

Cow Lees Care Home Ltd

Cow Lees Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cow Lees Care Home is a residential care home providing personal and nursing care to up to 73 people. The services provides care to disabled people, people with mental health needs and dementia. At the time of our inspection there were 69 people living at the service. Care and support were provided across three separate buildings. One of the buildings specialises in providing care for people who may express distress or agitation due to their cognitive disability which can arise from dementia.

People's experience of using this service and what we found

Risks to people's health, safety and well-being had not always been assessed, monitored or managed safely. Some infection prevention and control risks had not been identified. Medicines were not always stored or administered safely.

Governance systems failed to effectively monitor people's health conditions and had not enabled the provider to identify concerns we found in relation to the management of diabetes, urinary tract infections and wound management records relating to a pressure sore. This placed people at risk of potential harm. Oversight of the premises had not ensured environmental risks were always identified and steps taken to mitigate risks to people's health and safety. Some important events and incidents had not been reported to us as per regulatory requirements.

Improvements were needed ensure all areas of the home were dementia friendly with the use of signs to help orientate people to their environment. The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and carried out mental capacity assessments for those identified as needed them. However, improvements could be made to ensure people with dementia were provided with visual choices. People were not always supported to have maximum choice and control of their lives. Staff supported them in their best interests; however, the systems and policies meant some choices were removed from people, such as having free access to their bedrooms.

Relatives felt their loved ones were safe and well looked after. Staff received safeguarding training to help them recognise and report potential abuse or neglect. Staff were recruited safely, and we received positive feedback about staffing levels. Overall, accidents and incidents were reported, recorded and a system used to audit them identified any potential trends or patterns.

The provider understood their responsibility to provide food and drinks which met people's nutritional needs. The views of people, their relatives and health and social care professionals were considered when people's care needs were assessed. People received specialist external support from healthcare professionals including tissue viability nurses, chiropodists and dieticians. Records of healthcare visits were maintained. Staff felt supported and told us they received training and support to meet the responsibilities of their role.

In response to learning from a conference, the provider had introduced daily jellies to promote people's fluid intake. The service worked with other health professionals to ensure people had access to specialist services to improve their health outcomes. Staff and relatives gave positive feedback about Cow Lees. They felt management were approachable, supportive and listened to their concerns.

Rating at last inspection

The last rating for this service was requires improvement (published 26 February 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to people's access to advocacy services and concerns regarding the conduct of some staff towards visiting professionals. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider took action during and immediately after our inspection visit to remedy some of the risks identified during our inspection and submitted an interim action plan to address the shortfalls in the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cow Lees Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to regulation 12 (safe care and treatment) and regulation 17 (good governance) at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Cow Lees Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors, a specialist nurse advisor 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.

Service and service type

Cow Lees Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cow Lees Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced on the first day of our inspection and announced on the second day of

our inspection.

Inspection activity started on 18 May 2022 and ended on 25 May 2022. We visited the location's service on 18 and 20 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to seven people, three relatives and 17 staff. This included the assistant managers, training manager, HR manager, registered nurses, care staff, a cleaner, activities coordinator, student nurse and the infection prevention and control lead. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including eight care plans, three recruitment files, medication administration records and a variety of documentation related to the management and governance of the service. After the inspection we spoke with two further relatives and continued to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had not always been assessed, monitored or managed safely.
- Two people had diabetes and required both insulin and their blood glucose levels monitored. One person was at high risk of developing a serious condition called Diabetic Ketoacidosis which, if not monitored safely, can be life threatening. This person's blood glucose monitoring chart recorded frequent, very high blood glucose readings which should have prompted an urgent medical review. No action was taken in response to those readings. We gave feedback on this concern during our inspection and in response, an urgent diabetic review was requested.
- One person was assessed as being prone to urinary tract infections (UTIs) and their care plan stated how staff should encourage them to drink two litres of fluid daily to help manage the risk of infection. However, there were no fluid charts to monitor this person's fluid intake and ensure they drank enough to minimise the risk of infection.
- Care plans and charts to support the monitoring and treatment of pressure sores required improvement. One person had a healing pressure sore, but their care records did not specify the frequency of repositioning, nor that they had a pressure sore, despite evidence this was reviewed by staff. Some turn charts were also missing. Regular repositioning is important to help manage the risk of pressure damage deteriorating and to relieve pressure from people's skin. In response to our feedback, an updated care plan was implemented.
- At the last inspection, environmental risks were not routinely identified. Similar concerns were identified at this inspection. On the first day of our inspection a piece of log was used to prop open a large sash window and a broken shower chair held together with tape was left in a person's bathroom.
- Two people in the home liked to sleep on sofas in shared lounges. The floors in these lounges were tiled. There had been no assessment of risk of potential falls from the sofa or any measures implemented, such as a crash mat, to mitigate the risk of potential injury should either person roll off the sofa and be injured from the fall.

