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West Cotes Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
West Cotes Residential Care Home is a care home providing personal care to 10 people aged 65 and over at the time of the inspection. The service can support up to 17 people.

People's experience of using this service and what we found
Most infection control guidance was being followed. However, staff were not consistently checking their temperatures at the start of each shift.

Management of the home had improved and audits were in place. However, some planned actions were vague. More time was needed to ensure that the systems to monitor care were embedded in the management of the home.

Relatives felt their loved one was safe living at the home. Risks were identified and managed, including those relating to medicines and nutrition. Appropriate checks were undertaken to ensure staff were safe to work with people living at the home.

Staff had received training to ensure they could meet people's needs safely and there were enough staff available to provide timely care to people. 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.

Staff ensured that people were able to make choices in their everyday lives and respected people's privacy and dignity. Staff took time to get to know the people they cared for.

Care plans reflected people's needs and identified any communication needs they may have. People had been supported to maintain contact with their relatives through the COVID-19 pandemic. There had been no complaints made to the service.

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

Rating at last inspection
This service was registered with us on 07/01/2020, it was inspected in August 2020 and December 2020 but not rated.
The provider was required to make improvements after the August 2020 inspection. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.
The last rating for the service under the previous provider was Inadequate, published on 08/11/2019.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. We

completed a comprehensive inspection as the service had not been rated at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

West Cotes Residential 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.

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 one inspector

Service and service type
West Cotes Residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
We gave a short period of notice of the inspection. This was because due to the COVID-19 pandemic we wanted to reduce the amount of time spent in the service. Therefore, management team needed time to prepare documentation before the visit.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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

After the inspection
We spoke with two members of staff and three relatives. We did this after the inspection to minimise our time in the home due to the risks associated with COVID-19.

Requires Improvement

Is the service safe?

Our findings

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

This is a newly registered service, this key question had been inspected but not rated under this registration due to COVID-19. At this inspection this key question has been now been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider had systems in place to ensure that they monitored staff for signs of infection. However, records showed that the staff had failed to take and record their temperatures each morning. The registered manager told us they were aware of this failure and were taking action to ensure staff were more consistent in their approach to keeping people safe.
- The registered manager had some concerns regarding their ability to meet the guidelines needed to introduce safe visiting to the home. Following the inspection, we contacted the local authority infection control team so they could support the registered manager in conducting lateral flow tests in a safe environment.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe from abuse and how to raise concerns either with the manager or with external organisations. Policies were in place to support staff. One member of staff told us, "We have safeguarding and whistle blowing policies. There is a folder in the office for staff to access."
- Relatives told us that they felt their loved ones were safe living at the home. One relative told us, "I have no concerns with safety."

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

- Risks to people's health and safety were assessed and reviewed monthly. This included nutritional risk (MUST), pressure ulcer risk (Waterlow), falls and choking. Actions to reduce the risks were identified in people's care plans.
- Risks around the use of equipment were also assessed and monitored. For example, when bed rails were

used, they were inspected monthly to check they were working safely. Environmental risks were also assessed and monitored. For example, some people had free standing radiators in their bedrooms and individual risk assessment were in place for these.

● Incidents and accidents were reviewed to ensure that lessons were learned, and action taken to reduce the risk of similar incidents occurring in the future.

Staffing and recruitment

● There were enough staff to meet people's needs. One member of staff told us, "The staffing levels are good." Systems were in place to ensure that staff were available to cover colleagues shifts in case of sickness. People's call bells were answered promptly.

● Staff had been required to share with the provider, proof of identity when they started work. In addition, the provider had completed checks with the Disclosure and Barring Services to ensure staff were safe to work with people living at the home.

Using medicines safely

● Medicines were safely stored and administered. Records of administration were accurate and covered the different types of medicines to be administered. For example, medicines administered in patches were recorded on a separate sheet to ensure that there was a record of where the patch was placed on the person.

●Staff had received training in how to administer medicines in a safe way. Staff were assessed every six months to ensure they continued to administer medicines safely. Staff followed good practice guidelines when administering medicines.

Good

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.

