

Coventry City Council

Cottage Farm Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Cottage Farm Lodge is an 'extra care' housing scheme. People live in their own homes where care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for extra care housing. We only inspect the service being received by people provided with 'personal care'; help with tasks related to washing, dressing and eating.

Cottage Farm provides personal care and support to people within a complex of 30 one-bedroom flats. Five of which are short stay, to assist people to come out of hospital for a period of assessment before they return home or to alternative accommodation. The flats are arranged over two floors with a lift and stairs to each floor. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. People also have access to a communal lounge and a dining room.

Not everyone living at Cottage Farm Lodge received personal care. At the time of our visit 22 people were in receipt of personal care from the provider. People received varying levels of personal care and support depending on their needs. Some people required minimal assistance with personal care. Others required assistance with showering/bathing, mobility continence care, administration of medication, and nutritional support.

At our last comprehensive inspection of this service in February 2016, we rated the service as 'Good'. At this inspection, we found the service continued to be safe, effective, caring, responsive and well-led. The rating remains Good.

The service had 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 living at Cottage Farm Lodge and staff understood how to keep people safe from avoidable harm and abuse. Risks associated with people's care were identified and plans were in place to inform staff how to manage risks. Where people required support to take prescribed medicines, staff had received training to assist people safely.

There were enough trained, experienced staff available to meet people's assessed needs and to allocate all the visits people required. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service.

People were visited by a team of staff that they knew and who stayed long enough to do everything people needed without having to rush. People said staff were kind and considerate, and respected their privacy.

People's right to make their own decisions about their care were supported by managers and staff who understood the principles of the Mental Capacity Act. The managers and staff had provided very effective support to people who made unwise decisions due to alcohol dependency.

People were provided with care and support which was individual to them. People could live their lives in the way they chose and were supported to live as independently as possible. When needed, arrangements were in place to support people's nutrition and healthcare needs.

The managers and staff had a good understanding of people's individual needs and preferences. People's care and support needs were kept under review and staff responded when there were changes in these needs. People were encouraged to raise concerns and were confident these would be responded to.

There was an experienced management team that worked well together. Managers and staff shared the same values and were committed to providing a quality service to people. Staff received good support from the management team who they said were always available to give advice. There were effective and responsive processes for assessing and monitoring the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Cottage Farm Lodge

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 checked 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.

We inspected the service because it was previously rated 'Good' and it was time for us to return to check whether the rating continued to be 'Good'.

This comprehensive inspection was carried out by one inspector and took place on 5 and 6 December 2018. The inspection was announced. We told the provider we would be coming so they could arrange for us to visit people who lived at Cottage Farm.

We visited people who used the service on the 5 December 2018 and visited the office on the 6 December 2018 to speak with the manager and staff; and to review care records, policies and procedures.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed the 'Share your experience' information people who used the service had sent us since the last inspection.

We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share with us.

We reviewed information the provider sent us in the Provider Information Return (PIR) during the inspection visit. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was an accurate reflection of the service.

During our visit on 5 December 2018 we spoke with seven people who received personal care, and one

relative. During our office visit on 6 December 2018 we spoke with the registered manager, the assistant manager, one senior care staff and four care staff. We also spoke with a visiting GP.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, two staff recruitment files, staff training records, records of complaints and the provider's quality assurance audits.

Is the service safe?

Our findings

At our last inspection, we rated the safety of the service as 'Good'. At this inspection we found people continued to receive safe care and support. The rating continues to be Good.

People told us they felt safe living at Cottage Farm Lodge and with the staff who visited them. Comments from people included, "It's a safe place to live. I feel safe in my flat and knowing there is always staff about if I need them." Three people we spoke told us living at Cottage Farm Lodge had reduced their anxiety, particularly at night time, as they had previously felt unsafe living alone in their home. They said it was reassuring to know staff were always available if they needed them.

Staff had received training in how to protect people from abuse. Staff we spoke with described the types of abuse people may experience and understood their responsibility to report any concerns to their managers. Staff knew they could also report concerns directly to the local authority, the police and to us (CQC). Managers promptly referred concerns of possible abuse to the local authority for investigation.

