Bupa Care Homes (BNH) Limited

Cottingley Hall Care Home

Inspection report

Bradford Road
Bingley
West Yorkshire
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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

Cottingley Hall Nursing Home is situated between Saltaire and Bingley on the outskirts of Bradford and is part of BUPA Care Homes (BNH) Limited. The home is registered to provide nursing and personal care services for up to 40 people. A total of 31 people were living at Cottingley Hall at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Cottingley Hall 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.

This inspection took place on 31 October 2018 and was unannounced. Our last inspection took place on 25 February 2016 and at that time the service was rated 'Good' overall with no breaches or regulations.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training and were confident they knew how to recognise and report potential abuse. Where concerns had been brought to the registered manager's attention, they had worked in partnership with the relevant authorities to make sure issues were fully investigated and appropriate action taken to make sure people were protected.

The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and there were no restrictions placed on visiting times for friends and relatives.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect. The atmosphere in the home was calm and relaxed and from our observations it was clear staff knew individual people well and were knowledgeable about their needs, preferences and personalities.

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Each person had a care plan that was person centred and sufficiently detailed to ensure staff provided appropriate care and treatment. People's care and support was kept under review and, where possible they were involved in decisions about their care. Risks to people's health and safety had been identified,

assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

There were enough staff to support people when they needed assistance and people received support in a timely and calm manner. There was a robust recruitment procedure to ensure new staff were suitable to care for vulnerable people and arrangements were in place to make sure staff were trained and supervised.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness.

There were a range of leisure activities for people to participate in, including both activities and events in the home and in the local community and it was apparent people enjoyed a full and active social life. People told us they enjoyed the food and there was a good choice at every mealtime.

There was a complaints policy available which detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required.

Further information is in the detailed findings in the full version of the report.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring	Good
Is the service responsive? The service remains responsive	Good
Is the service well-led? The service remains well-led	Good

Cottingley Hall Care Home

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 unannounced inspection took place on 31 October 2018. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the areas of expertise included services for elderly people and people living with dementia.

We spent time observing care in the lounges and dining room. We usually use the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. However, on this occasion we did not complete a SOFI since most people could express their views to us.

We looked at four people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with thirteen people who were living in the home and five relatives. We also spoke with the registered manager, the head of care services, one qualified nurse, six care staff and catering, housekeeping, activity and maintenance staff.

As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service, to plan the areas we wanted to focus on during our inspection. We also spoke with the local authority commissioning service.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Good

Is the service safe?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

Without exception everyone who used the service told us they felt people were safe living at the home. Relatives and friends had no concerns and were confident that their loved ones were safe and well cared for.

Staff had completed safeguarding training and said they would not hesitate to report concerns to the registered manager. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included checks prior to people commencing employment such as references from previous employers and a satisfactory Disclosure and Baring Service (DBS) check. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Additional checks were made on qualified staff's current registration with the Nursing and Midwifery Council (NMC).

There were enough staff on duty to care for people safely and keep the home clean. People who used the service and relatives told us, they felt there were enough staff on duty. Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff.

The care team were supported by housekeepers, catering staff, a maintenance person and activities staff. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The nurses or senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed. Protocols were in place which clearly described when medicines prescribed for use 'as required' (PRN) should be administered.

The premises and equipment were checked to make sure they were safe for people to use. These included checks on the fire, electrical and gas systems.

Staff knew what action to take if an emergency arose. Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. The fire alarm was tested weekly and fire drills were held.

The home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such

as gloves and aprons and were using these appropriately. People we spoke with spoke highly of the housekeepers. We saw that Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked room out of the reach of vulnerable people.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were analysed by the manager to see if any themes and trends could be identified. They also looked at whether any additional measures could be introduced to prevent a re-occurrence.

Systems were in place to identify and reduce risk and the care records we looked at included personalised risk assessments. These showed risks and choices were balanced and designed to encourage and maintain people's independence. Risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw one person had been assessed as being at high risk of falling. Effective measures had been put in place to reduce this risk and the person had not had a fall since June 2018.

Good

Is the service effective?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

A needs assessment was completed before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

The care staff we spoke with told us they received a comprehensive four-day induction to the service and then spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. Staff told us they received the training needed to carry out their roles effectively and felt well supported by the registered manager. One staff member said, "Training opportunities are very good. I have learnt such a lot since starting here" Another staff member said, "The training provided is much better than at some places I have worked."

