

SheffCare Limited

Cotleigh

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

About the service

Cotleigh is a residential care home that provides accommodation and personal care for adults with a range of care and support needs, including adults who are living with dementia. The home can accommodate up to 62 people in one adapted building over two floors. At the time of this inspection there were 54 people using the service.

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

People were cared for by staff who treated them with kindness, dignity and respect. Staff knew people well and they were responsive to people's individual needs. People and their relatives described staff as "lovely" and "kind". Staff welcomed people's relatives into the home, to support people to maintain important relationships.

People were supported to take part in a range of activities, to help them remain meaningfully occupied. Staff encouraged people living at Cotleigh to develop positive relationships with each other. People told us they had made friends within the home and we observed people enjoyed spending time with each other.

Staff were knowledgeable about people's needs. The service used an electronic care planning system which supported staff to regularly review the care and support people needed. Staff supported people to access other health and social care professionals and they acted on any advice they were given. People were supported to eat and drink enough, and people's special dietary requirements were catered for.

People were happy with the quality of the care they received. People felt safe and they were protected from the risk of abuse. Risks to people were assessed and staff were knowledgeable about how to support people to remain safe. People were protected from the spread of infection and they received their medicines as prescribed.

There were enough staff to keep people safe and meet their needs in a timely manner. People were supported by staff who were appropriately trained and supervised. Staff had the skills they needed to care for people effectively. All staff felt well-supported by the registered manager and the morale of the staff team was positive.

Staff encouraged people to make their own decisions and they obtained consent from people before care was delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The home was managed by an experienced registered manager. People, their relatives and staff told us the service was organised and well-run. The registered manager used suitable systems to monitor the quality and safety of the service. People, their relatives and staff had opportunities to provide feedback about the

service and share their ideas about how it could be improved. People knew how to complain if they had any concerns about their care.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cotleigh

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 Care Act 2014.

Inspection team

This inspection was completed by two inspectors, an assistant inspector 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

Cotleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

Due to the timing of this inspection, the provider was not asked to complete a provider information return prior to the inspection. This is information we require providers to send us annually, to give some key

information about the service, what the service does well and improvements they plan to make.

During this inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. To help us understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care, throughout the day.

We spoke with 13 members of staff including the registered manager, deputy manager, care staff and other ancillary staff.

We reviewed a range of records. This included three people's care records and selected documents from one other care record. We checked multiple medication records and a variety of records relating to the management of the service.

We spent time observing the daily life in the home and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely, in accordance with good practice guidelines.
- People received their medicines, as prescribed. People's medicine records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Senior staff completed regular audits of the medicines management system, to identify potential safety issues and ensure good practice guidance was followed. Where audits identified improvements were needed, they were acted on. The registered manager had recently introduced a new system for recording the support people received with their topical medicines, to improve the accuracy of these records. Senior staff had increased their oversight of the new recording system, to ensure the necessary improvements were embedded and sustained.
- Staff were patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote people's privacy and dignity.

Systems and processes to safeguard people from the risk of abuse

- The provider used appropriate systems to safeguard people from abuse. Staff were knowledgeable about how to safeguard adults from abuse and they were confident the registered manager would quickly respond to any concerns they raised.
- People felt safe at Cotleigh and people's relatives were satisfied their family members were safe. A relative commented, "The best thing is, I know [my relative] is safe. They are well cared for so I can relax at last."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to reduce the risk of people experiencing avoidable harm. People's care records contained assessments of the risks posed to them and guidance for staff about how to manage those risks. Staff were knowledgeable about the risks posed to people.
- Staff completed regular checks of the premises and the equipment they used, to ensure the environment remained safe.
- Staff responded to any accidents and incidents appropriately. Each accident or incident was recorded and reviewed by the registered manager to ensure appropriate action had been taken.
- All accidents and incidents were analysed by the registered manager, to try to identify any themes or trends. This information was used to help reduce the risk of repeat events and to make improvements to the safety of the service.

