

Mr Graham Walker & Mrs Lyn Walker

Cotteridge House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this home on 24 November 2016. The home was last inspected in October 2014 and was meeting all the regulations and needs of people. The home is registered to provide personal care and accommodation for up to 11 older people. At the time of our inspection 11 people were living at the home. We observed how care was provided to people and whether people were happy living at the home.

There was a registered manager in post who was present throughout the inspection. 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.

People and their relatives told us that they felt safe with the staff who supported them. Staff were aware of the need to keep people safe and understood their responsibilities to report allegations or suspicions of poor practice. Assessments had been undertaken to identify any potential risks to people and guidance was available for staff to follow to minimise those risks. Moving and handling transfers were carried out in a safe manner. Medicines were being given as prescribed and stored safely.

Staff were provided with training to keep their knowledge and skills current. Staff told us that they had received an induction when they commenced working at the home, and safe recruitment practices were in place. People were provided with a good choice of food and were supported to access relevant healthcare professionals when needed.

People were cared for by staff who knew them well and who they described as kind and compassionate. People expressed how they wanted their care to be delivered. Staff did not have sufficient information to apply the principles of the Mental Capacity Act in all instances. People told us that they were treated with dignity and respect, but we could not be sure that people had their privacy fully respected.

People and their relatives had been involved in the development of their care plans. People were supported to participate in some social activities. People told us that they felt enabled to raise concerns and complaints and were confident that these would be investigated and acted upon.

People, their relatives and staff described the home as well-led and felt confident in the registered manager. People told us that they were asked their views about the care and support they received. There were systems in place to monitor and improve the quality and safety of the service provided.

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 were supported by staff who were aware of safeguarding procedures and knew what action to take if they suspected abuse.

People were supported by enough staff to meet their needs and by a consistent staff team.

People were supported by staff to take their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were not supported by a service that implemented the principles of the Mental Capacity Act.

People received care by knowledgeable and competent staff.

People had sufficient food and drink of their choice.

People were supported to access healthcare professional input from outside the service to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who people considered were kind and caring.

People were treated with dignity and respect, but their privacy was not always protected.

People expressed how they wanted their care provided and told us that staff listened.

Is the service responsive?

Good ●

□

The service was responsive.

People were involved in planning their care and contributing to the reviewing of their care and support needs.

There were some activities planned to help people maintain their interests and to meet their social needs.

People were confident that any complaints made would be responded to.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff spoke positively about the registered manager and the way the home was led.

The registered manager encouraged people, their relatives and staff to express their opinions and experiences of the home.

There were procedures in place to monitor the quality and safety of the service.

Cotteridge 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 24 November 2016 and was unannounced. The visit was undertaken by one inspector 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 service.

We looked at the information we had about this provider. The provider was asked 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. This information was returned within the timescale requested. 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 safeguarding matters. Appropriate notifications had been sent by the registered provider. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with four of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with four relatives of people and one health care professional during the inspection to get their views. In addition we spoke at length with the registered manager and two care staff.

We sampled some records including three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered provider's quality assurance and audit records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

People we spoke with described how they felt safe living at the home. One person we spoke with told us, "It's very calm and peaceful." All the relatives we spoke with felt assured that their relatives were comfortable and safe. One relative said, "I'm so grateful that [the person] is in a safe place." Another relative told us, "I have always been happy and feel [my relative] is safe and well looked after."

Staff told us that they had received training in how to safeguard people and records we looked at confirmed this. Staff we spoke with shared examples of what they would report to their managers or external agencies if required. One staff member told us, "The residents are looked after all the time they are really safe and well." We saw information displayed within the home regarding safeguarding procedures. The registered manager told us they would take the necessary actions to investigate potential abuse which included reporting incidents of abuse to the Local Authority and The Care Quality Commission. This meant that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff we spoke with knew the risks associated with people's care. These included risks associated with food and drink and moving and handling needs that people had. We saw that assessments had been written to identify risks to people's health and their physical and emotional well-being. Where risks had been identified people's care plans described how staff should minimise those risks and what equipment and actions staff should take to support people safely. We observed some moving and handling of people during our inspection. We saw staff supporting people with the use of equipment that was specific to their needs. Staff took great care to ensure they did this safely to prevent the risk of injury to the person. Staff interacted well with people and explained what was happening and made sure they were constantly reassured. This meant that people were supported to move safely and with the least amount of distress.