We looked at the training matrix and found staff completed a range of mandatory training and other training specific to the needs of the people they supported. We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with their line manager. We saw supervisions were structured and all members of the staff team had an annual appraisal which looked at their performance over the year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were no authorised DoLS in place. However, a number of applications were awaiting assessment by the local authority.

People's consent was sought before care and support was delivered. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, relatives had been involved in decisions as part of a best interest process. The registered manager had oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to. LPAs can be put in

place for property and financial affairs or health and welfare. This showed us the registered manager understood their responsibilities to act within the legislation.

People's nutrition and hydration needs were met. People who used the service told us meals were good. Where people were nutritionally at risk, we saw their weight was monitored and a malnutrition universal screening tool (MUST) had been completed.

We spoke with the chef who explained they were given information about people's dietary needs and preferences before they came to stay at Cottingley Hall. At the time of our inspection they were providing fortified diets, gluten free and high protein diets.

The dining tables were neatly set out and looked welcoming with matching linen tablecloths and napkins and fresh flowers with a range of condiments. People told us this made mealtimes a pleasant experience. The catering staff took the lead on serving food from a heated trolley. The staff were seen to be very calm and patient when delivering meals and ensured that people were sat or positioned correctly, and were comfortable to eat their meal. We saw if people could not verbally choose a meal staff showed them a choice of meals and explained their content.

There were choices available for every meal and a range of hot and cold meals which could be ordered between 6:30pm and 6:30am. The chef also spoke to people individually about the meals and accommodated any specific requests. There was a comments book in the dining room where people could also leave any feedback. Recent comments included, 'There is always a great selection of options' and 'The chef never disappoints, food is always up to a good standard.'

The registered manager told us the service had a good relationship with other healthcare professionals. We saw evidence in people's care records of multidisciplinary visits which showed people's healthcare needs were assessed, reviewed and appropriate referrals made. For example, we saw visits from the dieticians, podiatrist, tissue viability nurse, opticians, dentist as well as the GPs and district nurses. This provided assurance people were receiving appropriate support to meet their health care needs.

We found the building was adequately adapted for the needs of people who used the service. However, the registered manager confirmed that an extensive programme of planned refurbishment was due to start soon which would significantly improve the environment. People who used the service had been involved and had contributed to the refurbishments plan including choosing colour schemes and soft furnishings.

Good

Is the service caring?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

We observed care and support within the home and saw positive interactions between staff and people who used the service. Staff had a genuine regard for people's wellbeing and treated them in a respectful and dignified manner.

Throughout the inspection we observed staff supporting people in a calm manner. Staff responded promptly to people's needs and requests, but also allowed time to sit with people providing friendly conversation or just company. We heard staff speaking to people in a way that showed they knew them well and cared about them. Staff smiled and said hello to people when they walked into the room, they commented positively about what people were wearing and how they intended to spend their day.

We found a person-centred culture within the service with people continuously given choices as to what they ate, where they sat and what they did. Staff patiently awaited people's responses before assisting them. Staff adapted their approach depending on people's communication skills, for example by spending a little extra time with a person who was slower and less clear as to what they were asking them to do.

We observed people being addressed by the staff using their preferred names and the staff knocked on people's doors before entering their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed to ensure privacy and dignity was maintained.

We saw people's bedrooms had been personalised with photographs and ornaments. People's clothing had been put away tidily in wardrobes and drawers showing staff respected people's belongings.

The people we spoke without exception spoke positively about the caring attitude of the registered manager and staff.

Relatives and visitors also told us they were made to feel very welcome when they visited the home and were always offered drinks and light refreshments. They also told us staff supported people to keep in touch with relatives and friends, for example, using SKYPE calls.

Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's

personal information safe. There were robust arrangements for the management and storage of data and documents. Records and reports relating to people's care and welfare were stored securely and data was password protected and could be accessed only by authorised staff.

Good

Is the service responsive?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

We saw people's needs were assessed prior to admission to the service to determine their care and support needs. Plans of care were formulated to reflect these needs and reviewed monthly. We found the care records contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs and the social and leisure activities they enjoyed participating in. Care records were detailed and contained a good level of information; such a people's likes, dislikes and personal history which helped staff get to know them as individuals.

Records showed people who used the service were supported to be as independent as possible. For example, staff told us sometimes people were admitted to the home for respite care following hospital admissions and their goal was always to provide the support they needed to become physically able enough to return home.

