

Coton Care Limited

Coton House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 30 March 2016. At the last inspection in December 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

Coton House is registered to provide accommodation for up to 29 people who require personal care and support. On the day of the inspection there were 29 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff knew how to identify possible signs of abuse and were confident in their knowledge of reporting procedures. There were enough staff to meet people's needs and respond to people when required. People received their medicines as prescribed by their GP and medicines were stored and managed safely.

People received support from staff who had received training to ensure they had the skills and knowledge required for their roles. People were asked for their consent before care and support was provided. People expressed mixed views about the food, some people were happy with the menus and others felt portion sizes were too small and meals needed to be improved. People were supported to access relevant healthcare agencies when required.

People were supported by staff who had a caring approach and were friendly. Staff understood people's preferences and individual needs. Staff treated people with respect and supported people in a way that maintained their privacy. Relatives and friends were welcomed and staff kept them updated about their family member's health and well-being.

People were involved in decisions about their care and support. Staff understood people's individual preferences and respected people's cultural identities. People were involved in activities and staff supported people to participate in things that interested them. People knew how to complain if they were unhappy about the care they had received and the provider had systems in place to manage and respond to complaints.

People and relatives felt the service was well managed. Staff were able to contribute ideas about how the service could be improved. The management team carried out audits to assess the quality of the care and support provided and the registered manager and provider were aware of their responsibilities and had notified us of things they were required to do by law.

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.

People felt safe. Staff understood their responsibilities to protect people from harm and report abuse. There were sufficient staff to meet people's needs and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. People were asked for their consent before care was provided. People expressed mixed views about the food; some people felt portion sizes were too small. People had access to healthcare professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who treated them with kindness and compassion. Staff treated people with respect and acted in a way that maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and support. Staff supported people to maintain their individual identities and recognised what was important for people. People knew how to complain if they were unhappy about the care they received.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt the service was well managed. The provider welcomed feedback and responded by making changes or improvements. There were systems in place to monitor the quality of care provided.

Coton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 March 2016 and was unannounced.

The inspection team consisted of two inspectors. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We spoke with four people who lived at the home, two relatives, four staff members, the assistant manager, the registered manager and the provider. We looked at four records about people's care and support, three staff files, medicine records for four people and systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here. The staff are good and I've got no complaints. I am happy here." A relative told us, "People here are safe, when they go out they are accompanied by staff and that keeps them safe." People were supported by a staff team who understood their responsibilities in keeping people safe from harm. Staff we spoke with knew how to identify signs of possible abuse and had received training in how to report any concerns. One member of staff said, "I learned about it in training, to report concerns straight away, to the senior staff, manager or CQC." Staff expressed confidence in the management team, but were also clear that they would escalate any concerns if they felt appropriate action had not been taken.

Staff were able to share with us how they keep people safe. Risks to people had been assessed and there were plans in place for staff to follow. Risk assessments identified potential risks and provided guidance to staff about how to keep people safe. There was evidence that these were reviewed and updated on a regular basis. Staff told us information about risks to people were shared in daily handover meetings and through a written communication book. This meant staff were kept informed about people's changing needs, which helped to keep people safe.

One person was observed carrying a vase to a sink to change water in the flowers on display in the dining area; this meant not using the walking aid that was available. A staff member was called by another person to assist. The staff member was observed talking to the person about using the walking aid and saying they would change the water and carry it back for the people to the table so they could arrange the flowers. Staff were considerate of the wishes of the person while maintaining their safety.

We found that where accidents and incidents had taken place staff had followed a procedure. They recorded details of the accident, the action they had taken and how the person had been monitored following the accident. The management team then reviewed the log to identify any themes. A monthly chart was kept to enable staff to identify patterns of accidents, in particular these records highlighted falls so these could be monitored for prevention purposes.

People expressed mixed views about whether there were sufficient numbers of staff available to support them. One person said, "There are enough staff, they work hard. I suppose everywhere could do with a few more staff, but they do a good job." A relative told us they had experienced times when staff were not available, but had been told this was due to staff absence. All of the staff we spoke with felt there were enough staff to meet people's needs. One staff member said, "There are enough staff, the assistant manager steps in if people are off sick." We observed staffing levels throughout the inspection and found there were enough staff to meet people's needs. We saw that when people needed assistance, staff were available to support them.