There were procedures to identify risks related to people's care and support. Care staff knew about the specific risks associated with people's support needs and could describe the actions they took to manage these risks. Risk assessments were up to date, regularly reviewed and included information care staff needed to provide safe care to people. We spoke with two people who used equipment to help them transfer from their bed to a chair. They told us staff were confident using equipment and always transferred them safely. One said, "They (staff) know how to use the hoist, no problem with that at all."

Due to reduced mobility, some people were at risk of developing pressure sores. Since the last inspection the registered manager had implemented a 'Champion' for pressure area care. This member of staff had completed accredited training known as, 'React to Red' and was responsible for ensuring people at risk of skin breakdown had regular pressure area checks. They were also responsible for making sure staff completed 'skin check' charts. One person told us, "I had a pressure sore before I came here. Staff check every day and record how my skin is. It's been fine since I moved here, they make sure of that."

A staff member told us how they managed risks to people living at Cottage Farm Lodge on a short stay basis. They said, "As we do not have a lot of information about people when they arrive on short stay we treat everyone as 'at risk of falls'. We put things in place to reduce the risk of falling, such as bed and chair sensors and we make sure people have pendant alarms so they can call us if they do fall."

Staff were available to support people at the times they needed to meet their needs and to keep them safe. People told us staff arrived at the times expected, stayed long enough to do everything they needed and there was always staff available if they wanted to speak with someone between allocated visit times.

People had access to a call alarm system, so they could get urgent assistance from staff between scheduled call times if they needed. People confirmed staff responded to call bells. They told us, "They [staff] do respond when I press my call bell. I've called them several times, they respond straight away."

The provider's recruitment process continued to ensure risks to people's safety were minimised. Checks were carried out prior to employment to ensure staff were suitable to work with people who used the service. Records confirmed Disclosure and Barring Service (DBS) checks and references were in place before staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use care services.

People's medicines were managed safely and administered at the prescribed times. One person told us, "Staff never forget to give me my tablets." Staff also told us, and records confirmed that they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed.

Staff received training so they understood their responsibilities in relation to infection control and hygiene. Since our last inspection the registered manager had appointed an 'Infection Control Champion'. This staff member had achieved accredited training, 'Say no to Infection', and supported staff to implement and maintain infection control procedures to prevent the spread of infection.

The provider had a procedure to record accidents and incidents that occurred. Accident and incident reports were reviewed to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

There were procedures and practices to ensure people remained safe in case of emergency, such as routine fire alarm checks. The managers also worked closely with the local fire safety officer and arranged for them to visit people who smoked cigarettes, to discuss fire safety in their flats. The fire officer provided equipment for people to keep them safe if needed. For example, additional smoke sensors, fire-retardant aprons, chair covers and bed linen. We observed staff response when the fire alarm activated during our visit. Staff knew the actions to take to keep people, and themselves safe.

Is the service effective?

Our findings

At our last inspection, 'effective' was rated as 'Good'. At this inspection people continued to receive effective care and support. The rating continues to be Good.

People received effective care because their care and support needs were assessed to make sure staff could meet their needs. Staff told us they received regular training which supported them to carry out their roles effectively. Staff also received specific training to meet the needs of individuals, such as dementia and alcohol dependency. One staff member told us, "The managers are really hot on training here. I am having my medication refresher training today. I've also attended an alcohol and drug awareness course, which was really useful as we have people here who abuse alcohol." Another said, "The dementia training was really good, it was holistic dementia care, looking at the whole person not just their dementia." Records showed a programme of on-going training supported care staff to update and further develop their knowledge and skills.

We spoke with a new member of staff who was completing the Care Certificate. They told us, "The training is very comprehensive and provides the knowledge base needed to provide care and support." The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager told us staff had observations of their practice to make sure they were competent and confident putting their training into practice.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider understood the relevant requirements of the Act and confirmed no one using the service had restrictions on their liberty.

