Coton Care Limited

Coton House

Inspection report

55 Coton Road
Penn
Wolverhampton
West Midlands
WV4 5AT

Tel: 01902339391
Website: www.cotonhouse.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

What life is like for people using this service:
The provider continues to provide a 'good' service. People are kept safe by staff who understand how to safeguard people from abuse and are able to manage risks. There were sufficient numbers of staff to support people and staff were recruited safely. There were suitable infection control practices in place and medicines were managed safely.

People were supported by staff who were trained and knew how to uphold people rights in line with the Mental Capacity Act 2005. People were supported to have sufficient amounts to eat and drink and had access to healthcare services where required. The design and décor of the service met people's needs. Staff were kind, caring and treated people with dignity. People were encouraged to remain independent where possible and were supported to be involved in their care. People were supported by staff who knew them well and supported them to access activities that met their interests. Complaints made had been investigated and resolved.
There were systems in place to monitor the quality of the service and action was taken where areas for improvement had been identified. People were given opportunity to feedback on their experience of the service.

More Information is in the detailed findings below.

Rating at last inspection: Good (02 June 2016)

About the service: Coton House is a residential care home that was providing support to 29 older people at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe.
Details are in our Safe findings below.

Is the service effective?

Good

The service was Effective.
Details are in our Effective findings below.

Is the service caring?

Good

The service was Caring.
Details are in our Caring findings below.

Is the service responsive?

Good

The service was Responsive.
Details are in our Responsive findings below.

Is the service well-led?

Good

The service was Well Led.
Details are in our Well Led findings below.

Coton House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Coton House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: The inspection was unannounced.

What we did:
We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The service was providing care to 29 people. We spoke with three people living at the service and three relatives. We also spoke with two members of staff, the deputy manager, the care co-ordinator, the registered manager and the provider.

We looked at three people's care records and medication records. We looked at two staff recruitment files

and other records relating to the management of the service such as quality assurance audits and complaints.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

● There were systems in place to ensure people were safeguarded from abuse. People and their relatives felt they were safe. One relative told us, "I trust the staff here a lot".

●Staff spoken with were knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk. Staff had received training in how to safeguard adults.

● The registered manager had made referrals to the safeguarding authority appropriately where concerns were identified.

Assessing risk, safety monitoring and management

● Where there were identified risks to people, assessments had been completed to reduce the risk where possible. The assessments in place were detailed and explained how staff should support people safely.

●Staff knowledge reflected what was detailed in people's risk assessments. For example, where people were at risk of developing sore skin, staff were aware that the person should be supported to reposition every two hours. Records showed that staff had been taking this action to reduce the risk of pressure areas developing.

● Staff understood how they should keep people safe in an emergency such as fire.

Staffing levels

● People spoke positively about the number of staff available to support them. People told us they did not have to wait for support when they required this. One person said, "There is always someone I can call on".

● Our observations reflected people's feedback about the availability of staff. People who required support were responded to in a timely way and staff were visible throughout communal areas.

● Staff had been recruited safely. Staff had been required to complete checks with the Disclosure and Barring Service (DBS) and provide references. The DBS check would show if an employee had a criminal record or had been barred from working with adults.

Using medicines safely

● Medicines were given in a safe way. Records showed that medicines had been given as prescribed and there were systems in place to ensure 'as and when required' medicines were given in a consistent way.

●There were safe practices in relation to the storage and disposal of medicines.

●Staff had received training in how to administer medicines.

Preventing and controlling infection

● Staff managed the control and prevention of infection well. The home was clean and odourless.

● People spoke positively about the cleanliness of the home. One person told us, "The home is nice and

clean".
● Staff had received training in the control and prevention of infection and were observed following safe practices such as wearing personal protective equipment.

Learning lessons when things go wrong
● The registered manager had responded when things had gone wrong and taken action to improve the service where required. For example, records showed that the registered manager had analysed accidents and incidents that occurred and used this information to improve the service for people in future.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs had been assessed and reviewed. This included assessing people's medical needs as well as their social needs and their personal history.
- Protected characteristics under the Equality Act had been considered. For example, people had been asked about any religious or cultural needs they had.

Staff skills, knowledge and experience
- Staff had received training to enable them to support people and staff spoke positively about this support. One member of staff told us, "The training gave me all that I need but I can request extra if I need it".
- The registered manager had a system in place to monitor the training staff received. Updates to staff training and knowledge was provided to ensure that people continued to be supported effectively by staff.

Supporting people to eat and drink enough with choice in a balanced diet
- People spoke positively about the food and drink available to them. One person told us, "The food is good." and "If I don't like it, the staff will do me something else. I am never without something to eat".
- Mealtimes were a sociable experience and people were seen chatting to each other whilst eating their meals. Staff supporting people to eat did this discreetly and encouraged conversation during mealtime.
- People's specific dietary requirements were met. Where people had dietary needs, the information was shared with kitchen staff and we saw that food to meet their requirements was readily available.

Staff providing consistent, effective, timely care
- People felt that they had access to any healthcare services they required. One relative told us, "The staff deal with it quickly if [person's name] needs a doctor. They also arrange opticians, dentists and podiatry".
- Records showed that people had received healthcare support where needed. For example, we found evidence of visits from dieticians as well as GP's.

Adapting service, design, decoration to meet people's needs
- The environment met people's needs. All areas of the home, including outside areas were accessible and signs were available in pictorial format.
- People's rooms had been personalised to include their own possessions and their personal preferences.

