

# Voyage 1 Limited

# Cote House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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:

Cote House is a care home providing personal and nursing care for up to 11 people. At the time of our inspection 10 people were living at the service permanently and one person was using the service for respite care. One room at Cote House is used for people to stay on respite care to enable their carer to have a break from their caring role.

### People's experience of using this service:

People received their medicines as prescribed. Improvement was required to make sure the service knew how many medicines were in stock. Also, staff administering medicines needed their competence assessed to make sure their practice was safe.

Checks were being completed to make sure the environment and equipment were safe however, there was conflicting information in the results. This meant action had not always been taken. The registered manager addressed this during our inspection.

People were supported to make their own decisions and were involved in planning their care. People had their own care plan which was reviewed when needed. People could have visitors without restrictions.

People were supported by staff who were trained and supported in their roles. Staff understood safeguarding responsibilities and told us they would report any concerns to their manager.

People told us they enjoyed living at Cote House and felt able to complain if they needed to. There was an open and inclusive culture at the service, the registered manager was approachable and a visible presence.

People told us and we observed that staff were kind and caring. Staff used different ways to communicate with people, there were sufficient staff to enable them to sit and talk to people. People were able to follow their own interests and join in with group activities if they wished.

People's views had been sought and action taken to change the service or make improvements following their feedback. People had the opportunity to attend 'house meetings' to meet with other people and discuss views.

The service met the characteristics of Good overall; more information is available in the full report below.

### Rating at last inspection:

At our last inspection in January 2018 we rated the service as Requires Improvement. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive care and treatment that was appropriate and that met their individual needs and preferences. There was a lack of managerial oversight which meant quality and safety was not monitored or

improved where needed. In addition, staff did not receive training to ensure they had the skills to complete their role.

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

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.

## 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 effective

Details are in our Effective findings below.

**Good** ●

### 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 well-led

Details are in our Well-Led findings below.

**Good** ●

# Cote House

## 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: The inspection was carried out by one inspector.

Service and service type: Cote House is a care home providing personal and nursing care to people with physical health, learning disability, mental health and sensory impairment.

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: This inspection was unannounced.

What we did:

Before our inspection we looked at information we held about the service. This included notifications received from the provider which they are required to send us by law. Before the inspection the provider completed a Provider Information Return. This is a form that asked the provider to give key information about the service, what the service does well and improvements they plan to make.

During our visit we talked with five people who live at Cote House and one relative. We spoke with the operations manager, the registered manager and four members of staff. We looked at four care plans, medicines administration records, audits, accident records and other records relating to the management of the service.

Following our site visit we contacted Healthwatch Wiltshire who provide information on care services. We also contacted seven healthcare professionals for their feedback about the service and how it is run.

# Is the service safe?

## Our findings

At our last inspection in January 2018 we rated this key question as Requires Improvement. This was because medicines were not always managed safely. In addition, people, relatives and staff were not always positive about the staffing levels at the service. At this inspection we found that improvement had been made to staffing but there was still improvement required regarding managing medicines.

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

RI: ☐ 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.

### Using medicines safely

- ☐ People received their medicines as prescribed. People had an individual medicines administration record (MAR) which recorded medicines administered. We observed nurses administering medicines and saw their practice was safe. One person told us, "The nurses look after my medicines which is good, I don't have to worry about it which suits me."
- ☐ Systems to check medicines into the service were not always robust. Not all medicines had been counted and signed into the service. Current stock levels of medicines were not always recorded on the person's medicines administration record (MAR). This meant we were not clear about how many medicines were in stock at the service. The MAR audits had identified that medicines were not routinely being counted. Action had not been taken to address the shortfall. The registered manager addressed this during our inspection.
- ☐ Nurses took responsibility of administering medicines at the service. Not all the nursing staff had been assessed as competent to administer medicines. The provider was in the process of introducing a new system of assessing competence. This meant however that nurses who commenced employment in 2018 had not been observed by the provider to make sure their practice was safe.

### Learning lessons when things go wrong

- ☐ Accidents and incidents were reviewed and analysed by the registered manager. The registered manager told us they were looking for areas that could be improved to prevent reoccurrence.
- ☐ Whilst we saw that action was taken to reduce the risk of reoccurrence we had concerns about two incidents where a person's safety was put at risk. Following the first incident the service had taken steps to prevent reoccurrence however there was a second incident. We discussed this in detail with the registered manager and operations manager. They have provided reassurances that there are comprehensive additional safety measures in place to keep people safe.