The managers and care staff had received training in MCA, they asked people for their consent before they provided care and respected decisions people made about their care and support. The registered manager told us, "Staff know about MCA they understand about consent and safety and unwise decisions." They gave examples of how they (managers) and staff had supported two people with alcohol dependency to live their lives as they chose. They told us how this was a challenge to staff as the decision both people made to continue to drink was against medical advice and seen as unwise. Following a best interest meeting for one person, a mental capacity advocate was appointed to support the person with decision making. The managers demonstrated some excellent work in regard to best interests, and had supported both people in the least restrictive way possible.

We looked at how people's nutritional needs were monitored and managed. Some people we spoke with made their own meals; others had staff support to make drinks and meals. Where staff supported people to prepare meals they made sure people were offered a choice of food and had sufficient to eat and drink. People had the option of purchasing meals from Cottage Farm Lodge every day, if they preferred not to cook. One person, "The food is very tasty and filling, its cooked well and there is always a choice." Everyone we spoke with said staff ensured they made them a drink before they finished. During visits to people we saw they all had drinks close to hand if they couldn't get drinks themselves.

Where required staff monitored people health and welfare. Some people told us they made their own health appointments, others said staff supported them with this when needed. Staff told us they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when needed. For example, the registered manager told us how staff had responded quickly when they noticed a rash and discolouration on one person's arm while providing personal care. They contacted the NHS, 111 health advice service who arranged for a doctor to visit. The person was admitted to hospital for further tests.

The managers told us the local GP contacted the service every week to see if anyone required a visit. We spoke briefly with the local GP who visited people while we were there. They told us people's health needs were responded to quickly by staff and they were contacted promptly and appropriately.

People told us their individual needs were met by the adaptation of the environment at Cottage Farm Lodge. The managers told us they discussed adaptations to people's flats with the landlord where these were required, to support people's independence. For example, some people had adapted entry to their flat doors, wider door frames for people who used wheelchairs, and bathrooms changed to wet rooms. One person who had an adapted bathroom told us, "It makes things easier for me."

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld and support was provided by care workers who were caring. The rating continues to be Good.

People were positive about the standard of care they received. They told us staff were kind and considerate and they were treated with respect. Comments from people included, "Always polite and respectful," "Staff are very polite you couldn't ask for nicer." "I love it here. Staff are great. Kind and patient."

People lived in their own homes so we were unable to observe people's care directly, but people told us their privacy and dignity was maintained. One person told us, "Staff always knock before they enter my flat, they don't just walk in." Another said, "I never feel uncomfortable or exposed when they are helping me shower or dress."

Staff knew people very well and had built friendships with people. Staff knew about people's preferences, for example how they preferred their personal care provided, what people liked to eat and drink, and about things which were important to people, like their family. People told us, "Staff are very friendly," and, "We have a laugh and joke".

People said they were encouraged to maintain independence and do as much for themselves as they could. One person told us, "I look after myself with a little bit of help." Another person on short stay, who had fallen at home told us, "I try to do as much for myself as I can, but the fall has made me nervous and knocked my confidence." Staff understood the importance of encouraging people to be as independent as possible. A staff member told us, "Staff share the same values about supporting people to maintain their independence. We do with, not for." Another said, "It is really good to see people on short stay progress and regain their independence, and move back home."

We were told about one person who had been discharged from hospital with equipment to help them transfer, following a fall. Staff told us how they had worked with this person to increase their mobility and with encouragement and support they had gained strength. They said the person was mobilising with a walking frame within their flat which had increased their independence. One staff told us, "This was great to see and very rewarding."

People said staff arrived around the same time each day to provide their care and support and stayed long enough to do everything they needed without having to rush. Staff said they had sufficient time allocated to people's care calls and had time during the call to speak with people and find out how they were.

People told us they were involved in their care and how they would like to receive this. This was evidenced through talking with people and staff, and within people's care plans. One person told us, "I am involved in my care. I know what is in my care plan as they discuss it with me every three months."

The managers and staff understood the importance of respecting and promoting equality and human rights.

