

Coverage Care Services Limited

The Cottage Christian Nursing and Residential Home

Inspection report

Granville Drive
Newport
Shropshire
TF10 7EQ

Tel: 01952825557

Website: www.coveragecareservices.co.uk

Date of inspection visit:
04 June 2019

Date of publication:
26 June 2019

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:

The Cottage Christian is a care home registered to provide nursing and personal care and accommodates up to 40 people. At the time of this inspection the service was providing personal and nursing care to 36 older people.

People's experience of using this service:

People were positive about the care and support they received.

Governance of the service was robust with effective checks and audits carried out to determine the quality of the care. The registered manager had acted promptly to address areas identified for improvement.

Risks to people were monitored and plans were in place to help keep people safe.

The provider had safe systems for the management and administration of people's medicines.

People were supported by adequate numbers of staff who were safe and competent to work with them.

People were protected from the risks associated with the control and spread of infection.

People 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.

People's health care and nutritional needs were monitored and understood by staff.

People told us staff understood their needs and were kind, caring and friendly.

People had opportunities for social stimulation and were supported to maintain links with the local community where able.

Rating at last inspection:

The service was rated Good at the last inspection in 19 September 2016.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

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

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

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 ●

The Cottage Christian Nursing and 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one adult social care inspector and an expert by experience. 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:

The Cottage Christian is a care home that supports people with general nursing needs and in some cases people living with dementia where their general nursing needs are the priority. 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 site visit was unannounced. It started and ended on 4 June 2019.

What we did:

The provider submitted a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority, commissioners and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

During the inspection we spoke with seven people who lived at the home and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The registered manager was available throughout our inspection. We spoke with six members of staff which included nurses, care staff and the registered manager. We looked at two people's care and medication records, staff training records and records relating to the management of the home.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living at the home and with the staff who looked after them. One person said, "I am extremely fortunate to be in such a safe and caring place. Everything is so good here. The environment and the staff all create a safe and secure place to live. The staff are excellent, and nothing is ever too much trouble for any of them."
- Staff had been trained to recognise and report any signs of potential abuse. A member of staff said they were confident about recognising and reporting potential abuse.
- Where concerns had been brought to the attention of the registered manager they had informed the local authority safeguarding team and worked closely with them to investigate concerns to ensure people were safe.

Assessing risk, safety monitoring and management

- The registered manager assessed and managed risks which staff understood and followed. For example, risks associated with moving people, eating and drinking and skin integrity. Risk assessments had been regularly reviewed to ensure they remained up to date. We saw that frail people were being nursed in bed and their skin was kept intact through the safe management of their skin care.
- The provider ensured that regular checks were carried out on the environment, utilities and equipment used by people to ensure they remained safe to use. Internal and external governance was thorough to ensure the required checks were conducted and any issues addressed.
- Staff were trained in fire safety and each person had a personal emergency evacuation plan (PEEP). This detailed how staff were to support them to evacuate the building safely in the event of an emergency. An incident happened recently and everyone on the ground floor was evacuated safely.

Staffing and recruitment

- Staff considered there were enough staff on duty to meet people's needs and help keep them safe and care for them well.
- We saw that people did not wait long for staff to attend to them. Call bells were answered promptly.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

Using medicines safely

- People's medicines were managed and administered by qualified nursing staff who were trained and competent to carry out the task. People received the right medicine at the right time.
- Medicines were securely stored. The registered manager and external agencies carried out audits to ensure medicines were safely managed.

- We observed a nurse administering medicines. They did this in a polite manner giving the person time to take their medicine and explained what it was for.

Preventing and controlling infection

- The provider's infection control procedures were understood and followed by staff. We observed staff followed good hand hygiene and used single use personal protective equipment (PPE) appropriately when supporting people.
- Domestic staff were employed, and the home was clean and fresh.

Learning lessons when things go wrong

- The registered manager maintained a record of any accidents or incidents. This helped to identify any trends. We saw measures were put in place to reduce the risk of the incident happening again and to reduce the risk of injury. For example, falls were closely monitored and the staff reviewed risk assessments and care plans regularly.
- Any learning from incidents was shared with staff at meetings or supervision sessions.

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

Good: 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

- Staff developed care plans from people's needs assessments and included their preferences and wishes. One person said, "I have been here for some time now and overall is more than satisfactory, it does meet my needs and respects my need for individuality."
- The registered manager ensured people's needs were assessed before they moved into the home. This was so they could assure that people's needs would be met.
- Assessments included considering any diverse needs people had. For example, about religion and sexuality.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and competent in their role.
- New staff had a thorough induction period which gave them the basic skills and training the provider required.
- A nominated senior member of staff monitored staff skills and training to ensure they remained competent and that they received refresher training when needed.
- A member of staff said, "We get all the training we need. Some is on line and we get the time to do it all properly."

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

- We saw people had enough to eat and drink and that their preferences were understood and respected. One person said, "I enjoy the food which is consistently good and always have people to chat with. It is a very sociable place and a very good place to live."
- We observed people were offered a selection of drinks and snacks throughout the day.
- People's needs were assessed and understood by staff. Staff told us about people who required fortified meals, thickened fluids and those people who required their meals to be prepared at different consistencies.
- Records relating to people's diet and hydration were clear. External support was sought by staff and advice given was recorded in people's care plans.