People said that they regularly attended reviews to highlight their needs, wishes and choices.

Care records reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes. This showed that people who used the service and/or their relatives were able to express their views and were involved in making decisions about their care and treatment. Staff told us care plans were up to date and provided them with the information they needed to support people in the way they wanted.

People's future wishes were also recorded and showed families were involved in end of life care planning where appropriate. People's care plans contained detailed information about how they wished to be cared for and what they wanted. For example, one person wanted staff to make sure they had their photographs, had music playing and flowers in their bedroom. Relatives had sent these comments recently, 'The kindness, love and care you showed (Name) will never be forgotten. I gained so much comfort knowing you were with them at Cottingley Hall.' '(Name of registered manager) and all the caring staff. We can't express highly enough our appreciation for the love, care, trust, fun and friendship we have enjoyed during (Name's) stay with you. Your warmth to me and (Name) was so wonderful and I will really miss you all. (Name) always knew they could trust in your care with a smile, warm words, encouragement when life was tough. (Name's) extended family all over the world knew how well they were looked after, (Name) praised you highly to everyone." This showed people and families had been involved in these sensitive discussions.

We spoke with the activities co-ordinator who displayed a good understanding of the psychological benefits of activities on people's wellbeing. Without exception, people said they took part in, and enjoyed, a wide range of activities both in house and in the local community, including trips to local pubs for meals. People also spoke positively about raising funds for various charities throughout the year.

On the day of inspection, people enjoyed a 'music therapy session'. They also enjoyed reading and listening to local poetry and folk songs, which resulted various discussions about the history of the Bradford dialect. Later in the day, there was a 'lecture' type talk on the history and development of Halloween (It being the 31st October) which again promoted very interesting discussions and people were heard laughing as they reminisced. Throughout the inspection we saw all the staff on duty, no matter what their role, engaged people in conversation as they went about their duties and were genuinely interested in what they had to say. This helped to reinforce a positive community in the home.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

Complaints were taken seriously and investigated. The complaints process was displayed within the service. The records of complaints showed these had been investigated and dealt with appropriately by the registered manager.

Good

Is the service well-led?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

There was a registered manager in post who provided leadership and support. They were supported by a head of care services, qualified nurses, care staff and heads of department, for example, catering, housekeeping and maintenance.

Records showed the registered manager had established links with other healthcare agencies and attended meetings with the local authority and Clinical Commissioning Group (CCG). We saw topics discussed at these meetings included legal and regulatory obligations, quality risks in the market, cost of care and admissions.

Staff we spoke with were positive about their role and the registered manager. Their comments included, "(Name of registered manager) is really lovely, fair and approachable. They are dedicated and have the resident's interest at heart", "(Name of registered manager) is a great person and a great manager" and "(Name of registered manager) is always there for support and you can just go and have a chat."

We found the management team open and committed to make a genuine difference to the lives of people using the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people.

Staff morale was good and staff said they felt confident in their roles. Staff told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first.

We saw there was a quality assurance monitoring system in place designed to continually assess, monitor and improve the service. Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included supervision audits, medicine audits and training audits. We saw if any shortfalls in the service were found action had been taken to address any issues.

We also saw the registered manager was required to submit information on key performance indicators such as weight loss, pressure ulcers, infections, safeguarding and serious incidents to senior management monthly. In addition, the provider information return [PIR] returned by the registered manager showed monthly provider review visits to the home were carried out by the regional manager to review the quality of life for residents regarding the environment; care and leadership, operational systems and processes. Following these monthly reviews, an action plan was developed, implemented and monitored at each monthly visit.

Records showed the registered manager met with senior staff and the head of each department every morning and shared information about all aspects of the service. For example; what activities were planned,

catering, planned maintenance, hospital appointments and updates on the health and well-being of the people who used the service.

We saw that both staff and resident's meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service. We saw the residents/relative's meetings were very comprehensive and covered the review of actions taken from the previous meeting and news and information relating to the home and the wider organisation. Housekeeping, activities and forthcoming events were also discussed.

Surveys questionnaires had recently been sent out to people who used the service, their relatives and staff. The registered manager confirmed that once returned they would be analysed and an action plan put in place to address any concerns identified. We saw the results of last year's survey were on display within the home in a 'You said, We did' format. For example, people had asked for a summer fete and this had been arranged.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.