### Assessing risk, safety monitoring and management

- ☐ There were comprehensive checks for health and safety such as checking fridge and freezer temperatures, moving and handling equipment checks and fire checks. We saw that the checks did not always record what action had been taken when there was concern. For example, water temperatures had been taken and recorded. They at times demonstrated the water was not hot enough in some areas. The registered manager addressed this during our inspection. Weekly checks were completed on bed rails. We saw that these had

not always been completed accurately and had conflicting information. The registered manager told us they would complete the weekly bed rail check themselves to check bed rails were safe.

- ☐ Risks had been identified and there were safety measures in place to keep people safe. Risk assessments were in place for risks to people such as developing pressure ulcers. Where people had been identified as being at risk the service had put into place measures to reduce the risk. For example, if people were high risk of developing pressure ulcers the service had obtained specialist mattresses or cushions for people to use.
- ☐ The provider also had generic risk assessments for areas such as the environment, slips, trips and falls and activities. These were reviewed by the registered manager when needed.

#### Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe at Cote House. Comments included, "I feel safe here, I can close my door if I want", "I am safe here, if I want staff I just call them using my buzzer" and "I do feel safe here, always someone around if I need it."
- ☐ Staff were aware of the different types of abuse and the action to take to safeguard people from abuse. Staff had received training on safeguarding.
- ☐ The registered manager had taken action where they had concerns. This included notifying the local authority safeguarding team.

#### Staffing and recruitment

- ☐ Staffing levels had increased since the last inspection with an additional shift being added to the rota. This meant that staff could be allocated to support people to go out or to engage in an activity.
- ☐ People were being supported by staff who had been checked prior to starting employment. Pre-employment recruitment checks included obtaining references, checking employment histories and a disclosure and barring service check (DBS). The DBS helps employers to make safer recruitment decisions and reduces the risk of unsuitable staff from working with vulnerable people.

#### Preventing and controlling infection

- ☐ The service was clean in all areas with no unpleasant odours. The provider employed a domestic worker but all staff completed light domestic tasks to make sure the environment was clean.
- ☐ There was personal protective equipment available which we observed staff used. Staff had received training on infection prevention and control.

# Is the service effective?

## Our findings

At our last inspection in January 2018 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received the training or support they needed to be effective in their role. At this inspection we found the required improvement had been completed.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- ☐ At our last inspection, we found improvement was required to provide staff with support and training. At this inspection we saw this improvement had been made. Staff had received appropriate training and had the skills required to meet people's needs.
- ☐ The registered manager kept an overview of training needs and alerted staff when refresher training was required. Training the provider deemed mandatory was at 97% completed. Comments from staff about the training included, "I have lots of training, if I don't know something I ask" and "I feel that I have the skills needed to do this job, I can always ask the nurses if I don't know something. They don't mind."
- ☐ Supervision for staff was provided regularly and appraisals were available annually. Staff told us they felt supported and could ask for help and guidance when they needed it.

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

- ☐ The registered manager had assessed people's needs prior to them moving into the service. This meant the service was confident they could meet people's needs before offering them a place.
- ☐ Nurses assessed people's needs using nationally recognised assessment tools such as Malnutrition Universal Screening Tool (MUST). MUST is a tool designed to identify people at risk of malnutrition. This assessment was carried out regularly to make sure the service would be aware if people's needs changed.
- ☐ Staff had made referrals to healthcare professionals where needed and appropriate. One healthcare professional told us, "There are clear lines of communication with regard to medical issues. The manager has my direct email address and responds quickly to my queries."

Staff working with other agencies to provide consistent, effective, timely care

- ☐ Staff supported people with their health care needs. People had a health action care plan which recorded their health needs and how to meet them. Nursing staff told us they reviewed the plans when needed. People had a hospital passport which outlined important information to share with staff should they go into hospital, such as how to communicate with the person.
- ☐ People's needs were shared during staff handovers which were held at the start of shifts. We observed a handover and saw that any changes to needs were discussed.

Supporting people to live healthier lives, access healthcare services and support

- ☐ Staff supported people to attend healthcare appointments. Where people were not able to attend in the



community the service organised for healthcare professionals to visit the service.

- People could see their GP weekly if they wished. One relative told us, "Where [relative] lived before you had difficulty seeing the GP, here they visit every week, regular, which is great."
- One person told us about how they had complained about healthcare received following a hospital appointment. They accessed the relevant supporting organisation to make their complaint on the internet.

