

GB Healthcare Group Ltd

Cottingham Hall

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

About the service

Cottingham Hall is a residential care home providing accommodation and personal care to up to 30 people. The service provides support to younger adults, older adults and people living with dementia. At the time of our inspection there were 29 people using the service.

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

Recruitment checks were carried out to ensure staff were recruited safely. There were sufficient staff to meet people's needs. People received their medicines as prescribed.

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 were supported with their nutrition, and we received positive feedback about the food available. Staff supported people to access health care services and care plans were reflective of any advice given.

Staff received induction and ongoing training to ensure they had the skills and knowledge to care for people. They received supervision and competency assessments to ensure they felt supported in their roles.

People were supported by kind and caring staff, who knew them well. They ensured people's privacy and dignity was maintained.

Care plans were person centred and people received care and support in line with their preferences and choices. The service had an activities coordinator who facilitated activities and events were held such as singers.

People and their relatives felt confident any concerns or complaints would be addressed. Any concerns were acted on and used to learn lessons.

Governance systems were in place to audit the service, however prompt action had not always been taken. We have made a recommendation about this.

People and their relatives felt engaged in the service. The registered manager knew people extremely well and ensured people received good care. Staff felt well supported in their roles.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published 29 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cottingham Hall

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

Cottingham Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cottingham Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 relatives and 3 people living at the service about their experience and support they received. We spoke with the registered manager, the nominated individual, the director of the service, a senior carer and a carer. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 3 care files and multiple medicine records. We reviewed documentation in relation to the governance and oversight of the service, including audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- People and their relative's felt the service was safe. One relative told us, "She is so safe here, massive relief when she moved in, we couldn't have picked anywhere better. One person told us, "I am happy, and I feel very safe here."
- Staff knew what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were recorded, managed appropriately and reviewed on a regular basis.
- Staff were aware of risks to people and provided support in a pro-active way to reduce them.
- Fire safety was managed effectively. Staff took part in fire drills' and knew how to safely evacuate people from the premises.
- Accidents and incidents were recorded and investigated. A review to learn from trends or patterns of incidents was in place. The registered manager ensured that learning was communicated with the full staff team.

Staffing and recruitment

- The provider operated safe recruitment processes. Appropriate pre-employment checks were in place and completed to ensure staff were suitable for their role.
- There were enough staff to meet people's needs. People, relatives and staff told us there was usually enough staff on shift to keep people safe.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were received, stored, administered and returned in a safe effective way.
- Staff were competent at administering medicines safely and completed the medicines administration record (MAR) accurately to confirm medicines had been given.
- Regular audits were undertaken by the registered manager, to ensure people were receiving their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was designed to meet the needs of the people living there. Some areas of the service required re-decoration and refurbishment. The registered manager had identified this and completed a refurbishment action plan to improve the environmental décor. However, prior to the inspection, no action had been taken by the provider to address these concerns.
- During the inspection the provider addressed a number of identified areas and provided assurances this would continue until all areas identified by the registered manager were completed.
- Dementia friendly signage was in place throughout the service.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Detailed care plans and risk assessments were created from needs assessments to ensure staff had an appropriate level of information to support people's individual, diverse needs and preferences.
- The registered manager completed regular audits to ensure people's records were kept up to date and reflected people's preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training program.
- Competency assessments of staff's skills and knowledge were completed regularly, this ensured they had the skills and knowledge to meet people's needs.
- Staff felt supported by the management team and received regular supervision meetings to develop their practice.

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

- Care plans contained information of people's food preferences and specific instructions around their diets and cultural requirements relating to these.
- Where people required a specialised diet, monitoring records were in place to ensure people received their diet and fluid intake in line with their assessed needs. The registered manager had identified that some records required further detail and this had been communicated with staff.
- People told us they enjoyed the food at the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured staff worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- Records of professional visits were recorded. Health professionals visited the service on a weekly basis. Outcomes of these visits were reflected in people's care plans and communicated with their relatives.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were involved in decisions about their care; staff understood what action to take to make sure decisions were taken in people's best interests.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff were committed and passionate about treating people as individuals and responded quickly to people's changing needs. This ensured people received the right care and support to enhance their wellbeing.
- People were encouraged to maintain their independence. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive manner to offer support.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for and supported by staff that were kind, patient and respectful.
- People and relatives were happy with the care provided and praised the staff. Comments included, "The staff really care, the staff are there because they want to be there and that makes a difference." And, "They are doing a sterling job all in all - I am an ex nurse, they are very kind and caring."
- Staff demonstrated a good knowledge of people's personalities and what was important to them.
- Interactions between staff and people were natural and showed positive relationships had been developed. People received person centred care and support in line with their diverse needs.

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

- People were supported to express their views and make decisions about their care
- Staff knew people well and supported them to make choices around their preferred routines, likes, dislikes and what mattered to them.
- Regular meetings were held with people and their relatives; this provided opportunities for them to be actively involved in the running of the service.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People were supported as individuals, in line with their needs and preferences.
- Care plans were person-centred and were reviewed on a regular basis. The registered manager and staff showed a clear understanding of people's diversity and tailored the care and support to meet individual needs and preferences.
- Where people expressed their interests and wishes the service worked in a person-centred way to achieve positive outcomes for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in an accessible format to meet peoples' needs. Peoples' communication needs were assessed and recognised.

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

- A variety of activities were available for people. The activities coordinator tailored activities to meet people's needs and developed a sense of belonging within the community by inviting local schools and community-based projects into the service.
- People told us they enjoyed the activities within the service. Comments included. "There is always something going on" and "I like it when the singers come in, they are very good."

Improving care quality in response to complaints or concerns

- People and relatives knew the registered manager well and told us they would feel comfortable to complain or raise concerns. A relative said, "Any concerns, I would raise with [registered manager name] they are very good and have always been responsive to any concerns raised."
- All concerns and complaints at the service were responded to appropriately. Minor concerns were addressed quickly to prevent them from escalating into official complaints. All were documented, investigated and recorded lessons learnt.

End of life care and support

- Care records showed the service had explored people's preferences and choices in relation to end of life care.
- At the time of our inspection no one living at the service was receiving end of life care. Staff had received training and were knowledgeable about how to support people at the end of their life, should this be required.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place and were completed on a regular basis by the registered manager. The registered manager identified areas for improvement, but prompt action had not always been taken by the provider. This was addressed during the inspection and action plans put in place.
- Some areas for improvement were identified in record keeping we discussed these with the registered manager to address these shortfalls.

We recommend the provider reviews their systems and processes for ensuring timely response to shortfalls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager instilled a positive culture in the service. People were happy with the service and the support they received.
- People at the service clearly knew the registered manager and we observed good, natural interactions between the registered manager and people. We received consistently positive feedback about the registered manager. One relative told us, "The registered manager, is so approachable and you can tell she loves her job and always puts the service user first."
- Staff felt well supported by the registered manager.

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 registered manager was aware of their responsibilities under of duty of candour and informed the appropriate people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Satisfaction surveys were carried out to gather people and staff views on the service.
- People and their relatives were happy with the good communication from the service.
- One relative told us, "They always keep us up to date with how [Name] is doing, we had a review meeting a month ago and the seniors are equally in the know of what is going on. I love the connectiveness of the staff team and health professionals."

