

Swillbrook Limited

Coot Lane Residential Home

Inspection report

Coot Lane
Lostock Hall
Preston
Lancashire
PR5 5JE

Tel: 01772312152

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06 June 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Coote Lane Residential Home is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 24 people. There is a large dining room, communal areas, and a conservatory area.

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

Medicines were stored and administered safely. People were supported safely, and the provider had plans in case of emergencies. The home was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE). Staff were employed following a safe and robust recruitment process. Safeguarding training was mandatory, and staff were aware of the processes to follow to enable people to keep safe.

Staff felt supported by the management team and the induction and ongoing training they received. 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. A person told us, "We've done surveys, and [the manager] talks to us regularly and asks us what we think about different things." Mealtimes were relaxed and organised around people's individual daily routines. A relative said, "The chef is amazing." People were supported to have access to healthcare professionals and their healthcare needs had been met. The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

The provider had various methods to assess, monitor and improve the quality of the service. People and staff told us there was a very positive culture at Coote Lane Residential Home. A person explained, "If I wanted something doing, they would do it, like a shelf moved etc, or a bigger TV. They said to me when I came 'This is your home'." A relative told us, "We've been very pleased. You can go to [registered manager] with any issues, and she's open to ideas". The management team positively engaged in the inspection process and the registered manager clearly understood their regulatory responsibilities. The provider and management team had been responsive in implementing positive change and working with health and social care professionals to improve people's quality of life.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 June 2021).

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.

At our last inspection we recommended the provider considered best practice guidance on infection prevention. At this inspection we found improvements had been made.

Why we inspected

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

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 the service can respond to COVID-19 and other infection outbreaks effectively.

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

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Coote Lane Residential 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 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

One expert and 1 Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Coote Lane Residential Home is a 'care home' without nursing care. 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. 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

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives and 1 visiting minister about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with senior carers, carers, housekeeping staff and the cook. We had a walk around the home to make sure it was homely, suitable, and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures. After the visit we received feedback from 2 health professionals who had visited the home 1 on a regular basis.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection we recommended the provider consider best practice on infection prevention and update their practice. The provider had made improvements.

- 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.

The registered manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Relatives told us they felt welcomed into the home by staff and management. One relative told us, "All the staff are very welcoming, whenever you come, and you get offered a cup of tea; [my relative] as well. There's always a space to be private, so you don't have to use the bedroom [for a visit]." One staff member commented, "Visitors come anytime day or night, it's an open door."

Using medicines safely

- Staff were trained and administered medicine in a person-centred manner. Staff administered medicines where possible at times that suited the person. However, some people had pain relief sooner than the recommended 4 hourly timed interval, although the prescribed maximum dosage for a 24 hour period was not exceeded. The registered manager said they would review these incidents.
- People told us they received their medicines as prescribed. One person said, "I have medications for [given conditions], which the staff bring to me every morning and evening. It's not forgotten and always on time (at least one of the conditions mentioned is likely to need time-critical meds). They give it to me in a little box and watch me take it." One relative told us, "[Relative] has tablets and eyedrops and there haven't been any problems."

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe living at Coote Lane Residential Home. One person told us, "I feel safe and well looked-after; there's always someone [staff] to help you." A second person said, "Yes, I feel pretty safe, and not at risk."

Assessing risk, safety monitoring and management

- The registered manager had assessed and recorded risk to keep people safe. They had reviewed care plans to ensure assessments were up to date and identified current risks. One relative told us, "[Relative] has a pressure mat at the side of her bed so if she moves out of bed at all, the carers are there straight away. She hasn't had any falls here."
- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references, Disclosure and Barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager and provider ensured appropriate staffing arrangements were in place and staff were deployed effectively to meet the assessed needs of people in a person-centred and timely way. This included additional staff to support people to appointments and a staff presence in the lounge to lessen any identified risks. The nominated individual told us, "As long as there is a business rational for additional staff then they will be approved." One person told us, "There's staff all about, plenty of them."

Learning lessons when things go wrong

- The registered manager and senior management team reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. Staff said they were kept updated on any incidents and what changes had been implemented to lessen the risks and keep people safe.

