

Doncaster Property Investment Fund Limited China Cottage Care Home

Inspection report

154 Owston Road
Carcroft
Doncaster
South Yorkshire
DN6 8EA

Tel: 01302724815

Website: www.chinacottagecarehome.co.uk

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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

China Cottage is a care home situated in Carcroft, Doncaster. The care home is registered to accommodate up to 33 people in one adapted building. The service is provided by Doncaster Property Investment Fund Limited. At the time of the inspection the home was providing residential care for 30 people.

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

Without exception all the people and relatives we spoke with praised the home. People told us they felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly: we heard staff engaging people in conversation and heard laughter between them. It was clear staff knew people and their relatives well. Risk assessments provided staff with enough guidance and direction to provide person-centred care and support.

There were enough numbers of care staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe, however following our advice, the provider made a minor change to the recruitment process to further ensure only suitable people were employed. Staff received the training, supervision and support they required for their role.

The staff team worked hard to promote people's dignity and prevent people from becoming socially isolated within the care home. Respect and dignity were values upheld by the staff and role modelled by the registered manager and senior staff. There were activities provided for people. Resources were available for people to take part in art and crafts and some people went out into the local community.

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 and relatives told us they felt "listened to" and said they regularly met with the staff and the registered manager to review their care.

Complaints were recorded, and responses were seen. The regional manager told us there were no on-going complaints at the time of this inspection. A visiting healthcare professional told us, "We are not concerned about this service at all, the staff provide good care and call us appropriately and in a timely manner. We all like to come here."

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided. Each person had a care plan which detailed their care and support needs and what staff needed to do to assist them. The registered manager was in the process of reorganising the care plans to make them more 'user friendly.' The registered manager was committed to improving the records to reflect the good care we observed.

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

Rating at last inspection and update: The last rating for this service was good (published 6 February 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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

China Cottage 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one evidence reviewing officer who was shadowing the inspector as part of their induction to CQC.

Service and service type

China Cottage 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

This inspection was unannounced.

What we did before the 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. We reviewed the service's current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the regional manager, deputy manager, a senior care worker, care workers and ancillary staff. We also spoke with one visiting healthcare professional. 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. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place. Staff had completed training in safeguarding adults and had a good understanding of their responsibilities. A staff member told us, "I could go to the seniors or the manager with any concerns. We've also got the local authorities safeguarding telephone number up in the staffroom, so we could call them if we needed to."
- People said the home provided safe care and relatives said they had no doubts about the safety of their family member. One relative told us, "I was really nervous about bringing [name] here, but it's been the best thing ever. They look after [name] very well and I go home feeling at ease."

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place to eliminate or reduce risks posed to people. For people who were at risk of developing sore skin, equipment such as special cushions and mattresses were in place, and information was accessible to staff on how they should use the specialist equipment.
- Such things as fire doors and systems, electrical appliances and moving and handling equipment were regularly checked to ensure they were in good working order. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.

Staffing and recruitment

- There were enough staff to meet people's needs. There were no staff vacancies and regular staff were covering any sick leave or maternity leave. Agency staff were also covering a small number of shifts to ensure numbers did not fall below those required.
- All pre-employment checks had been carried out before staff started work, such as criminal record checks and references. In two staff files we saw although staff had given a full employment history, they had not always recorded the month they had left their previous employment. This meant there could have been small gaps in employment that were not accounted for. When we brought this to the attention of the regional manager the two staff members were asked to add this information to their record. The regional manager also completed a check of all other staff files to ensure there were no further gaps. Following the inspection, the regional manager sent us a newly revised recruitment procedure which ensured full and complete employment history was obtained.

Using medicines safely

- Medicine systems and processes were in place. People told us they received their medicines when they

were needed. Relatives spoken with had no concerns about the safe administration of medicines. A relative told us, "[Name] has never looked so well and it's partly due to the fact they're getting their medicines at the right time."

- Senior care staff were trained in the safe administration of medicines and competency checks to ensure safe practice were in place.
- Each week staff checked in medicines for the following week. Most medicines were supplied in a monitored dosage system (cassette), prepared by the pharmacist. We found one medicine was missing from a cassette which had not been seen by staff when checking in. This was rectified with the pharmacist immediately. The regional manager also changed the checking in system to ensure two staff always checked in medicines.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- The records of medicines that required stricter controls tallied with the balance of medicines held. All medicines were counted at each medicine round to help ensure an accurate balance was held.