Using medicines safely

- Medicines were not always stored or administered safely.
- One person was prescribed two medicines for agitation. They did not receive their medicines on five occasions because they were asleep. No action was taken to request changing the administration time as frequent missed doses affects the therapeutic level of medicine. In response to our feedback, nursing staff agreed to contact the G.P.
- Medicines were not always administered according to special instructions. One medicine for osteoporosis

did not include written instructions or system to ensure nurses administered this medicine safely. It is important to follow these instructions because these medicines are poorly absorbed by the body and can cause irritation to the gullet. Another medicine for high cholesterol was not administered at night and instead was administered in the morning which did not follow prescribing instructions.

- Records did not support the safe and effective administration of pain-relieving patch medicines. These medicines are applied to the skin and should be rotated according to special administration instructions for different types of patch. This is important because when routinely applied to the same area, patches can cause skin thinning and irritation and increase the rate of absorption causing a risk of overdose.
- Six people received pain relief medicine via a patch but the actual number of sites to be used for full safe rotation was not stated, and charts did not record that the site was checked daily to ensure it remained in place. These checks are important because patches are prone to falling off or accidentally being removed by people which increases the risk of people experiencing unnecessary pain, particularly if they have communication difficulties.
- One person was prescribed a patch that should not be applied to the same site within 14 days. Charts showed this patch was only being rotated between two sites therefore was not administered according to manufacturer guidelines. We raised this during our inspection and new patch charts to support the administration of patch medicines were implemented.
- NICE guidance for the management and disposal of sharps was not always followed. One disposal unit was not stored at a safe height because it was on the floor. Another unit was not sealed and disposed of within three months and another was not dated when commissioned. NICE guidance states sharps must be located in a safe position at a height that allows for safe disposal and avoids spillage, dated when commissioned and disposed of within three months. In response to our feedback immediate action was taken to seal and dispose of the unit.

Preventing and controlling infection

- Some infection prevention and control risks had not been identified. On the first day of our inspection, areas of the home and some upholstered furniture were visibly dirty and not clean. Flooring in dining areas were sticky and trolleys used to serve people their food were not clean.
- A bin used to dispose of personal protective equipment (PPE) was placed next to the food trolley and the lid was left on the floor, posing a risk of contamination.
- Some carpets in the home had strong odours and some staff did not wear their face masks according to government guidance on the safe use of PPE during a pandemic.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not operating effectively. This placed people at risk of harm. This was a breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection in response to the issues we identified. Urgent medical reviews were requested for those who needed them and changes were made to ensure medicines were administered according to special instructions. Action was taken to remedy the infection control risks and update risk assessments and care plans where required.

- Relatives felt their loved ones were safe and well looked after. One relative said, "It's everything really [that makes it safe], the staff, the building, it's all secure." Another relative said, "It's the staff, [my relative] is so well looked after. If [my family member] has been out, two staff come and get them out of the car, they ask if they have had a great time."
- Staff could identify potential risks relating to changes in people's skin and would report this to the nurses so they could examine people's skin for changes or emerging deterioration.
- When people were at risk due to expressing agitation and distress, staff could explain what they did to

manage this and help people stay calm. One staff member said, "I like to sit and do one-to-ones, read with them, going out for walks. It relaxes them, sitting with them and giving them time. [Person] gets quite agitated and calms down quickly as soon as they get outside."

