressed and implemented. For example the height of the banister had been increased to comply with changes to current legislation.