

Cotswold House Care Home Limited

Cotswold House Care Home

Inspection report

Church Road
Cainscross
Stroud
Gloucestershire
GL5 4JE

Tel: 01453752699

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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

Cotswold House Care Home is a nursing home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 48 people in one adapted building.

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

The service provided to people was safe. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. The risk posed to people had been assessed and suitable action had been taken to minimise these risks.

Staff had received appropriate training. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

Staff were compassionate and kind. They were highly motivated to offer person centred care. People and relatives, we spoke with told us staff were caring. The principles of respect, dignity, compassion and, equality and diversity were embedded in the service. People were treated as equals regardless of age, gender or personal beliefs.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and showed that people's care took account of their wishes, preferences and aspirations. Where required, people were supported to make decisions about end of life care which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and where shortfalls had been identified action had been taken to address these. The registered manager sought feedback from people and their relatives to continually improve the service. There was a positive culture throughout the service which focused on providing care that was individualised to people's needs.

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.

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

Rating at the last inspection (and update)

The last rating for this service was Requires Improvement (published 25 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show

what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cotswold House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Cotswold House Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for people with dementia.

Service and service type

Cotswold House Care Home 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in July 2018. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

At the last inspection in July 2018, we found there had been a failure to maintain accurate and up to date records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

At this inspection, we found improvements had been made and the requirements of the regulation were now being met.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with told us they felt people were safe. One relative said, "The staff are excellent. I never need to worry about safety."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. There were clear guidelines for staff on how to support people who required assistance with hoisting. We saw risk assessments had been developed in partnership with Occupational Therapists. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner. Where people were at risk of falling, their falls risk assessment was clear and was linked to their mobility care plan to ensure staff provided support safely and minimised the risk of falling
- The service followed national guidelines around the management of pressure ulcers and implemented guidance from the local tissue viability nurses to ensure people who had pressure ulcers or were at risk of developing pressure ulcers received safe care.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. Staff ensured they supported people who had diabetes in line with the recommendations made by the health professionals involved in their care. These needs had also been shared with catering staff to ensure appropriate meals were provided for people.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. Each person living at Cotswold House Care Home had a personal evacuation plan which detailed the

support they required in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. During our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. For example, when people requested support from staff, the staff responded to these requests promptly.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. One relative said, "The staff team is consistent, and we have a good relationship with them."
- The registered manager told us there was an ongoing recruitment process to ensure the service was always sufficiently staffed.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).
- Regular medicines audits were taking place to ensure any shortfalls in medicine administration were being promptly identified and addressed.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care to reduce the risk of cross contamination.
- The premises were clean and tidy and free from malodour.

Learning lessons when things go wrong

- The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.
- The service had a process of learning from accidents and incidents. For example, the registered manager had carried out a full review of the home's pressure care procedures and implemented new guidance following concerns relating to pressure care in the home.
- The registered manager told us that when an accident or incident occurred, staff would receive a full debriefing and be given time to reflect on the incident during supervision to enable learning.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Good: This meant 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 were assessed and reviewed to ensure the support they received was delivered appropriately and based on current best practice. For example, the service had followed national guidelines in relation to the management of medicines.
- The provider and registered manager ensured people received care and support which was current and effective. For example, staff had been trained in epilepsy care so that staff were able to effectively support people with epilepsy.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training topics included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA, dementia Care, end of life care, Epilepsy and moving and handling. One person said, "The staff know my needs well and are well trained."
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. The staff we spoke with told us they had received a good induction which had prepared them well for their role and to meet people's needs.
- Staff we spoke with felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs.

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

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- People told us the food served at Cotswold House was of a good standard. One person we spoke with said, "The food is very good." One relative said, "The food is always very good and there is always enough to eat."
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. One person was at risk of choking and staff ensured they were supported appropriately.
- Staff spent time engaging in conversation with people whilst supporting at lunchtime and there was a pleasant atmosphere.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access ongoing healthcare. They did this by arranging appointments and attending them with people.
- Care records we looked at evidenced that people had been referred to healthcare professionals such as, speech and language therapist (SLT), therapists and GP's. For example, one person was at risk of choking and had been referred to SLT. We saw that advice given by healthcare professionals was acted upon and included in people's care records.

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

- The environment was clean, tidy and homely.
- People had access to an outside space and used the garden in summer months.
- The service had been adapted with wide corridors and lifts to make the whole building accessible to wheelchair users.
- People's rooms had been adapted to their personal preferences. People told us they were able to bring personal belongings when they moved to the service

Ensuring consent to care and treatment in line with law and guidance

At the last inspection in July 2018, there had been a failure to fully adhere to the principle of The Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

At this inspection, we found improvements had been made and the service was now meeting the requirements of the regulation.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about the principles of the MCA.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.
- 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; the policies and systems in the service supported this practice.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant authorising body. At the time of our inspection, there were six people living at Cotswold House who were subject to a DoLS authorisation.