Preventing and controlling infection

- The service was well presented, clean and tidy throughout and there were no odours. Staff had received training in infection control and one staff member was the infection control champion.
- Hand washing facilities were available throughout the building and staff were seen to use aprons and gloves to reduce the risk of cross infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Areas of improvement suggested at this inspection were immediately and effectively addressed by the regional manager on the day of the inspection. As the registered manager was not present at this inspection the regional manager told us they would be meeting with the registered manager to go through the findings of the inspection and use this as an opportunity to improve practice and reduce the risk of future errors.

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 as 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

- People's needs were assessed with them and their relatives prior to their admission to ensure their needs could be met. One relative told us the thoroughness of the initial assessment process had given them confidence their family member would be well cared for at China Cottage.
- People's care needs were detailed in their care plans and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition and skin care, where people required nutritionally enhanced food, or their position changed to prevent skin breakdown. Good communication between the senior staff and care staff meant people's needs were well known and understood within the team.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Staff support: induction, training, skills and experience

- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively. Staff were supported through one to one and team meetings. All staff told us they felt supported by the registered manager.
- New staff were provided with induction training and worked alongside experienced staff until assessed as competent and confident. One newly employed member of staff said, "Training has been good, and the induction was very good as well."
- Staff described the home as a great place to work. Their comments included, "I love working here, we're like a little family and all get on well together," and "I get lots of job satisfaction and feel like I'm really helping people. It doesn't feel like work at all."

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

- People told us they enjoyed the food provided. Their comments included, "The food is very good. My teeth are loose, and they provide me with food I can eat easily because I don't want to go to the dentist," and "The food and meals are great, I choose what I want to eat, and I can ask for special things such as mashed carrot if I fancy it."
- People's needs in relation to eating and drinking were described in their care plans. Any risks associated with poor nutrition and hydration or choking were assessed, and nutritional supplements or food prepared as a soft or pureed consistency was provided.
- We observed the lunchtime meal being served. Tables were set nicely with clothes and matching crockery. People were asked their preferences about meals. Where appropriate people were wearing protective wear.

Specialist plates, cups and cutlery were used by some people, which helped to maintain their independence. Staff were wearing aprons and supporting people to eat where appropriate.

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

- People were supported to maintain good health and were referred to appropriate healthcare professionals as required. A visiting healthcare professional told us, "I have no concerns about the care provided here. The staff call us appropriately and communicate any changes in people's condition in a timely way. This is a home we enjoy coming to."

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

- The design and décor of the home met the needs of people living with dementia and frailty due to old age. Suitable signage, such as for toilets, helped people find their way about. People had individually decorated bedroom doors with photos or objects important to them to help them identify their bedroom.
- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Secure outside space was available to people. People were encouraged to spend time outside.

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 people had restrictions placed on their care, appropriate DoLS applications were made to the local authority. People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and healthcare professionals.
- Staff had received training and understood the importance of gaining people's consent and explaining what was happening. One staff member told us, "We always ask people if it's okay to help them with things like dressing and eating. If they say "No" we go back again later and try again, which often works."

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; respecting equality and diversity

- People and relatives confirmed staff treated people in a caring, respectful and dignified way. Without exception people and relatives told us how well they were cared for. People described the staff as "friendly," "approachable" and "like family."
- Relatives described the staff as "patient", "very kind" and "fantastic". One relative said, "[Name of person using service] can sometimes be very difficult, but the staff are so good and patient they can eventually get [name] to do anything. I cannot praise this service high enough, I don't know what I would do without them. [Name] has never asked to go home with me and that's because they're so happy here, which makes me feel so much better about things."
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care.
- Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.

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

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the registered manager or any other staff member.
- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. One staff member said, "I'm keyworker for [name], I speak to her family a lot about what she likes and what makes her happy. She likes me to go and have a private chat with her and this helps to resolve any issues. I always ask and tell her what I am doing and explain things to her."