Staff we spoke with gave us a clear account of what they would do in emergencies to ensure people received safe and appropriate care in the event of first aid being needed or in the event of fire. There was a system to record accidents and incidents, and we noted that if people had fallen this was recorded on their individual records. The records were not analysed by the registered manager. However due to the small number of people who lived at the home, the registered manager had a clear overview of each person's needs as they changed which meant that a written analysis was unnecessary, and that people were kept safe.

People, their relatives and staff we spoke with consistently told us that they felt there were enough staff available to meet people's individual support needs. A person who lived at the home told us, "I feel there are always enough staff to help me if I need it and they are very good, I couldn't fault them." Another person said, "I pressed the alarm and the carers were here like a shot. The best thing about living here is I don't need to worry about anything." One relative we spoke with said, "There is always someone there to help." All the staff we spoke with were happy with the staffing arrangements. On the day of the inspection we observed there were enough staff to respond to people's needs in a timely manner. The registered manager told us that they do not use agency staff and that any absences were covered by permanent staff. This meant that people would be supported appropriately by staff who knew them well. A health professional who we spoke

with told us that the home was well-staffed and that they had no concerns relating to people's safety. People were supported by sufficient staff.

The registered manager had arrangements in place to make sure suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices. Prior to staff commencing in their role, pre-employment checks had been undertaken. These included obtaining appropriate references and criminal record checks. We saw and staff confirmed that these checks had been undertaken before they started to work at the home, which meant that people were protected by the registered managers' safe recruitment practices.

People we spoke with told us that staff helped them with their medicines and made sure they had them when required. We observed people being supported to take their medicines and saw that people were supported with patience and understanding. We looked at the medicine administration record (MAR) for two people who lived at the home. We noted that the MAR charts were accurate and up to date. We found balances for peoples' medicines were accurate with the record of what medicines had been administered.

The medicines were administered by staff who were trained to do so, and staff we spoke with knew people's specific conditions and how to support people to take their medication in line with their care plans. We saw that guidance for the administration of 'as required' medicines were not available for staff to follow. Staff told us that as they knew people well this did not have a negative impact on people. However if staff who did not know people well were asked to give someone their 'as required' medication, there would be no instructions about how to do this safely. The registered manager advised us of their intention to rectify this area following our inspection. This meant that people received the majority of their prescribed medicines safely.

Is the service effective?

Our findings

The registered manager and the staff demonstrated that they had limited awareness of the requirements of the Mental Capacity Act 2005. This Act 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 decision made on their behalf must be in their best interests and as least restrictive as possible.

We saw and heard that staff asked people's permission before supporting people. Where people were unable to make decisions we did not see that mental capacity assessments had been undertaken. The registered manager told us that these assessments had not been completed. They also told us that they had not considered holding meetings with others also involved in the lives of people who may lack mental capacity in order to identify how to provide care which would be in their best interests.

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. The application procedures for this in care homes 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 of authorisations to deprive a person of their liberty were being met. Staff we spoke with told us that they would stop certain people from leaving the premises to keep them from harm. One person said, "I do feel restricted because I don't go out on my own, I'm not allowed to just go out to the shops, I miss that." We found that although some people may have been subject to a deprivation of their liberty, no DoLS applications had been submitted to the supervisory body by the registered manager. We brought this to the attention of the registered manager. Before the end of the inspection the registered manager told us that they had submitted the appropriate application forms. This meant that the registered manager had taken action to protect the rights of people.

People were positive about the care they received from staff. One person who lived at the home told us, "You can have a laugh with them and they always seem to have time for me and that makes it so much easier and comfortable when certain things need to get done."

People received support from care staff who had the appropriate skills and knowledge to meet their individual needs. A relative told us, "The staff are very experienced." People and relatives we spoke with told us that they did not have any concerns and were confident in the staff's abilities. One relative told us, "It's a very nice environment and they know my [relative] very well and they know how to [support her] well. The staff are all lovely."