Records showed staff had received equality and diversity training. One staff member told us, "Everyone is different. They like their care in different ways. It's all about respecting this." No one we spoke with had any specific cultural needs. The managers told us ministers from different religious faiths visited people regularly.

The registered manager told us there were some people living at Cottage Farm Lodge who chose not to socialise with others and who had few visitors. They were mindful of how social isolation effected people's health and wellbeing and were looking at implementing initiatives to try and reduce this. Such as visits from local school children and 'pet therapy'.

Is the service responsive?

Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found the service continued to be responsive to people's needs. The rating continues to be Good.

People received personalised care and support based on what they needed and in a way they liked. We asked people if they received good care, they told us they did. One person said, "The staff are all friendly and kind, they are really good at what they do."

Staff knew people well, they understood their care and support needs, and their individual preferences. For example, staff knew one person who had a mental health condition used a specific phrase when they were becoming unwell. They were able to reassure the person and refer for medical advice if needed. Staff said some people were often reluctant to receive personal care. They knew, if they made one person a specific type of tea, or talked about places another person had visited, or sang a specific song with another they were more willing to accept care and support.

The managers told us how they had experienced challenges in supporting some people's preferences and choices, which conflicted with keeping people safe. They explained that some people living at Cottage Farm Lodge were alcohol dependent. They told us about two people who had regularly declined help with personal care and had fallen over several times while under the influence of alcohol, causing injury that needed medical attention. Both people continued to drink even though they understood the consequences for their safety and health. Safeguarding referrals had been raised due to injuries and self-neglect. One staff member told us, "It's difficult when people have capacity and abuse alcohol, then self-neglect and refuse personal care. We can't force them to wash or change their clothes. All we can do is go back later and try again."

Due to the concerns about these people's well-being and safety the registered manager arranged meetings with other professionals involved in their care which they referred to as 'escalation meetings'. This was to share their concerns and discuss people's support needs. In one meeting it was confirmed the person had alcohol related dementia. This resulted in a best interest meeting as they were seen to lack capacity to make decisions regarding consumption of alcohol. The managers said during these 'escalation' meetings people were at the centre of the discussions, and that involving others had helped staff plan people's ongoing care and support.

Everyone we spoke with knew the times care staff should visit and confirmed staff arrived around the time expected. For example, one person told us, "Staff visit several times during the day and check me at night to make sure I'm alright." Staff said they were allocated sufficient time to carry out their calls without having to rush and had flexibility to stay longer if required.

People told us there were activities arranged for them to be involved in if they wished. These were arranged by people who lived at Cottage Farm Lodge. One person said, "They let you know what's going on, like coffee mornings or exercise groups." On the evening before our inspection there had been a Christmas party

with an entertainer. Everyone we spoke with, including staff, who had attended said it was a 'brilliant' evening. We spoke with the person responsible for arranging the party and fund raising for activities. They told us they received excellent support from the assistant manager to arrange activities, including coffee mornings and raffles.

People we visited had a care plan in their home for staff to follow. People told us "Yes they did an assessment before I moved in, and I have a care plan". Another said, "They review my care plan with me every three months. My support has been increased recently as I need a bit more help."

We reviewed the care plans for three people who received personal care. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed. Care plans were focused on the person and included, their choices, likes and preferences. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided.

Staff said they had time to read care plans and had updates about any changes in a handover meeting. Staff received a verbal handover at the start of each shift and a copy of the written handover was sent to all staff by email. One staff member told us "Communication works really well. We have emails, running records, written and verbal handovers. I feel very well informed." Another told us, "Everything is shared with staff. When managers had the escalation meetings and best interest meetings for people who abused alcohol we were all informed so we all worked in the same way, to support people and reduce the risks.

People were able to express their views and be involved in making decisions about their care and support. This was through regular reviews of their care and monthly tenant's meetings. Most of the people we visited said they attended the monthly meeting which, they said, kept them informed about things happening within Cottage Farm Lodge, including up and coming events. One person commented, "We have tenant's meetings every month. You can raise anything you want to. They (managers) do listen."