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

- People saw GPs and other professionals to meet their specific needs when they needed. They also had access to dentists, opticians, speech and language therapists, physiotherapists and the memory team.
- People's health and well-being was monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified.

- People were provided with specialist equipment to meet their needs. This included specialist chairs, pressure relieving equipment and mobility aids. One person told us, "I can walk now with my walker which I couldn't do when I came here and I am safe as I do not fall as I did."

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

- People lived in a comfortable and well-maintained environment.
- Grab rails and ramps helped people to maintain a level of independence when mobilising around the home.

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

- People's rights were respected. We saw staff asked people for their consent before assisting them.
- Staff had been trained and understood the principles of the Mental Capacity Act 2005 (MCA).
- The 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).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had considered and made appropriate DoLS applications and had systems in place to renew and meet any recommendations of authorised applications.

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

Good: 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 and that they respected their wishes. We saw one care plan read as, 'Person wishes to wear clothing that reflects their femininity. 'A relative told us, "I was very apprehensive coming here today for the first time to see (person). However, I am so relieved with my first impressions which are good. (Person) is clean and cared for and seems happy. It is reassuring to see they have a nice tidy room, comfortable bed and there is no smell. The staff all seem nice and kind and very approachable and really caring in their attitude."
- We saw staff engaged with people in a warm and kind manner. They took time to listen to what people wanted and responded to their requests for help.
- People's protected characteristics such as sexuality and religious preferences were discussed with them and recorded in their plan of care.
- People were supported to maintain contact with the people who were important to them.

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

- Care plans detailed people's preferences for personal care and how that should be delivered. For example, if people preferred a male carer to help them shower or bathe this was provided where possible.
- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. A relative told us, "The staff keep us informed and answer any questions we have."

Respecting and promoting people's privacy, dignity and independence

- One person said, "The only time I require help with personal care is with showering I cannot do that alone and they are always kind and never rush me or make me feel awkward or difficult."
- People's needs and wishes continued to be at the heart of the service. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and treating people as individuals. A person told us, "They must help me with everything and I have to trust them, and I do. There are certain staff who are more than kind with me, they are just lovely kind people."

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with told us they were involved in the development of their care and support plans. The involvement of friends or families was encouraged, when appropriate, to identify how the person would prefer to be supported.
- The provider ensured people's needs could be met in a way that they liked. The care and support plans that we saw reflected people's individual health and social needs and any protected characteristics. They contained details that staff needed to follow to provide person centred care.
- One person said, "Nothing is ever too much trouble here for anyone. They treat us all well and as individuals, they know what we like and what we don't. They are there to help you as soon as you need it with a kind word and a smile and they are happy to chat with you and be with you. They also create a lovely social atmosphere, so you are never lonely or sad."
- A staff member explained to us about how they delivered care in a person-centred way, describing what was important to people. They said they had discussions about people's past life so that they got to know the people well.
- One person told us, "We have a lot of interesting things to do and (staff member) who looks after activities never stops. We have been painting today and there will be something else after lunch. If you want to be quiet that is respected, and they always know if you are down or under the weather and they always help you. This place is excellent."

Improving care quality in response to complaints or concerns

- People knew what to do if they had any concerns and were aware of the complaints procedure, which was on display in the service.
- People felt assured their concerns would be responded to. We viewed the service's complaints records and saw that issues had been dealt with and resolved for the person.

End of life care and support

- The registered manager said that no one was receiving end of life care at present.
- Nurses maintained an end of life file that showed evidence of reviewing end of life care using reflective practice. The file contained feedback from families following the support they received during the time of their loss.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had clear equality policies and staff had received training in how to support people's diverse needs.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- There was a clear management structure and staff understood their roles and responsibilities. People continued to be supported by a team of staff who were part of an open and inclusive leadership. One person said, "I am very well looked after here, and I know I am safe. The manager is excellent, she is very on the ball, runs a tight ship and that is appreciated."
- We observed staff that looked relaxed, happy and were organised in their work. Staff felt they could speak to the manager and be open about new ideas they would like to be considered.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- The quality of the service continued to be monitored well. We saw there were internal and external audits carried out on all aspects of how the service was run. These included audits on medicines, infection prevention and health and safety.
- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the provider had conspicuously displayed this in the home. It was also on the provider's website.

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

- The service continued to put people, their needs and wishes at the centre of the service. They assured they captured those wishes in a variety of ways, such as, day to day contact, meetings and questionnaires. During this inspection we experienced positivity from all the people and staff we spoke with. All felt supported and felt their views were sought, listened to and responded to.

Continuous learning and improving care

- Staff told us that they could contribute to the development of the service and their ideas were welcomed.

- We saw that staff sought the best current practice guidance from on line resources and discussed this with the GP. For example, pain management for people living with dementia. This was to ensure that they could develop strategies for improving the care to individual people, some of whom had quite complex nursing needs.
- The staff had worked to meet the national institute for clinical excellence guidelines on oral health in care homes. As a result, people had received improved mouth care.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's, district nurses and local hospice nurses.