Ensuring consent to care and treatment in line with law and guidance
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as

possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● Staff had received training in MCA and understood the importance of seeking consent before supporting people and we saw them put this into practice.

● Where DoLS had been applied for, these had been completed appropriately and staff were aware of who had these authorisations in place.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People spoke positively about their relationships with staff. One person told us, "The staff are excellent, exceptional. They have such a tough job".
- We saw that staff had taken time to get to know people and this supported them in maintaining friendly relationships with people. For example, we heard conversations in the communal lounge in which staff discussed people's favourite television shows with them as well as upcoming family birthdays. This showed that staff had taken the time to get to know people and people responded positively to this; happily chatting with staff.
- Where people had become confused or distressed, we saw staff respond to them in a kind and caring way; displaying compassion for the person and staying with them until they felt better.

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

- People felt involved in their care and we saw that staff actively encouraged people to make their own choices. For example, we saw that staff asked people what activities they would like to take part in, what drinks they would like and where they would like to sit.
- For people who did not speak English as a first language, systems were in place to support them to communicate their choices. For example, we saw that flashcards with pictures and key words were available for people to communicate with when a member of staff who spoke their chosen language was not available.

Respecting and promoting people's privacy, dignity and independence

- People felt treated with dignity and staff we spoke with displayed a good understanding of how they promote dignity. Staff gave examples that included, knocking and waiting for consent before entering people's rooms and covering people when supporting with personal care.
- People's independence was encouraged. One person told us, "I am determined to learn to do things for myself again and the staff all allow me to do that". We saw staff do this, asking the person if they required support when walking and allowing them to do this task themselves when they had declined the help.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

● People were supported by staff who knew them well and understood people's preferences with regards to their care. One relative told us, "They know [Person's name] more than I do".

● Records showed that people's preferences and individual needs had been considered. For example, where people had religious beliefs, care records clearly detailed how staff should support with this including supporting the person to access prayers on their electronic tablet and when to play people's gospel music for them.

● People spoke positively about the activities available to them. We saw a number of activities for people including dancing while a visiting singer performed and watching the movies of Elvis. People told us they had opportunities to access the community if they wished too. One person told us, "We went out recently, I think it was for someone's birthday".

● The registered manager understood their responsibilities in line with the Accessible Information Standard and had taken active steps to ensure information was provided to people in a way they found accessible. Accessible information care plans were in place for people who required these, and included details of how people should be supported to understand and communication information.

Improving care quality in response to complaints or concerns

● People had been informed on how they could complain if they needed to. One person told us, "I know how to complain but have never had too".

● We looked at records held on complaints and found that where complaints were made, these were investigated and resolved. Actions were taken following complaints being made to improve the service.

End of life care and support

● There was no one receiving end of life care and support at the time of our visit. However, we found that people had been asked about their wishes and preferences at the end of their lives and this had been recorded in people's care records.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

●People and staff spoke positively about the leadership at the service. One relative told us, "The owner and the manager are fine. They are here a lot, there is always one of them here". A member of staff added, "I feel supported and am happy, we work well as a team".

● We saw that both the registered manager and the provider knew people well, and spent time in communal areas talking to people and relatives; ensuring that people had opportunity to discuss any issues they may have. We saw that people were comfortable in the company of the registered manager and provider and happily engaged in conversation with them.

● We saw that the registered manager was proactive in learning where things went wrong. We found that some records had not been completed accurately; including best interests forms for people who lack capacity. We discussed this with the deputy manager who advised that these forms were part of a new electronic care planning system that the service was moving too and so were in the process of being completed. This showed that although the forms were incomplete, this had been identified by the registered manager and action was already being taken to rectify this using the new system.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● The registered manager had a quality assurance system in place that enabled them to monitor the quality of the care provided and make improvements where needed. We found that audits took place in areas including infection control and medicines. Where areas for improvement were identified through these audits, the registered manager took action in a timely way. We found that the bath and shower audit showed specific trends where people had not received personal care but could not see the action taken. This was raised with the registered manager who looked into this and informed us that this was a recording issue caused by transition to the new electronic recording system. The registered manager informed us they would address this to ensure that any trends found in audits would continue to be addressed immediately.

● Staff understood their role and responsibilities and knew who they could contact during unsociable hours if required. Staff understood how to whistle blow and felt confident to do this if needed.

● The registered manager displayed a good understanding of the regulatory requirements and had completed statutory notifications appropriately as well as returning their Provider Information Return [PIR]. The information given in the PIR reflected what we found on the inspection.

Engaging and involving people using the service, the public and staff

● People had been given opportunity to feedback on their experience of the service through service user

meetings. People told us that their feedback had been acted upon. For example, one person told us that they had told staff about food they did not like on the menu and was happy that staff no longer offered them this.

● The provider had recently implemented service user questionnaires. Although not all responses had been received yet, we saw that the comments received to date had all been positive.

Continuous learning and improving care

● The provider displayed a commitment to improving care where possible. They had taken responsibility for their own learning and development to improve the service.

● The provider had recently recruited new staff to support in the improvement of care services. This included a care co-ordinator to oversee care records and a quality assurance officer to ensure that audits completed were effective in improving care.

Working in partnership with others

● The provider demonstrated links with other organisations within the community to support them in meeting people's needs. For example, the provider had been working alongside Age UK and the Alzheimer's society on activities for people living in the home.