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 with appropriate legal authority. 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 found it was. People had capacity to make their own decisions and were supported appropriately. Where people required support, this had been offered and provided when people were more able to make their own decisions. For example, people had a decision-making profile in their care plan which gave staff guidance on the best time of the day to support people to make decisions.

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

- People received sufficient food and drink. They had support to eat their meal that was appropriate and supportive of their needs. Where people needed adapted cutlery and crockery this was provided.
- Mealtimes were relaxed and unhurried. People told us they enjoyed the food. Comments included, "The food is lovely, all lovely" and "I can eat where I want and what I want."
- At our last inspection we observed staff were standing up to support people to eat. This meant they were standing over people. At this inspection staff sat down with people and used the mealtime to socialise with people.
- People had a choice of menu and were involved in planning their meals.

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

- People were able to access all areas of the service which had been adapted for wheelchair use.
- People had their own rooms which they had personalised with their own belongings.
- There was wheelchair access to the garden areas so people could enjoy the outdoors when they wished.
- People could make decisions about the décor and choose items for the environment. For example, people had requested new curtains. Staff had supported people to choose curtains they wanted.

# Is the service caring?

## Our findings

At our last inspection in January 2018 we rated this key question as Requires Improvement as we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not always demonstrate respect for people's privacy and dignity. At this inspection we found the required improvement had been made so we have rated this key question as Good.

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

Good: ☐ 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 were happy with their care and told us they had good relationships with the staff. Comments from people included, "Staff are kind, they help me when I need it" and "Staff are good to me here, they always talk to me."
- ☐ Staff had respect for the people they supported and we observed interactions that were kind, caring and respectful.
- ☐ Where people had communication difficulties the staff used various methods to communicate with people. This included gestures, signs and writing on a board.
- ☐ Where people had sensory impairment people and staff had made a sensory board. This was a board with removable tiles giving the person different textures to touch.
- ☐ Where people had specified the gender of the care worker they preferred this had been recorded in people's care plans so that the persons wishes could be respected.

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

- ☐ People had choice about their daily routines and were supported to spend their time as they wished.
- ☐ There was a keyworker system that meant one member of staff was identified to work with one person. This enabled people to build and maintain a relationship with one member of staff. Keyworkers met with people formally monthly to review their care service. This gave people the opportunity to discuss their care with a care worker they knew well.
- ☐ Staff rotas had been designed to make sure staff had time to spend with people and listen to them. One member of staff said, "People come first here, I have time to get to know people."
- ☐ Details of advocacy services were available at the service if people needed them. An advocate is someone who can speak up independently for a person if they need them to.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's personal information was securely stored and only accessed by authorised staff.
- ☐ People were encouraged to do as much for themselves as they could.
- ☐ We observed staff maintaining people's dignity and staff gave us examples of how they maintained dignity and independence. One member of staff said, "Sometimes it is the simple things that matter most,

such as offering choice, listening to people, knocking on doors and waiting for an answer before going in and including people in conversations."

- ☐ People could have visitors when they wished. One relative told us, "I pop in whenever I want, my other family come and go as they want."

# Is the service responsive?

## Our findings

At our last inspection in January 2018 we rated this key question as Requires Improvement as we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not demonstrating person-centred care. We also made a recommendation about wound care documentation. At this inspection we found the required improvement had been made so we have rated this key question as Good.

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

Good: ☐ 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 had their own care plans which were personalised and contained good detail on how to support them. There was suitable guidance available for staff to know how to support people to meet their needs. Care plans were reviewed regularly and updated if needed.
- ☐ Daily notes were kept recording all the care provided by staff. These at times were basic, containing basic information about the care delivered with no detail on emotional well-being. The registered manager told us they had identified this and had plans to make improvements.
- ☐ The service had improved the records it kept on wounds. There were body maps in place to record the size of the wound and photos had been taken to record healing. The guidance for the wound care detailed what care was needed to promote healing.
- ☐ At our last inspection we saw that activities were not suitable or available for people to follow their interests. At this inspection we saw that the registered manager had worked to improve activities. Staff had been encouraged to plan and organise activities with people based on their likes and interests.
- ☐ During our inspection we observed that people went out with staff to access local services, they were encouraged to join in activities such as games, puzzles and massages. People were also able to spend time in their rooms if they wished. Some people had computers and enjoyed using social media to maintain contact with their family and friends.
- ☐ The service had vehicles to support people to access their local community if they wished. People had been supported to join local groups based on their interests. For example, one person was able to join a local choir as they enjoyed singing.
- ☐ There were regular services booked to come into the service such as a pet as therapy dog and a reflexologist.
- ☐ One person was responsible for helping staff check the call bell systems. They told us it was their weekly job.
- ☐ Some people used technology to keep in contact with friends and family or to pursue their interests. People had electronic tablets to access the internet, to use email or to do online shopping.