People told us they were happy with the way they were supported with their medicines. One person said, "The staff help me with my medicines, I have no worries about this at all." A relative told us, "I have no concerns [about medicines]. When I take [person's name] out I am given instructions and I have to sign for

the medication." Staff told us they received training before they were allowed to support people with their medicines and senior staff carried out competency assessments to ensure staff were safe to administer medicines. One member of staff told us, "I am confident people get their medicines as required. I had my competency assessed three times and it's reassessed every six months." This showed the provider had systems in place to ensure medicines were administered safely. We looked at the medicines records for four people and found that people had received their medicines as prescribed by their GP. Medicines records and stock levels reflected the medicines people had received and staff had signed to confirm they had been administered. We found that medicines were stored securely and at the correct temperature in accordance with best practice guidance.

Is the service effective?

Our findings

People told us staff knew them well and had the skills and knowledge to support them. One person said, "I think the staff are very good here, they are knowledgeable." A relative told us, "The staff seem to be well trained and know what they are doing." Staff told us they received an "in-depth induction" and were able to shadow more experienced staff before providing people with care and support. Staff shared with us recent training they had undertaken and this included training in medicines, infection control and assessing mental capacity. One staff member told us recent training had given them the confidence to make improvements to the systems for managing medicines. Staff told us they felt supported by the provider and the management team and had regular one-to-one meetings to discuss any concerns they had, and also received feedback on their performance. We observed staff using a hoist when assisting a person to transfer; staff undertook the process safely and discreetly and ensured the person knew what was happening throughout the process.

People were asked for their consent before staff provided them with care and support. We observed staff asking for people's agreement in all aspects of their care. This included what they would like to drink, where they would like to sit for lunch and if they required assistance with their meals. One person told us, "I am always asked what I want."

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. We found people's capacity to make certain decisions had been assessed and there was clear guidance for staff to follow when supporting people to make both day-to-day and more important decisions. People and their relatives had contributed to these assessments and staff were knowledgeable about people's capacity to make decisions and knew the importance of acting in people's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was. Although there were no current DoLS authorisations in place the provider had given consideration to this and discussed any potential applications with the local authority supervisory body.

People expressed mixed views about the meals provided. One person told us, "The food could be better, it's hit and miss, some days are good and others not so good." Another person said, "Generally the food is good, although the portion sizes are small." A third person told us, "The food is good, I've got no complaints, you get a good choice." We discussed these concerns with the registered manager and provider who advised they would review the current menu and portion sizes without delay. The provider told us that they had listened to feedback from people with regard to the menu and made changes as suggested by people during a resident's meeting. We observed staff asking people what they would like to eat for breakfast and their choices were delivered promptly. At lunchtime staff assisted people to cut up their food and made sure

they had enough to drink. People enjoyed their lunch and there was a lively happy atmosphere in the dining room. We saw that drinks were offered throughout the day and jugs of water and juice were available for people. Where people had specific dietary requirements we found that both care and kitchen staff were aware of this and appropriate meals were provided.

People were supported to access healthcare professionals when they needed them. One person told us, "When I asked to see a doctor about my ears, they came straight away and visited me here." A relative told us they were always kept informed of any changes to their family member's health. We saw that people's weight was monitored by staff and any areas of concern regarding weight loss/ gain for people were identified and appropriate actions were taken. For example one person had significant weight loss recorded; this was communicated to the GP along with actions taken by the staff.

Is the service caring?

Our findings

People told us staff were caring and treated them well. One person said, "The staff are friendly and come over as caring, they are excellent." Another person told us, "I get on well with all the staff, everyone is nice and approachable." We saw staff talked to people in a caring manner and people were smiling and communicating positively with the staff who supported them. People seemed content and happy and were comfortable asking staff for support.

People told us staff took time to listen to them and understand their needs and wishes. One person told us, "They [staff] know what I like and dislike." We spoke with staff who had a good understanding of people preferences, as well as their life histories and care needs. One member of staff told us, "I learn a lot from people's families and people tell you what they prefer." We observed staff encouraging one person to read the newspaper and talk about the events they were reading about. We spoke with one person who told us staff knew them well, they said "I am happy here, and that is everything really isn't it".

People were supported by staff to make decisions for themselves and be as independent as possible. One person said, "I am always encouraged by staff to do as much as I can for myself." A relative told us how pleased they were that their family member was able to spend their time as they wished, "[Person's name] likes to sit in their room, they enjoy their own company, some places wouldn't allow this, but I am pleased they do here." We saw that staff adjusted their approach to meet people's individual communication needs, for example using pictorial cards with words in the person chosen language.