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 the last inspection this key question was rated as Good. At this inspection the rating has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring towards them. One person said, "Staff are very good and kind to me." Another person said, "The staff are caring and respectful towards me." The relatives we spoke with described the staff as being kind and caring towards their loved ones. One relative said, "Staff are very caring and always have the best interests of the people who live here at heart."
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them.
- People's needs in respect of their religious beliefs were recorded, known and understood. For example, people were supported to attend Church if they indicated a preference to do so.

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

- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.
- During the inspection, we observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people about their lunch preferences and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff ensured doors and curtains were closed when carrying out personal care.
- When people chose to speak with us, staff respected people's right to speak with us privately.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

At the last inspection in July 2018, there had been a failure to provide a care and support plan designed to achieve people's preferences, including their wishes and ensure their individual and specific needs were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person Centred Care.

At this inspection, we found improvements had been made and the service was meeting the requirements of the regulation.

- Care plans were person centred. They included clear information for staff on people's likes, dislikes and preferred routines.
- People's care plans clearly explained how they liked to be supported. This ensured people received personalised care and support which met their needs. For example, people's personal care plans clearly detailed their preference for what order they would like things to be done during the morning. It was evident from our conversations with staff and observations that staff understood people's preferences and routines.
- The service had a process of ensuring care plans were accurate and up to date. The registered manager told us care plans would be reviewed routinely and when people's needs, or health changed to ensure the care provided was always meeting the needs of people

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. Signs, posters and notices were situated around the home in a way that people had access to information and could see and read items on display.
- People's care plans clearly recorded people's communication needs. For example, if people were unable to effectively communicate due to cognitive or language barriers, this was recorded in their care plans. From observing and speaking with staff, it was evident they knew people well and were able to communicate effectively with them.

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

- People were supported to access a range of activities. These included activities such as arts and crafts, indoor and outdoor gardening, and pet visits. The activity coordinator told us they endeavoured to support people with activities in their own rooms if they could not access communal areas. They told us, "A good outcome for me is if I can get a happy reaction from someone with dementia – just a smile, a joining in even if just for a short while."
- The service had built a partnership with a local play group which enabled children to come and spend time with the people living at the home. The registered manager told us this benefitted both the children and the people living at Cotswold House.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. This provided a clear framework on how complaints would be managed and investigated. The service had received seven complaints over the past 12 months. From looking at the complaint's records, it was evident these had been resolved to a satisfactory outcome.
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately.
- Meetings were also held with people who used the service to give them an opportunity to discuss any concerns they might have.

End of life care and support

- Staff had received training around end of life care and support.
- Each person had an end of life care plan which recorded their preferences in relation to end of life care and support.
- At the time of our inspection, although nobody living at Cotswold House was receiving end of life care, the management team and staff had a good understanding of how to support people when they were nearing the end of their life.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

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.

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

- The staff we spoke with felt supported by the registered manager and felt able to raise issues.
- The people, relatives and staff we spoke with praised the impact the registered manager had on the service. They told us significant improvements had been made in the service since the registered manager started in their role. The staff we spoke with told us morale had improved and the home was now a much happier place to work.
- The management team and staff worked well together to ensure people receive personalised care which met their needs and took in to consideration their preferences.

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 provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had implemented an annual survey to enable people, relatives, staff and professionals to provide feedback relating to their care. The feedback from these surveys was positive with people praising

the quality of the care being provided.

- The registered manager and provider had also organised meetings with people's relatives. The registered manager told us these enabled relatives to provide feedback on the service and be more involved in how the service was run.

Continuous learning and improving care

At the last inspection in July 2018, there had been a failure to provide good governance to ensure the safety and quality of service provision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

At this inspection, we found improvements had been made and the service was meeting the requirements of the regulation.

- Effective quality assurance checks were carried out by key staff members, the registered manager as well as the provider. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The registered manager and provider continually reviewed quality assurance systems to ensure they were effective. Where additional checks were required, these were introduced. For example, the registered manager had added falls mapping to their fall's assessments. This was to identify where and when falls were occurring the most in the home and enable the registered manager to address any concerns.
- The provider had a business contingency plan and had assessed the impact of Brexit on the service.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service. For example, new pressure guidance had been introduced following an incident where a person had developed a pressure ulcer.

Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required.