Respecting and promoting people's privacy, dignity and independence

- We observed many kind and caring interactions between people and staff. For example, staff regularly checking with people that they were comfortable or if they wished to move to another area or back to their rooms.
- One person told us, "They [staff] don't make me do anything I don't want to. I have a lovely room with all my memories around me, what more could I ask for."
- Two people told us they were, "very private people" and preferred to spend their day in their own rooms. They told us staff respected this and were happy to serve meals to them in their rooms. They also said staff frequently "popped in" to check they were okay and ask if there was anything they needed.
- People were supported to maintain relationships with those that mattered to them. Friends and families

could visit people when they wished. Private areas were available for people to spend time together when needed or requested.

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 ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan which described their individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- We found the care plans were not well ordered, making information difficult to access. The regional manager told us, and we saw evidence that she had identified care plans could be better indexed and organised. She had introduced a new care file index and agreed with the registered manager that this would be put in place in all care plans by the end of July.
- Staff demonstrated they knew people well and were clear about what support each person required to maintain their good health and well-being.

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.

- There was information in place to enable the provider to meet the requirements of AIS. Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- Activities were provided for people. There was an activity co-ordinator in post who worked 16 hours flexibly over the week.
- People told us there was "plenty to do" at the home. Their comments included, "I enjoy the 'bird club' where we read and talk about birds and take photographs. We've created a 'bird haven' with feeders in the garden to encourage more birds," and "I like the quizzes and when we look at objects from the past and try to remember what they were used for."
- There was a monthly activity programme on display in the entrance hall showing such things as bingo, pamper, one to one, garden games and singers. People had also been involved in a seaside day, where they had put their feet in the sand, thrown beach balls and had ice creams.

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints policy and procedure. This was accessible to people living at the service and others who had an interest in the service, such as relatives.

- People told us they knew how to raise concerns or complaints with staff and the management team if they needed to. All people spoken with told us, "I have no complaints."
- The service had a complaints log where all complaints were recorded. The registered manager responded to complaints according to the provider's policy in a timely way. Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support

- No one at the service was currently receiving end of life (EOL) care.
- Staff told us they had cared for people at the end of their life with the support of district nursing services, McMillan nurses and GP's. Staff told us they had also covered EOL care in their training.
- In care plans we saw a booklet called 'My EOL wishes.' These had been completed by the person who used the service and their family. They detailed such things as, what I would like, my families wishes, funeral director details and any special requests.

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 as 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

- People, relatives and staff told us the home was managed in a way that was person-centred and promoted people's well-being.
- The service had a registered manager who was supported by the provider, a deputy manager and a team of senior care workers.
- Residents and relatives' meetings had been held to share information with people and seek their views of the service provided. People and relatives spoken with told us they would recommend this home to others.

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 home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their duty of candour. Relatives told us they were kept fully informed.
- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.

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

- The registered manager was not present during the inspection, however people, relatives and staff all spoke highly of her and said they found her approachable and visible around the home.
- Staff told us they felt listened to and could make suggestions and the registered manager would action where possible or explain why something wasn't possible.
- The registered manager carried out monitoring and auditing of all aspects of the service. These included audits of pressure cushions, pillows, mattresses, slings, hoists, bed rails, and environmental audit. All show actions that have been taken in response to competing audits.

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

- The provider had sent out questionnaires to people, relatives and staff in May 2019. Some had been returned and the registered manager was waiting for more to be returned before the results were analysed. We saw the initial results of the questionnaires from people were very positive and included comments about lots of activities, very kind and caring staff, staff treating people with dignity and respect and staff being responsive to people's needs and being safety conscious.

- Staff questionnaires also were positive, and said they felt fully informed about the home's goals and objectives, were encouraged to suggest improvements and had the tools, support and resources to do their job well.
- There was a 'residents committee' when people met with the registered manager and activity worker to talk about such things as meals, the environment, visitors and activities. Relatives were also invited to meet with the registered manager on a regular basis.
- Senior staff, care staff, domestic staff, kitchen staff and general staff meeting took place, which had an agenda and minutes taken. Staff told us they felt they were listened to and their ideas were welcomed and acted upon.

Continuous learning and improving care

- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding concern or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- The registered manager had acted when it was found care plans needed amending, so information was easily retrieved. The registered provider was supporting the registered manager in ensuring this work was completed in a timely manner.

Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.
- The registered manager had links with the local community and key organisations to benefit people living in the home and to help with the development of the service.