

Cow Lees Care Home Ltd

Cow Lees Care Home

Inspection report

Astley Lane
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Warwickshire
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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cow Lees Care Home is a care home providing personal and nursing care and accommodation for up to 73 adults living with dementia or mental health needs. The care home is made up of three separate units. These include Cow Lees, a converted two-storey building with 18 bedrooms and communal facilities. Astley House, a purpose built two-storey building with 24 bedrooms. Sole End, a purpose-built three-story building, which specialises in supporting people with complex behaviours and early onset dementia. At the time of our inspection visit there were 69 people receiving care.

People's experience of using this service

There were checks in place to ensure good standards of care were maintained, however improvements were required to ensure all checks were effective because they had not identified concerns we found during our inspection visit, including some environmental risks.

The registered manager worked in partnership with outside agencies to improve the service. Staff felt supported and valued by senior staff.

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. They were supported with their medicines and to obtain advice from healthcare professionals when required.

Staff received training and guidance on how to support people, however, some gaps were identified in key areas.

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.

People were treated with dignity and their independence was promoted wherever possible. People were encouraged to take part in activities which interested them and which improved their wellbeing.

People and their relatives were involved in planning care in their best interests. People and their families understood how to complain if they wanted to.

Rating at last inspection and update

The last inspection was a comprehensive inspection. The service was rated Good in all areas (report

published 14 July 2017). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

There was one inspector, one assistant inspector and a specialist nurse advisor in dementia care.

Service and service type

Cow Lees Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the Care Quality Commission. 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.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House and sought feedback from the local authority. We used all this information to plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and two relatives, about their experience of the care provided. We spoke with eighteen members of staff including the registered manager, the business manager, the training manager, two deputy managers, five nurses, five care assistants, a cook, a

maintenance person and a member of the housekeeping staff. We observed care and support in communal areas. 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 seven people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection

We received further information from the manager to evidence the quality of the service. We telephoned a relative of a person who used the service, about their experience of the care provided.

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 as good. At this inspection this key question has deteriorated to 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

- Care staff were able to explain how they supported people to ensure any risks to their safety were minimised.
- Care plans detailed how to support people safely. However, some identified risks had not been properly evaluated and were not up to date, for example, the assessment of two people's behaviour. The registered manager took immediate action to ensure risk management plans were reviewed and updated.
- Some environmental risks had not been identified across the service. Some upper floor windows in the Cow Lees Unit had no restrictors to prevent people from opening them. Water outlet temperatures across the service had not been regularly monitored to identify if there was risk to people's safety due to scalding. The electrical safety checks for Cow Lees and Astley House were not up to date. The registered manager took immediate action to make improvements during and following our visit, to ensure the risks to people's safety were reduced. These included installing window restrictors where required, ensuring water outlets were tested and ensuring electrical checks were brought up to date.
- People would be supported in the event of a fire as personal emergency evacuation plans were in place.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. A relative told us, "[Name] feels safe and protected."
- Staff understood people's individual circumstances and how to keep them safe from harm. A member of staff explained what action they would take if they felt someone was at risk. They said, "I'd report it straight to the nurse."
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities.

Staffing and recruitment

- People told us and we observed there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- People told us they received their medicine when they needed it.

- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked by senior staff for any mistakes.
- Medicine fridges were not locked. The registered manager took immediate action during our inspection in line with current guidance, to ensure fridges were locked going forward.
- It was not clear on some people's records who were supported to take their medicines covertly, if advice had been sought from the pharmacy to ensure medicines were being administered safely. The registered manager took action during our visit to obtain written advice from the pharmacy and updated people's records accordingly.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying senior staff of any events. The deputy managers and registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe. However, one person's safety had not been evaluated following a recent fall. The registered manager provided evidence following our visit that improvements were made to the incident reporting process, to ensure the risks to people's safety were reviewed following any event which called into question their safety.
- Changes to people's care were shared with staff to reduce the likelihood of further incidents reoccurring.

Preventing and controlling infection

- Most of the home was clean and tidy, however two medicine trolleys were not clean inside and there was dust in high areas of medicine rooms. The registered manager gave us their assurance improvements would be made to ensure these areas were kept clean in future.
- The laundry floor was uneven and there was a risk it could not be cleaned to a standard to prevent the risk of infection. The registered manager confirmed this issue had been identified and the provider planned to make improvements to the flooring.
- People told us care staff wore personal protective equipment when personal care was given and were positive about the cleanliness of the home.
- Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.
- Care staff knew about maintaining good hygiene standards. One member of staff explained how they maintained standards in the laundry.