We looked at how complaints were managed by the provider. People told us they had no cause to complain but knew how to make a complaint, and were confident any concerns raised would be addressed. The registered manager told us there had been no formal complaints about the service, and any minor concerns were dealt with as they arose, before they became complaints.

There was nobody using the service in receipt of end of life care. However, people's wishes regarding this were recorded in care plans. One staff member said, "Anything to do with people's wishes are in the care plan. Like DNAR (do not attempt resuscitation)." Where people had made decisions about end of life care there were copies of relevant documents in their care files.

The registered manager understood the requirements of 'The Accessible Information Standard' (All providers must ensure people with a disability or sensory loss can access and understand information they are given). They told us information could be made available in other formats if people required this and that they had access to translation services and a sensory impairment team for advice.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by an experienced management team who had systems in place to ensure people received a good quality service. The rating continues to be Good.

The service had 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.'

The registered manager understood their responsibilities and the requirements of their registration. For example, they understood what notifications they needed to submit and had completed their Provider Information Return when requested. The latest inspection ratings were displayed in the service. However, we could not access their latest CQC inspection report from the provider's website, which is a legal requirement. We asked the registered manager during the inspection if they could find the report on the providers website, but they were unable to. The registered manager raised this with the provider's general manager for the service, who is looking into this.

There was a clear management structure to support people and staff. The management team consisted of the registered manager, assistant manager and senior care staff. Members of the management team told us they worked well together and supported each other.

Staff told us they felt supported and valued by all the management team. Staff were complimentary about the managers, saying, "I feel really well supported by both the managers," and, "The managers are very supportive and good role models." The registered manager told us how they had recently thanked staff for their hard work and managing challenging situations well. They said, "I really wanted them [staff] to know how well they had coped."

Staff told us they had regular team meetings with the management team. They said these meetings gave them the opportunity to discuss any issues of concern and ideas for improvement. There were regular managers meetings to discuss the service and the provider held registered manager, and assistant manager meetings where they could share ideas and good practice. The registered manager said they received good support from their line manager who visited the service regularly and carried out provider audits.

The managers and staff had received several compliments from people and professionals who used the service. Feedback from professionals referred to the care and support from staff as, 'kind' 'compassionate' and 'brilliant'. This was mainly in connection to the work the managers and staff had carried out with people who abused alcohol. The assistant manager told us, "It has been difficult at times knowing how to support people when they are intoxicated and continue to injure themselves from falling. I have gained a lot of experience working with people who are alcohol dependent, and challenging to the service. We have a way forward now,"

Since the last inspection the registered manager had implemented staff 'Champions' for certain roles in the service. Such as pressure area care and infection control. They said staff who had taken on these roles had carried them out exceptionally well. Staff champions had completed accredited training to carry out their roles, and implemented monitoring systems to make sure staff carried out their roles safely. The registered manager told us as this had been successful they were implementing further 'Champion roles' for, dignity, safeguarding, prevention of falls and end of life care.

We asked people and staff if any improvements could be made to the care and support provided. No one could think of any. One person commented, "There is nothing they could do to make it better, it's really good." A staff member said, "I can't think of anything, but we are always looking for ways to improve." The assistant manager told us "We are always reviewing the service, and learning all the time."

The registered manager said they kept their skills up to date by attending regular training. They told us they had completed the first stage of 'Leading Empowered Organisations' training. Which they said was 'a brilliant course about leading a team, staff wellbeing and managing 'critical conversations.' The managers had also attended a workshop about, 'Self neglect' organised by the provider.

The management team made regular checks of the quality of the service. For example, medicine administration records (MARs) were checked to ensure they had been completed accurately and medicines had been given as prescribed. The managers and the provider completed a range of other checks and audits to make sure they continued to learn and make improvements to the service. For example, incidents, accidents and complaints were monitored for any trends and patterns and for any learning from events. There had been no trends identified.

The managers worked well with other professionals, including the mental health team, social workers, the crisis team, psychiatrists and with the housing association who were the landlords for the tenants.