- Personal emergency evacuation plans ensured people would be supported in the event of a fire.
- When verbal or phone prescriptions were made and hand written prescriptions created, these were signed by two staff which follows NICE guidelines on managing medicines in care homes.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training to help them recognise and report potential abuse or neglect.
- Overall, staff understood their safeguarding responsibilities and could tell us the types of situations they would report. However, feedback from some staff suggested how further training would promote increased confidence in this area of care.
- When safeguarding concerns were identified, these were reported to the local authority and us, CQC.

Staffing and recruitment

- Staff were recruited safely. Recruitment processes included background checks to assure the provider of the suitability of staff to work at the home.
- There were enough staff to support people safely. Feedback from staff and relatives confirmed this. One staff member said, "We're very well staffed. I can observe residents all the time, they're always in eyeline. The floor is never left unattended." One relative said, "Absolutely enough [staff]. Fantastic, and the nurses. They are lovely. They all know me."

Visiting in care homes

The provider followed government guidelines in relation to visiting.

Learning lessons when things go wrong

- Overall, accidents and incidents were reported and recorded and a system used to audit them, to identify any potential trends or patterns. However, one incident occurred on the first day of our inspection which had not been recorded or handed over. We fed this back and the nurse in charge agreed this should have been shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our previous inspection this key question was rated requires improvement. The rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People's lunchtime experience could be improved. People were not always shown what food was on offer. Staff explained to them verbally the meal choices, which meant people with dementia did not always understand the choices available to them. When people were shown the food on offer, people appeared to enjoy the food they had chosen and eat more. People were not given a choice about whether to have condiments and sauces with their meal to make personalised decisions. One person who wanted to eat whilst standing was asked to sit down before they were offered food, which caused them anxiety.
- Where people were at risk of poor nutritional intake, some people were placed on food and fluid monitoring charts to assess how much fluid or food they consumed each day, to ensure their health was maintained. One person did not have the recommended daily intake of fluid each day. Referrals were made to dieticians and medical professionals to seek advice about how food and fluid could be enhanced.
- The provider understood their responsibility to provide food and drinks that met people's nutritional needs. Where people had diabetes, special low sugar options were prepared to meet their health requirements.

Adapting service, design, decoration to meet people's needs

- In the specialist unit which supported people with complex needs arising from dementia, signs to help orientate people to their environment were not used. We fed this back to the provider who agreed that symbols and signage in this area of the home would help provide a more dementia friendly environment.
- People's rooms were not always decorated in a homely way. Several rooms we entered had the same colour scheme, the same duvet covers, and had no personal items in the rooms to help people identify their home.
- The home had a number of shared dining areas and lounges areas for people to sit, socialise or meet their relatives.
- In two of the three buildings, signs provided people with information about where rooms such as bathrooms and lounge areas were, so people could find their way around.
- People had access to a range of outside spaces including large garden areas, patios and a conservatory. We saw a small number of people enjoying time outside accompanied by staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The views of people, their relatives and health and social care professionals were considered when people's care needs were assessed.
- Each unit had a lead staff member responsible for assessing new people's needs before they were

admitted to the home. If they did not think the home had the right staff or skills to support a person safely, or their needs could not be met, admissions would not go ahead. This helped to ensure the service had the staff with the skills and experience to meet the specific clinical and physical needs of people, before they were admitted to the home.

- People's assessments reflected current guidance and standards, such as in relation to infection control.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Where they had reason to question a person's capacity to understand information related to their care and support, their care plans included a mental capacity assessment relating to the decision which needed to be made. However, there was some inconsistency in documenting how the decision had been reached and not all assessments included this information.
- Where people were assessed as lacking capacity to make a decision, the registered manager arranged best interest meetings. Healthcare professionals and others involved in the person's care were consulted to ensure decisions were in the person's best interests.
- Where restrictions were identified, applications had been made to the supervisory body for a DoLS authorisation.
- Staff worked within the general principles of the MCA. They offered people everyday choices, such as choosing their clothing. However, people were not always offered choices about where they spent their time. For example, people could not access their bedrooms without staff accompanying them, as bedroom doors were kept locked in some areas of the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received specialist external support from healthcare professionals including tissue viability nurses, chiropodists and dieticians. Records of healthcare visits were maintained.
- Nursing staff met twice daily, at shift changes, to discuss people's needs in a handover meeting. This helped to ensure consistent and effective care practices.
- The registered manager was following the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. There were formal oral health assessments in the care records which detailed what support people required to maintain their oral health.