Is the service effective?

Our findings

Effective – this means 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 as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed in their care plans. Most protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had. However, improvements were required to obtain information about all the protected characteristics. We discussed this with the registered manager who assured us they would explore ways of obtaining more detailed information in future.

Staff skills, knowledge and experience

- There were gaps in staff training in some areas, such as understanding the Mental Capacity Act 2005 [MCA], mental health awareness and equality and diversity issues. Senior staff, including nurses had received training in these areas, however staff in less senior roles had gaps in their understanding of some issues. For example, care assistants told us they had received no detailed training in mental health issues and felt this would be useful. The training manager explained brief training on these areas was included in their one day dementia training. The training manager and the registered manager acknowledged there were gaps and gave assurances training in these three areas would be improved following our visit.
- Newly recruited staff followed a formal induction programme and were required to undertake training. New staff worked with existing and experienced staff members to gain an understanding of their role. The registered manager explained new staff whose first language was not English, were given additional support to ensure they understood their training.
- The provider's induction included their own version of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The training manager was in the process of developing training on equality and diversity issues, to ensure their induction was in line with recognised standards.
- Staff received training tailored to meet people's individual needs, such as stoma care.
- Staff told us they received supervision and feedback on their performance from senior staff.
- Staff were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

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

- People told us they enjoyed the food and drinks offered. A relative told us, "[Name] has a specialist diet and staff go to great lengths to make sure they have food which is acceptable to them." One person told us the food was, "Excellent."
- Meal times were relaxed, and people chose where they ate according to their preferences. People received

the support they needed to eat and drink at mealtimes.

- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being. Staff explained how they encouraged some people who were at risk of dehydration to eat jelly, to help maintain their fluid levels.
- Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded.
- People were offered a choice of drinks during our visit. We saw staff prepared specialist drinks according to current guidance and supported people to drink safely.

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

- Where a need was identified, people were referred to other healthcare professionals such as their dentist or GP, for further advice about how risks to their health could be reduced to promote their wellbeing. The registered manager explained how one person had been supported with their mental health needs to reduce admissions to hospital and this had improved their wellbeing.

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

- Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.
- People's care plans identified whether they had the capacity to consent to their care. However, some capacity assessments were not detailed. Some complex decisions made in people's best interests, were not fully recorded and it was not clear what information had been considered as part of the decision making process.
- It was not clear on some people's care plans if they had a legal representative to support them to make decisions. Care staff demonstrated an inconsistent level of understanding when asked about this issue. We discussed this with the registered manager and the training manager, who agreed to obtain further guidance in this area. They assured us this information would be clearly documented in future in order to uphold people's legal rights and care staff would receive further training to improve their understanding.
- Staff told us how they obtained people's consent and supported people to make daily decisions in their best interest. One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving, and this gave them choice and control over their lives.

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

- The three units making up the service met the needs of people who lived there. There were a number of communal areas and hallways and doorways were wide enough to allow people to use specialist equipment, such as wheel-chairs. The upper floors were accessible by a lift or stairs. There was an accessible

communal garden where people could spend time if they wished.

- The provider had identified areas of the home which needed updating. A programme of refurbishment was underway. New furniture had been provided in the Sole End unit. Further work was planned which included new flooring in the Cow Lees unit and laundry.

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 as 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; equality and diversity

- People told us they felt staff cared about them, valued them as individuals and made them feel included. Relatives told us, "I am happy to sit back and let the carers take over, I trust them;" "The staff are all so caring, it makes me feel comfortable," and "The staff are lovely and always reassure me."
- Staff enjoyed their role in supporting people to ensure they had the best life possible. One member of staff told us, "We treat people as individuals."
- There were caring interactions between staff and people who used the service. Staff were inclusive and involved people in what was going on around them. When people displayed signs of anxiety, staff gently reassured them until they became less anxious.
- Staff felt confident they could support people to maintain their individual beliefs and respect their diversity. They understood some people might need particular support to make them feel equally confident to express themselves. A relative explained how a staff member supported them to arrange a local church to visit their family member and how they had really valued this support because it had improved their family member's well-being.
- Staff of differing ethnic backgrounds told us they felt supported by senior staff and their different cultures were celebrated. One member of staff told us, "I love it here. There are different cultures working together."