Staff we spoke with told us that they received regular training and we saw records that confirmed this. Staff also told us that they further training if they wanted it. One staff member told us, "I've had loads of training and done my NVQ5." This is a nationally recognised qualification of a higher level than required by care staff. Discussions with the registered manager identified that there were no competency assessments being carried out, including administering medication competencies. This meant that there were no formal

systems in place to assess and monitor staff. However due to the small nature of the home and the daily involvement of the registered manager, staff were observed in their daily practice to ensure they put their knowledge and skills into practice and were continually developed.

Staff told us they had received a good induction when they began to work at the home. Records demonstrated that the registered manager supported staff to undertake an NVQ2 as part of their induction. This level of qualification is the accepted standard for care staff. The registered manager was aware that staff had to be trained to the level of the Care Certificate [a nationally recognised set of standards used for induction training of new staff] as part of beginning to work at the home. No staff had undertaken this qualification as all staff had existing qualifications that exceeded it. Staff told us that they received a detailed induction and had initially worked alongside more experienced staff so they were supported to learn about people's individual needs.

Staff we spoke with told us that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. One member of staff told us, "I have supervision every three months." We observed that staff participated and contributed to handovers between shifts to enable staff to facilitate continuity and provide the best possible outcome for people. The registered provider had suitable management on-call rotas in place to support staff when they required advice and guidance.

People we spoke with told us that they had a choice of meal each day and could choose what they preferred. One person living at the home told us, "I know on a Wednesday it's pork and if you don't like pork there is an alternative, there is a different meal every day and the cook is very good." One relative we spoke with told us, "The food always looks great. My [relative] is quite a fussy eater and they know that, there is always an alternative food if there are things she doesn't want to eat." We saw that the choice of food was offered verbally to people, but menus were not available to assist people with the choice of the food. We saw that people chatted with each other during lunch and there was a calm, unhurried atmosphere. We saw that food was hot, well presented and there were different choices available. We observed staff supporting people at their own pace with their meals. Throughout the inspection we saw that hot and cold drinks were being offered to people indicating that staff knew the importance of hydration. Staff we spoke with had a good understanding of people's dietary and hydration needs. This indicated that people had a good range of nutritious food and drink that they enjoyed.

We saw that people were supported to access a range of health care support which included, district nurses, Doctors, dentist and opticians. A relative we spoke with told us, "The staff understand my [relative] and their illness very well I feel, [the doctor] comes every few months and other [health professionals] come regularly to the home and if there are concerns it gets dealt with promptly." We saw that care plans contained dates and outcomes of health care visits. This meant that people were supported to maintain their health.

Care plans were in place for staff to follow in relation to people's various health issues. Records showed people were supported to access a range of visits from healthcare professionals. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs. A visiting health professional told us that "They are sensible, they call us when they need us, they alert us quickly if needed and follow our instructions. We can trust them." Staff we spoke with had a good understanding of how to support people to maintain good health.

Is the service caring?

Our findings

All of the people we spoke with were positive about the caring nature of the registered manager and the staff team. One person living at the home told us, "I only have to ask and the carers will go get things for me. They are very kind, very nice." Another person said, "A beautiful bunch of women and very hard working." A relative we spoke with said, "The staff are excellent, very kind and polite and nice." Another relative said, "It's a lovely small home, more like a guest house, very friendly and relaxed."

We saw during the day that staff spent time with people and interacted well with them. We observed that staff were caring and compassionate towards people. For example, some of the people who used the service were living with dementia. We observed a member of staff supporting one person who was becoming anxious. The member of staff knelt down as she spoke and made sure that they had eye contact, talking to the person gently. It was clear that staff had a good understanding of people's needs and preferences in relation to the way their care and support was provided.

Records that we looked at showed that these decisions had been taken with the involvement of the person where possible. There were opportunities for people to attend regular house meetings with their relatives if they wished. This meant that people were supported to take part in the running of the home if they chose.

Throughout our inspection we saw that people were treated with dignity and respect. People were spoken to kindly and at a pace that was right for them. People were encouraged and supported and told us they were happy. We noted that most people spent their days in the communal areas of the home and some people chose to stay in their bedrooms for part of the day. People's choices about where they wanted to be were respected.