Staff support: induction, training, skills and experience

- The training manager told us they provided training in formats staff preferred. They explained they offered

staff face to face and online training. There was a dedicated staff training room on site, and designated training staff offered staff support with knowledge and skills on site. However, ongoing monitoring of staff confidence and competency through measures such as spot checks were not in place.

- Staff felt supported in their role and told us they received training and support to meet the responsibilities of their role. A nurse told us, "They [provider] support me to maintain my professional development."
- New staff were supported to provide good care to people through an induction programme which included the Care Certificate, a recognised qualification in the fundamental standards of delivering care. This helped staff to understand how to care for people safely.
- The provider maintained a training matrix, which showed staff training was up to date.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Governance systems had not enabled the provider to effectively monitor people's health conditions and did not identify the concerns we found in relation to the management of diabetes, urinary tract infections and records relating to wound management. This placed people at risk of potential harm.
- Oversight and auditing of medicine administration and practice did not identify the issues we found relating to the storage and administration of medicines and sharps, and that some medicine competencies had expired. This placed people at risk of potential harm.
- Governance systems had not enabled the provide to ensure infection prevention and control guidance was always followed to keep people safe.
- Lack of managerial oversight meant risks associated with people's care and treatment were not always identified. Governance systems had not identified when people expressing agitation and distress impacted on the managing of other risks related to their care, and did not identify other strategies to help staff mitigate those risks more effectively.
- Oversight of the premises had not enabled the provider to ensure environmental risks were always identified and steps taken to mitigate risks to people's health and safety.
- Some incidents were not reported to us as per regulatory requirements. We identified four serious injuries which had not been notified. The provider accepted this and identified this was an area of learning, as staff responsible for reporting events and incidents to CQC did not fully understand the regulations regarding notification.

Effective systems were not in place to assess, monitor and improve the quality and safety of the service provided, and assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others. This was a breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately, during and after the inspection in response to the issues we identified and assured us how action would be taken to implement more effective governance systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- Relatives gave positive feedback about the home and that management were approachable. One relative said, "[My family member] being at Cow Lees makes a big difference, we realise [my family member] is in exactly the right place. When we leave, they never says when are you coming back? They wave us off. We know they are in good hands."
- Staff also gave positive feedback about working at the home, being supported and the workplace culture. One staff member said, "It's friendly, managers are very good, our nurses, everyone is very good and friendly. It's a very nice working environment." Another staff member said, "It's a really good culture. I was overwhelmed with the amount of support I received. Management listen to concerns about everything."
- The provider used a suggestion box and signposted visitors to online forums to give feedback on the quality of care. However, in response to the COVID-19 pandemic, formal systems of gathering feedback about the service had stopped. We raised this with the provider, and they confirmed that formal systems would soon resume.

Continuous learning and improving care; Working in partnership with others

- The activities coordinator planned to improve the range of hobbies people had access to, to help promote meaningful activity and asked for the introduction of a garden club to be added to the agenda.
- The service worked with other health professionals to ensure people had access to specialist services to improve their health outcomes. However, prior to our inspection we received some negative feedback from professionals about the conduct of some staff which impacted negatively on positive working partnerships.
- In response to learning from a conference, the provider introduced daily jellies to promote people's fluid intake.
- Staff gave positive feedback about their development and training. One staff member said, "The provider supports me with my learning. We do e-learning and practical learning."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not operating effectively. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Section 29 Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective systems were not in place to assess, monitor and improve the quality and safety of the service provided, and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Section 29 Warning Notice