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to communicate.
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred to assist them with their personal care routines and care was provided to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Relatives told us staff were very careful to support people with personal care in private. One member of staff told us, "I speak quietly when offering to help someone to the toilet."
- Staff explained how they encouraged people as much as possible with everyday tasks, such as dressing themselves, to help maintain their skills and their independence.

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 as 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 meet people's needs, preferences, interests and give them choice and control

- People were positive about how responsive care staff were to people's needs. A relative told us, "Staff are always asking questions about [Name], so they can understand them better." Another relative explained how care staff helped to improve the mood of their family member and said, "[Name] has anxiety and staff are always around to distract them."
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support.
- Care plans contained personalised information and gave direction to staff that was specific to each individual. For example, this included information about how staff should support people to maintain their oral health.
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented and told us these were carried out regularly. One relative explained how care staff talked to them when their family members needs changed and involved them in decisions about how to best support the person.

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 recorded in their care plans and in a document 'This is Me', which summarised individual's needs. Staff told us they found the information useful and it helped them communicate with people more effectively.
- Staff supported people to understand information in a way that met their individual needs. For example, some people were supported to understand information better by using pictures. Staff explained how they supported one person with a sensory loss to maintain their independence. They supported the person by guiding them when they walked and describing their meal and drinks to them, so they could feed themselves safely.
- The registered manager told us if people needed information in particular formats, they would ensure these were made available.

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

- People were supported by staff in groups and on a one to one basis, to engage in daily activities. People were enthusiastic about the activities during our inspection visit. One person told us they were looking

forward to having a special afternoon tea.

- People took part in different activities based on their individual needs and preferences. There were planned activities within the home, these included visiting entertainers and sensory activities. There was a mobile tuck shop where people enjoyed choosing a sweet treat. Staff planned seasonal activities in the home, such as festive parties. A relative said, "Staff are always thinking about different things to do." They went on to explain how their family member enjoyed walks in the garden and how staff supported them regularly to do this which improved their well-being.
- The activities coordinator was committed to improving people's wellbeing. They explained how they evaluated each activity, to identify if the activity had met people's needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and felt comfortable to do so.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.
- Complaints were managed in line with the providers procedure.

End of life care and support

- Care staff were trained to support people at the end of their lives, when required. The registered manager explained how care staff worked alongside other organisations to provide responsive end of life care.

Is the service well-led?

Our findings

Well-Led – this means 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 as good. At this inspection this key question has deteriorated to 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 and continuous learning and improving care

- Quality assurance checks were not all effective because they had not identified concerns we found during our inspection visit. For example, the medicine audit had not identified medicine fridges were not locked. Checks had not identified one person's care plan had not been updated and reviewed following a fall.
- Some environmental risks had not been identified. For example, some window restrictors were not in place, water outlet temperatures had not been regularly monitored and some electrical safety checks were not up to date. The registered manager took immediate action to make improvements during and following our visit.
- There were gaps in staff training, in understanding the Mental Capacity Act 2005 [MCA], mental health awareness and equality and diversity issues. The training manager and the registered manager gave their assurance training in these three areas would be improved following our visit.

How the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the new general data protection regulations.
- The registered manager understood their obligations for reporting important events or incidents to relevant agencies, including the CQC.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People were positive about the leadership of the service and told us the registered manager was approachable and the staff were friendly. One person told us, "The manager is good, I like them very much." A relative said, "I can go to the office or phone the manager...It's like a family."
- Staff told us they were encouraged to suggest improvements and share information during staff meetings. Staff explained they also shared information about people's changing needs during daily shift handovers. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

- Care staff explained they felt supported and valued by senior staff. The deputy manager and registered manager told us wellbeing activities were organised as a thank you to staff for their hard work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The most recent survey was completed in January 2019, where people who used the service, health professionals and staff were asked for their views of the service. The results were mainly positive and had been shared with people in a way that was easy to understand. Improvements had been made to the service following people's responses. For example, staff had requested new facilities in the staff room and these had been provided.
- The registered manager had facilitated meetings for relatives, in order to support their understanding of their family members transition into care and their changing health needs. The registered manager told us relatives valued the meetings as a way to share ideas and experiences and some people gained great comfort from them.
- Senior staff shared best practice with staff to help improve the service. They met with local authority commissioners and community healthcare professionals to obtain updates and share new ideas to improve people's experience of care. They worked with other external agencies, such as the National Institute for Health Research, to help make improvements in the delivery of social care.