People were supported by staff who respected their privacy and treated them with dignity. One person told us, "Staff respect my privacy at all times, you can talk without people listening to you." Staff were discreet and ensured people's privacy and dignity were maintained. For example we saw one person eating breakfast in the lounge area, a table was provided with napkins and cutlery and staff were observed discreetly offering the person protective clothing to ensure their own clothing was not damaged by any spillages. Staff also shared with us how they had recently accommodated a person who wanted to remain in a communal area while speaking to a visiting healthcare professional. Staff explained how they had moved furniture to create a privacy screen for the person, to ensure they were not overheard by others.

Relatives and friends were welcome to visit at any time and we saw people visiting their family members through the inspection. One relative told us staff made them feel welcome and kept them informed of any changes to their family member's health.

Is the service responsive?

Our findings

People told us they felt able to contribute to decisions about their care and support plans. We saw that one person had written their own detailed personal history giving staff valuable information about their personal preferences. Where possible people had signed their care plans to show they were happy with the content. One person shared with us their preferences for personal care and said how pleased they were with the way that staff supported them in their choices. Relatives and friends told us they were involved in decision making about people's care and support. One relative said, "I am always invited to reviews and meetings."

We saw that people's needs were regularly assessed and reviewed and staff involved other relevant professionals where appropriate. Staff shared with us examples of how they ensured people received appropriate care, by ensuring they shared any changes with the rest of the staff and management team. One member of staff told us they had recently noticed one person was struggling with their mobility; they explained they had spoken with a senior staff member who had arranged for the person's mobility to be reassessed.

Where people had specific cultural or religious needs staff were aware of them and acted in a way that ensured people maintained their chosen identify. We saw examples of staff using people's preferred names, as well using names that demonstrated respect in the person's chosen culture. Staff involved in food preparation were aware of people's dietary needs and one member of staff told us they were being taught key words from one person's language so they could better communicate with them.

We saw people took part in activities throughout the day. Staff took time to engage people individually in activities of their preference. For example two people were knitting and appeared to be happy with the activity. Others were engaged in singing along to music, flower arranging and having conversations with staff.

People and their relatives knew how to complain or raise concerns about things that were not to their satisfaction. One person said, "I've not had to complain, but everyone here is approachable." There was a display in one of the communal areas that invited suggestions from people and their relatives about how the service could be improved. Staff were able to share with us how they would deal with any complaints that came directly to them and knew how to escalate any concerns with the provider or registered manager. We looked at the provider's log of complaints that identified what the complaint was about, how the complaint had been investigated and what action had been taken. There was evidence of learning from complaints both reflected in the culture of the service and the documented complaint records.

Is the service well-led?

Our findings

People and relatives told us they felt the service was well managed. One relative told us, "The managers are available nine times out of ten when I have asked." Another person said, "I don't think anything needs to be improved." We saw that the provider welcomed feedback from people and their relatives through the use of feedback forms and also inviting people to contribute their reviews to independent websites. The registered manager and provider were also involved in resident's meetings where they encouraged people to share ideas and give feedback on the service.

Staff also expressed positive views about the provider and registered manager, as well as the management team. One staff member said, "The managers are very understanding, they have a proactive approach and you can always contact them for advice." Staff told us there was an open culture and they felt comfortable expressing concerns or raising any issues with the registered manager or provider. One staff member told us, "We can approach the management and talk to them, I do feel valued." We saw that staff attended quarterly team meetings, which followed the resident's meetings, so that issues raised by people could be shared and actioned promptly. Staff were supported by the management team and shared with us examples of how the provider had listened to their feedback and made changes and improvements. For example, one member of staff told us they had suggested some improvements to the activities programme and changes had been made in response to this. The provider was actively involved in resident's meetings and staff told us changes had been made to planned activities following feedback from people. For example a planned Halloween party had been changed to a harvest festival at the request of the residents.

The registered manager and the management team carried out regular auditing to review the quality and standards of care provided. We saw that these audits included staff training, monthly activity monitoring, as well as environmental audits of the kitchen, treatment room and laundry. People's care plans and risk assessments were also reviewed on a monthly basis by senior care staff to ensure staff were taking action when required and monitoring people's care needs appropriately. We saw action plans were developed to track the changes and improvements that had been identified which were then monitored to ensure the required improvements were made.

There was a registered manager in post who managed the home on a day to day basis, along with a team of senior staff. We spoke with the registered manager who demonstrated a good knowledge of all aspects of the home including the needs of people living at the home and their responsibilities as registered manager. The registered manager and provider were aware of their legal responsibilities and had notified us of events that they were required to do so by law. The registered manager and senior staff members worked with other professionals including district nurses and GPs and had contacted them when they needed specialist guidance or advice.