Staffing and recruitment

- There were enough staff available to keep people safe and to meet people's needs in a timely manner. Staff

engaged with people throughout the day, to check their needs were being met. Staff told us there were enough staff to provide the right level of care to people.

- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Preventing and controlling infection

- People were protected from the spread of infection. All staff received training in infection control, and they had access to suitable equipment to help prevent the spread of infection.
- The home was clean and tidy. People and their relatives told us the home was always "spotlessly clean".

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 the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider used effective systems, based on good practice guidance, to ensure people's needs were assessed and kept under review. As people's needs changed, their care records were updated so staff had clear, up to date guidance to follow.
- People and their relatives were happy with the care they received at Cotleigh.

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

- People were supported to eat and drink enough and maintain a healthy diet.
- There were systems in place to ensure people's eating and drinking preferences were known and respected. People told us they enjoyed the food on offer. A person commented, "The food is very good, and you get plenty."
- Staff monitored how much people were eating and drinking to help reduce the risk of malnutrition and dehydration.
- Some improvements were needed to the records staff made about the provision of thickened fluids, to ensure the fluid thickness level was consistently recorded on each occasion. The registered manager agreed to address this via staff supervisions, staff huddles and by closely monitoring these records to ensure improvements were made and sustained.
- Staff had easily accessible information about people's dietary requirements, including when people needed food and fluids with modified textures.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They received support to carry out their roles effectively. New staff completed an induction which involved shadowing more experienced staff. A staff member commented, "My induction was really helpful. It gave me a good insight into the care the residents need here."
- Staff completed regular training to ensure they had the right skills to deliver effective care. Staff were happy with the training they received.
- Staff received regular support and supervision to review their competence, discuss areas of good practice and to consider ways they could continue to improve. Staff told us they felt very well supported by the registered manager and the deputy manager.

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

- Staff worked with other organisations to deliver effective care to people. There were clear procedures in

place to support staff to proactively seek advice from community health professionals, such as the GP and district nurses.

- Staff acted on any advice given by community health professionals and this helped to achieve good health outcomes for people. People's care records contained clear information about the advice given and the actions taken by staff to meet people's health needs.

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

- The premises were suitably adapted to meet the needs of people using the service. The ground floor of the home had recently been reconfigured to give people additional space to walk around independently. People had access to a secure garden and numerous communal areas. We observed these were well used throughout the day and they provided people with opportunities to socialise with each other.
- Adaptations had been made to support people to navigate their way around the home. People had memory boxes outside their bedroom doors which contained pictures or information that was meaningful to them. This supported people to remember which bedroom was their own.
- People had been supported to personalise their bedrooms with items that were familiar to them, to support them to feel comfortable and safe.