This is the first inspection of effective for this newly registered service. This key question has been rated 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

- A pre-admission and admission assessment were completed when each person moved into the service. Basic information was collected to enable the service to ensure they could meet the person's needs.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies. Systems were in place to monitor that they kept up to date with changes.
- Systems to assess people's risks were based on best practice guidance. For example, Waterlow assessments were used to see if people were at risk of developing pressure areas.

Staff support: induction, training, skills and experience

- When staff started to work at the home, they received an induction to the company. This included reviewing the provider's policies and completing a package of training to ensure they were safe to work with people living at the home. Staff also had to shadow an experience colleague and were monitored until they had been assessed as being competent.
- Staff had ongoing training and supervision to ensure that their skills remained up to date. This was done through online learning and some face to face training. One member of staff told us, "Over the COVID-19 period we have not been able to have face to face but have [online] training. Training is always available if needed, and the registered manager does make sure that training is completed."

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

- There was no one currently at nutritional risk living at the home. However, nutritional risk assessments were completed monthly to ensure any changes in people's needs were identified promptly. Relatives we spoke with told us that the food provided was of good quality.

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

- Relatives we spoke with were confident staff would identify any signs of ill health and seek medical advice as needed. Relatives told us that the registered manager and deputy manager were good at keeping them updated on their relative's needs.
- Care records contained evidence of people's referral to a dietitian or speech and language therapists when they were losing weight or were at risk of choking. Instructions from professionals in relation to modification of diet and fluid textures was recorded in their care plans and staff were aware of the requirements.

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

● The environment was clean and tidy. There were different communal areas where people could spend time.
● The registered manager and provider had plans in place to update areas of the home. For example, the laundry was due to be refurbished to increase space and improve the infection control in that area.

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 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.

● The registered manager had continued to ensure that mental capacity assessments were completed during the pandemic using videoconferencing.
● Best interest decisions were recorded when people could not make specific decisions for themselves. DoLS applications were submitted and DoLS authorisations were in place when necessary. This was supported by a DoLS care plan.
● Where people had made plans for others to legally represent them when they were no longer able to make decisions for themselves, copies of the relevant documents were stored in people's care plans.

Good

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.

This is the first inspection of caring for this newly registered service. This key question has been rated 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

- Relatives told us that their loved ones got on well with the staff. One relative said, "[Name]Has a good relationship with staff and they like to hear about their lives. They [staff] are very sweet to [Name]."
- Staff told us that they spent time getting to know people. One member of staff told us, "I make it my business to get to know them. I will go in every day and have a chat with them. Some people are quieter than others but that is their choice, you know who will have a laugh and who wants to sit back and watch."
- A relative told us how staff supported their loved one to celebrate special events. They explained how the cook had made a cake to celebrate the person's birthday. They told us, "Last year for her birthday they had a cake for her it was beautiful."

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

- People's life history and likes and dislikes were available in care plans. This ensured that staff were able to support them to make decisions about everyday choices such as what to eat and drink. A member of staff told us, "We promote choice and we will ask them what they need, want to eat or drink and what they want to wear. "
- Staff told us they respected people's ability to make decisions. One member of staff told us, "People are able to choose when they get up one person does not like to get up until midday. We will do regular checks and offer and then check again. We don't force them to get up. If they don't want to get up that is their choice."

Respecting and promoting people's privacy, dignity and independence

- The registered manager had provided new clothes to two people who had moved into the home after the closure of their previous home. This supported their dignity. One person was pleased with their clothes and immediately put on a new shirt. All the staff took time to comment on how smart the person looked, and the person was proud of their appearance.
- Relatives told us that people's privacy was respected. For example, they told us, "We always facetime in private so if [Name] wanted to tell me anything they could."
- Staff had received training in maintaining people's dignity. They told us they did this by ensuring door were closed and would always ask before doing anything. Staff promoted independence and encouraged people to do as much as possible for themselves.

Good

Is the service responsive?

Our findings

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

This is the first inspection of responsive for this newly registered service. This key question has been rated 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

- Care plans were in place to support people's needs. Each person was allocated a member of staff whose responsibility it was to ensure care plans reflected their needs and personality. Care plans had been regularly reviewed. Staff told us they felt care plans supported them to provide safe care.
- People and their relatives had been involved in planning people's care. One relative told us, "We have been through the care plan." They said that it accurately reflected their relative's needs.