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 requires improvement. At this inspection the rating has changed to 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, and choices were assessed before receiving support. Information from the local authority, people and their relatives were used to develop care plans and risk assessments.
- Assessment and care planning documents were designed to be compliant with regulations and guidance.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. An induction programme was provided to ensure staff they understood what was required within their role.
- Training courses were available for staff to provide them with the skills and current knowledge required to meet people's need. The provider had introduced financial incentives to motivate and reward staff with their personal development. One person told us, "The staff are perfect. There are one or two new ones at present, and they need to learn, but you see them with the more experienced ones, being told what to do."
- Staff told us they felt supported in their role. This was through training development, supervisions, appraisals, and ongoing informal support. One staff member said, "[Registered manager] she's really supportive to staff."

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

- People were supported to have a balanced diet and had access to snacks and drinks throughout the day to maintain their weight. The cook told us, "We don't stick to set times, if someone wants a lie in, I make breakfast when they want. I think it's your house your home, you have what you want."
- Staff had good oversight of people's food intake. One person told us, "I always have my meals in my room; I like to keep myself to myself. The food is quite nice. If I don't like what's on the menu, they'll serve me something I do like; it's plentiful." One family member commented, "[Relative] gets up [very early] and has a full English breakfast, cooked by any of the staff on duty. He snacks in between meals whenever he asks or if it's offered, and if he's not hungry or he's asleep at lunchtime, staff save him some lunch and offer it later, if he wants it. In the lounge everything is put in reach and [relative] has always got a drink." A second relative said, "Staff are always 'pushing' fluids, which is very important."

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

- Staff worked with other agencies, such as GPs, community nurses, opticians, and specialist services to ensure people's physical and emotional needs were met. One health professional praised the leadership from management, staff knowledge and everyone's willingness to follow clinical guidance to meet people's

needs.

- The management team supported people to access healthcare services and followed guidance to support people with ongoing health conditions and ensure their healthcare needs were met. One staff member told us, "I am extra today to support someone to a hospital appointment." One relative commented, "The home know that [my relative] is prone to [specific illness] and know the signs to watch for. He had to have a doctor once, the staff called 111."

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

- People's rooms were decorated with personal items to provide comfort and reassurance.
- The home was adapted to meet people's needs. There were specialist bath/shower rooms. Doorways and hall areas were wide enough for wheelchairs. The home was free from obstacles to support people's independence.

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.

- We found, where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

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 requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure all records were accurate, complete and contemporaneous for the management of the regulated activity. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had systems to assess and monitor the service. Audits and checks were in place and were completed to identify issues and drive improvement, and improvements could be seen based on the analysis of information gathered.
- There was a clear management and staffing structure. Each staff member had a clearly defined role and responsibilities. This supported the effective delivery of timely support to people, as all staff knew what was expected of them.
- The management team were aware of their regulatory responsibilities. The registered manager and provider liaised with health and social care professionals and attend forums to update their knowledge on current regulations and legislation.
- The nominated individual arranged weekly meetings for the management teams of the providers three homes. The nominated individual said, "It is about sharing best practice, looking at themes in social care, looking at how the week has gone, potential safeguarding concerns and could we have done things differently." The registered manager told us they had benefitted from attending the meetings by reflecting on their practice and learning from colleagues.

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

- People said they received person centred care and support. One person told us, "Having been at the home [for some time], it's clear that things have been so much improved since [the manager] came. I think Coote Lane is quite innovative. [The manager] is keen to make it feel homely and it's a tricky balance, but I think she achieves it."
- Staff were consistently complimentary about the management team and their colleagues. One staff

member said, "It feels like home here, it's nice. We have good teamwork here. We help each other out."

- Relatives told us they were happy with the care family members received. One family member said, "We've seen nothing to disturb us but [the manager] has always maintained an open door. 'Come in any time; we've nothing to hide.' She is very reassuring that we're doing the right thing; it's a big thing to hand over your parents to someone else's care."

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 and provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished and what improvements needed to take place.

- The registered manager encouraged candour through openness and frank discussions. All the management team were fully participated in the inspection process.

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

- People told us they were consulted on the support they received.

- Staff had the opportunity to formally share concerns through supervisions and appraisals. They received daily handovers between shifts, so they were kept up to date with people's needs to be able to provide effective care.

- Relatives told us they were consulted and updated on family member's care. The registered manager encouraged family members to contribute to people's care plans. The registered manager said, "I give relatives homework [parts of the care plan] to complete."

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required. This helped to ensure people's needs continued to be met and their wellbeing enhanced. The registered manager said, "We get amazing support from the nurse practitioner. We have a weekly ward round, but they are contactable at any time."