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 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 make 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 any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We were satisfied the service was working within the principles of the MCA. People's capacity to make their own decisions had been assessed and best interest decisions were recorded, when necessary.
- Suitable systems were in place to ensure restrictions on people's liberty were correctly authorised. The registered manager submitted DoLS applications to the local authority. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware.
- Staff obtained consent from people before they delivered care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke about people with kindness and compassion. Staff commented, "We treat people as we would treat our own family" and "We put people first, we have their best interests at heart, we make sure they are well looked after and happy."
- We observed staff interacted with people in a positive way. Staff were able to provide effective reassurance to people when they became upset or anxious. A person commented, "Staff sit and talk with me if I am sad."
- People and relatives provided consistently positive feedback about staff. Their comments included, "The staff are ever so nice. They always have time to talk to me", "The staff are a lovely group and will do as much as they can for you" and "The staff are very kind." We observed people appeared very comfortable in the presence of staff.
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and encouraged people to make decisions about their care. We observed staff asked people what they wanted to do during the day and how they would prefer to spend their time. Staff regularly moved around the communal areas of the home to engage with people. This ensured everyone had regular opportunity to indicate if they needed or wanted anything.
- People's relatives were involved in planning and reviewing their family member's care, when people were unable to make their own decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. We observed staff provided people with appropriate encouragement and equipment to enable them to complete tasks for themselves. A person commented, "[The staff] try to encourage us to do things."
- Staff promoted people's dignity and they spoke about people with genuine respect. People's relatives told us staff made sure people were always well-presented and their family member's dignity was maintained. A relative commented, "[My family member] is always well turned out."
- People's privacy was respected. Staff understood the need for personal information to remain confidential. Any information that needed to be shared with other staff was discussed in private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them. People's care plans contained information about their life history, and this supported staff to build positive relationships with people.
- Staff were responsive to people's changing needs. Staff used an electronic care planning system which meant all staff had access to current information about each person's care and support needs. Senior staff promptly updated people's care plans, as people's needs changed.
- Staff tailored their approach to people, based on their knowledge of each person. This enabled staff to care for people in a personalised manner and be responsive to their needs. A person commented, "The nicest thing is, if you say you like something, you get it again." People's relatives told us they were confident their family member's needs were being met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Cotleigh provided a range of activities for people living in the home. People took part in activities and events according to their personal preferences. People told us they enjoyed the activities and they had enough to do to keep themselves occupied on a daily basis.
- People living at Cotleigh had been supported to develop friendships with each other. Numerous people told us they enjoyed this aspect of the service and we observed people living at Cotleigh had a positive rapport with each other. People commented, "Friendship is the nicest thing here" and "The best thing here is being with friends."
- Staff welcomed people's relatives and friends into the home to support people to maintain important relationships. A relative commented, "The best thing here is the staff. They're nice and friendly." People's relatives told us staff kept them informed about their family member's care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met. Information about people's communication needs were appropriately shared with other professionals, for example when people were admitted to hospital.
- Staff communicated with people effectively. They tailored their approach to suit each person. For example,

staff supported some people to make choices about food and drinks by visually showing them the options available.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure, which was followed by the registered manager and staff.
- People and their relatives told us they felt able to raise any issues or concerns with staff and the registered manager.
- Information about how to complain was clearly displayed in the home.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were supported to make decisions about their end of life care, where they were able to do so.

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 the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were all driven to provide high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home.
- Everyone was complementary about the way the registered manager led the service. A staff member commented, "I think they do an amazing job. They support staff well and they do actually listen. Their door is always open. They go above and beyond."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities. Staff morale was positive, and they all told us they enjoyed their jobs. Staff comments included, "I very much love my job. It's a rewarding job and we can give a lot back to the residents" and "I really enjoy working here."
- There was a suitable quality monitoring system in place, to help staff make continuous improvements to the care people received. The registered manager and deputy manager regularly audited the service, to ensure compliance with the provider's expectations of high-quality, personalised care. Where audits identified improvements were needed, we found they were acted on.
- The registered manager understood the regulatory requirements and pro-actively provided information to CQC following significant events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff had regular opportunities to give feedback about the home. The registered manager made themselves easily available to people using the service, relatives and staff.
- The registered manager had implemented systems which supported effective communication across the staff team. For example, they had recently introduced regular staff 'huddles', to provide staff with regular, planned opportunities to share ideas or concerns with each other. Staff were also able to share feedback about the home through regular supervision meetings, staff meetings and surveys.
- The provider analysed the feedback they received from people, their relatives and staff to assess how they could make further improvements to the service.

Working in partnership with others

- Staff worked as a cohesive team, alongside a variety of other health and social care professionals to ensure

people received effective care and support.

- The provider had established links with other organisations in the community. For example, local religious organisations visited Cotleigh to support people with their faith and provide a regular church service which people could attend.

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

- The provider had a suitable policy which provided staff with guidance about how to comply with the duty of candour.
- The registered manager and provider were committed to being open and honest if anything went wrong and learning from any incidents or complaints. All staff told us they were confident the registered manager and provider would act on any concerns they raised. All staff told us they felt able to raise any concerns or questions with them.