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 identified people's information and communication needs by assessing them. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read. These needs were shared appropriately with other health and social care professionals

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

- There was restricted visiting to the home so people were not able to see their loved ones as much as they may have before the pandemic. However, people were supported to maintain contact with their loved ones through telephone calls and video conferencing. One relative told us, "I face time, [Name] has said that they are well looked after. The face time has been a godsend as it allows them to see other members of the family."
- There was not a current activities coordinator for the home. However, as there was a reduced number of people living at the home activities were provided by the care staff. They were able to spend time with people, supporting them with activities to maintain their welfare. Records showed activities such as nail care and art had been offered to people.
- Restricted visiting at the home meant some activities such as religious services and exercise to music had been put on hold. The registered manager told us that they had plans in place to reintroduce these activities safely and in line with Government guidelines when possible to do so.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints.

● People told us that they knew how to complain but had never felt the need to raise any concerns. One relative told us, "If I wanted to make a complaint I would take it to the manager." Information on how to complaint was available to people living at the home, relatives and visitors.

End of life care and support

● The registered manager told us there was no one receiving end of life care at the time of the inspection. However, people had care plans in place for their end of life wishes and who they wished to be involved in making decisions. People at the end of their lives would be able to see their relatives in a COVID-19 safe manner.

● The registered manager and staff worked collaboratively with other agencies to support people to have a pain free death at the end of their lives. Where needed anticipatory medicines were in place. These are medicines, such as pain medicines, arranged in advance so that they could be administered as soon as they were needed.

Requires Improvement

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.

This is a newly registered service, this key question had been inspected but not rated under this registration due to COVID-19. At this inspection this key question has been now been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

When we inspected in August 2020, we found systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Enough improvements had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- Although improvements had been made, staff were still not consistently following the provider's policies and recording their temperatures at the start of each shift. We had taken action previously in relation to poor infection control processes in the home. The registered manager told us they were aware of the issue and would take steps to make improvements. However, this showed that improvements were not always lasting in the day to day running of the home.
- Audits were in place and were being consistently completed. In addition, although we could see improvements had been made and further improvements were planned, action plans were not always in place. For example, there were no firm plans in place for the refurbishment of the laundry. Therefore, more time was needed to ensure that the changes were embedded into the home and would be sustained.
- The registered manager had spent more time at the home developing systems and supporting the deputy manager's development. This had ensured that audits had been completed and the deputy manager was aware of the systems in place to manage the home. The deputy manager told us, "[Registered Manager] is really good. If they are not here, they are always on the other end of the phone."
- Staff were now following national guidelines; medicines were administered safely, and PPE was worn correctly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Relatives told us that they had received surveys to gather their views on the care provided, but due to the COVID-19 pandemic and restrictions on visiting were unable to comment on if any changes had been made.

● Relatives told us that they had been kept up to date with any concerns such as falls or changes in care needs. One relative told us, "The home has been good at keeping touch with any incidents."
● Staff told us that they could see that the home was improving under the new provider and manager and felt that the morale and communication in the home had improved. One member of staff told us, "The standard of care has improved with [registered manager], we still have a way to go considering COVID-19. The manager is tough but fair, they are approachable, and the staff know that they cannot push things."

Continuous learning and improving care
● The registered manager had continued to monitor the changes in guidance from the government during the pandemic and to make changes to the care provided to keep people safe. For example, they had removed the tablecloths to decrease the risk of cross infection.
● The fluid monitoring charts being used did not meet best practice guidelines. We discussed this with the registered manager who had also identified this as a concern. They were able to show us the new forms which were ready to be used the next time a person needed monitoring.

Working in partnership with others
● The provider had low occupancy figures due to COVID-19. The registered manager and provider were working collaboratively with the local authority to ensure that they took advantage of the national support offered during the pandemic. This ensured that they were able to continue providing support which met the needs of people living at the home.
● The registered manager had worked collaboratively with the local GP practices and the pharmacy to ensure that people's medicines were available when needed. They proactively chased medicines which were not available to people.