Improving care quality in response to complaints or concerns

- ☐ Systems were in place to manage and respond to complaints. There was an easy read complaints procedure.

- People we spoke with knew how to complain about the service but did not want to. One person said, "I know who to go to if I wanted to complain."
- There was a suggestions box in the foyer where people, relatives or any other visitors could leave comments. They could do this anonymously if they wished.

#### End of life care and support

- End of life care was not being provided at the time of our inspection. Where people had wanted to they had recorded their wishes for the end of their lives. The registered manager told us they would contact the local hospice provider for additional guidance if the need arose.

# Is the service well-led?

## Our findings

At our last inspection in January 2018 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service management did not have managerial oversight. There were not robust systems in place to assess, monitor and improve the quality and safety of the service. At this inspection we found the required improvement had been made.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ Staff enjoyed their jobs and felt able to approach the registered manager about any concern or query they had. Comments from staff about the registered manager included, "I think [registered manager] is good, she is approachable", "The registered manager has made a positive difference here, she is a calming influence, gives me confidence to approach her" and "The manager here is visible, she joins in handover and her door is always open. She is fully aware of what is going on here and communicates. I can ring her anytime."
- ☐ People told us they enjoyed living at Cote House. Comments included, "I enjoy it here, I love it", "I am happy here, I like spending time in my room" and "I like living here as I have people to talk to, I like talking to people."
- ☐ The provider values were available to all and on a poster in the foyer. Staff we spoke with understood the values and gave us examples of how they applied to their roles.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ Staff were supported to understand their roles through staff meetings, supervisions and training sessions. Minutes of meetings were kept and available to all staff following the meeting. Minutes demonstrated that a range of discussions were held such as safeguarding, activities and the keyworker role.
- ☐ The registered manager had introduced a new senior care role to strengthen the staff structure. Staff working at the service had been encouraged to apply. Nursing staff told us this role helped them to be able to focus on clinical needs. Part of the senior care role was to supervise the care workers and monitor practice. The registered manager told us, "This role gives care workers the opportunity to progress and develop, it is early days but so far it is going well."
- ☐ The registered manager was supported by a weekly visit from the operations manager to monitor the service. A healthcare professional told us, '[Registered manager] seems very passionate and focused about moving the service in the right direction'.
- ☐ Nursing staff could meet with other nurses in the area to take part in clinical training days or development opportunities. One nurse told us, "I like being able to meet up with other nurses. We can talk to each other and learn from our experiences."

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

- People living at the service were supported to be involved in decision making. There were regular 'house meetings' so people could voice their views, ideas and concerns.
- The service produced a newsletter which was shared with people and their families. This helped to keep people and families up to date with the service and what was happening. One relative said, "The [registered] manager is lovely, she keeps us informed."
- The provider asked for people and relatives views about the service formally using questionnaires. Results we saw had positive comments about the service. There was a 'you said, we did' board in the foyer. This had examples of what the service had done in response to people's views and wishes. For example, people had requested more opportunity to have a takeaway for supper. This had been organised so that takeaways were now regularly part of the menu.
- Cote House had good community links. People's religious needs were met by visiting clergy from different faiths and religions. People could access the town to go shopping if they wished.

Continuous learning and improving care

- Quality systems were in place to help the service monitor and improve the quality and safety of the service. The registered manager regularly completed various audits. The operations manager told us they would be completing quarterly audits. Some of the issues we found during our inspection were addressed immediately. Any actions resulting from audits were recorded in the service improvement plan which was shared with the provider.
- Staff were encouraged to completed work based qualifications once they had completed their probation period.
- The registered manager had started work at the service following the previous inspection in January 2018 and had made significant improvements. They were aware of the shortfalls at the service and had plans in place to further improve and develop the service. For example, they wanted to develop activity provision at the service, they wanted people to go out more. They also planned to support some people to engage in work opportunities based on their interests and skills.

Working in partnership with others

- The service worked in partnership with various agencies. The local authority quality team had visited to support the service to make improvements. The registered manager had made appropriate referrals to the local safeguarding team.