Due to the nature of the layout of the building we noted that there was a shower room and toilet in the central part of the building. When it was not in use it was used as a walk way to the main office. The registered manager assured us that people's privacy was protected as both doors were always closed when people received personal care. However a visiting health professional told us that on occasion they had been taken through this area while people received personal care. The registered manager was not aware of this practice and assured us that if it happened it was very rare, and that they would address the issue with their staff immediately to make sure people received their care and support in complete privacy. Other people we spoke with confirmed that people did have their privacy upheld and had not experienced any concerns of this nature.

Is the service responsive?

Our findings

People and their relatives told us that they had been involved in the care planning process when people moved into the home, and that they continued to feel included. One relative said, "We were involved in the care planning when [my relative] first arrived." Another relative told us, "They are always on the phone to me if there is any change to her health or anything." A health professional said, "They know people well and care about them."

The registered manager told us of the key worker system the home operated. This system meant that specific staff were responsible for developing and leading on the quality of the care received for named people. Other staff could approach key workers for guidance and advice on how to meet each person's specific needs. We saw that key worker meetings took place with people every three months and people were involved in developing their care plans at a pace and in a manner that was suitable for them. Care plans we reviewed were centred on each person and contained pertinent information about their whole life including people's health needs. We saw care plans included descriptions and information about people's preferences and personal choices. A relative told us, "[My relative] chooses her own clothes to wear." Staff acted in accordance with people's individual preferences and routines in their daily lives.

We asked people how they were supported to follow their interests and take part in social activities. A person we spoke with told us, "I stay in my room most of the day but I do go downstairs for my lunch. I like staying in my room." Another person said, "There are activities now and then, I know sometimes students come in and do nails and pampering sessions for us." A relative said, "They had an Easter parade, celebrated the Queen's birthday with a party, there was a fireworks and bonfire for Halloween, and there will be Christmas dinner and carol singers. From what I have seen they don't go out as such, but staff do some activities such as skittles and bingo." We observed that most people spent time in the communal lounge area during the day and the registered manager told us that there were activities that took place most afternoons. We noted that relatives and friends visited and were made welcome within the home. This helped reduce the risk of people becoming socially isolated.

People and relatives we spoke with were aware of how to make a complaint. A relative said, "If I ever had a concern or worry I would approach [the registered manager] first, she is very good." The registered manager described the complaints procedure and we saw the policy that was available for people to use. The registered manager told us that the home had not received any formal complaints, and that any concerns were dealt with quickly and informally. We saw however that the home had received seven compliments in the last year. Comments included, "Thank you for caring for [my relative] so well right to the end." and "Thank you for all the care over the years." We found that the registered manager had a system in place for people and their relatives to access if they were not satisfied with any part of the service they were receiving.

Is the service well-led?

Our findings

People living at the home and their relatives told us that they felt the home was well run. One relative told us, "There is a proper family atmosphere here." Another relative said, "This place is fantastic." One health professional we spoke with told us that they thought the home was well-led by the registered manager, they said "The manager is very approachable and very caring."

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities. The registered manager was knowledgeable about the people and the service. We saw that the registered manager took an active role in the running of the home, taking part in shifts and being very present in the communal areas. During our visit we saw that she was visible in the home and interacted positively with people, their relatives and staff.

The registered manager told us that they spoke regularly with people and people's relatives to seek their views; everyone we spoke with confirmed this. There was a system in place to obtain and record these views, and in previous years the results of the surveys had been analysed. This meant that the registered manager gathered feedback to identify any actions that would be needed to improve the quality of the service provided.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place. The registered manager had kept up to date with most developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, they are required under the regulations to display the rating. We saw the ratings were clearly on display in the home. The registered manager was less aware of their responsibilities in relation to the mental capacity act however. This meant that there may be some areas of current good practice that the registered manager had not yet implemented.

Staff told us and records confirmed that the leadership was consistent. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that they received regular supervision with their manager and attended staff meetings. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the home. All the staff we spoke with told us that the registered manager was supportive, approachable and felt they were listened to. One staff member told us, "I feel really well supported here." Another member of staff said, "It's a lovely home, fantastic. I am well supported and the staff team work really well together its lovely."

The registered manager had systems in place to monitor the quality of the service people received. Medication auditing was conducted and checks of care plans and reviews took place. We saw that areas of environmental safety such as fire drills, home maintenance and servicing of equipment were all done in a timely manner. The registered manager completed annual audits and checks and when necessary identified improvements. This ensured the home made the continually improved in the quality of the care it provided to people.