

Bupa Care Homes (CFChomes) Limited

Cottenham Court Care Home

Inspection report

High Street
Cottenham
Cambridge
Cambridgeshire
CB24 8SS

Tel: 01954252626

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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

Cottenham Court 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.

Cottenham Court accommodates up to 62 people in one adapted building over two floors. They provide nursing care and people who are living with dementia

We inspected the home on 7 November 2017. The inspection was unannounced. There were 54 people living in the service on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In December 2015 we conducted an inspection of the home. We rated the service as 'good'. At this inspection we found the service remained 'good'.

There were sufficient staff to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way and communicated effectively, within the team and with external agencies. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

There was a friendly, relaxed atmosphere and staff were kind and attentive in their approach. People were provided with food and drink of good quality that met their individual needs and preferences. People were supported to take part in activities that promoted their emotional, physical and spiritual well-being.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. There was evidence of that the service learnt from significant incidents and events. Any concerns or complaints were handled effectively.

Care plans were detailed and provided staff with the current information they required to meet people's needs. They also contained detailed information of the person wishes at the end of their life

Staff supported people to make everyday decisions in the least restrictive way possible. The policies and systems in the service supported this practice.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored and where needed improvements were made. We found that people who lived at the service and their visitors/relatives were encouraged to share their views and give feedback about the quality of the care and support provided.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Cottenham Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.¹

This inspection took place on 7 November 2017 and was unannounced. The team consisted of two inspectors 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.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service. Before the inspection we received information from representatives of the local authority contracts monitoring team and safeguarding team, to aid us with planning this inspection.

The provider completed a provider information return (PIR) and sent this to us before the 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.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with 16 people who lived in the service, 10 visitors/relatives, the registered manager, three nurses, three housekeepers, a kitchen assistant, a senior care worker and four care workers.

We looked at a range of documents and written records including four people's care files and three staff recruitment records. We also looked at information relating to the administration of medicines and the

auditing and monitoring of service provision.

Is the service safe?

Our findings

People told us they felt safe living in the home and that staff treated them well. One person said, "I'm very safe here; they're [staff] all trained. They always pick up if you need something." Another person told us, "The staff are trained; even the agency people and I definitely feel safe."

Staff continued to demonstrate a good awareness of safeguarding procedures and who to inform if they witnessed or had an allegation of poor care or harm reported to them. Information from the representative of the local authority adult safeguarding team confirmed the registered manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of the people involved.

The registered manager maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. Each person's care record detailed the actions taken to address any risks that had been identified. People's risk assessments were reviewed regularly and updated to reflect any changes in the person's needs. Staff understood the support people needed to promote their independence and freedom, yet minimise their assessed risks. For example, if a person had been identified at risk of being underweight, the person had been put on a fluid and food chart. Care staff were responsible for completing the chart throughout the day. The nurse in charge reviewed the information on a daily basis. Where this highlighted a concern further advice had been sought from the dietician.

Whilst people had mixed views about the staffing levels, no-one felt that their needs were not met. One person commented, "Staff work hard; the only thing is there aren't enough of them. When I press the buzzer sometimes they come straight away and sometimes I have to wait." Another person told us, "If you want anything you ring the bell. You may have to wait a bit; sometimes 15 to 30 minutes depending on what they have to do. However often you don't have to ring the bell because they'll come in and check you anyway to see if you need something." A relative/visitor told us, "I think that there are more staff here than at other homes [person's name] been in."

Throughout our inspection we saw call bells were responded to promptly and that staff had time to meet people's care and support needs without rushing. One staff member commented, "I do think there is enough staffing. We don't rush when getting people up." The registered manager told us they kept staffing levels under regular review to ensure they remained in line with people's changing needs.

Records showed and staff confirmed that thorough recruitment practices were followed before new staff were appointed. Pre-employment checks included references and criminal records check.

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records. Audits were in place to ensure medicines were managed safely. Staff received training and regular competency assessments to administer medicines. People had regular medicine reviews undertaken by the GP. This ensured medicines they were taking were still appropriate for their needs.

A registered nurse was designated as the link nurse for Infection Control. There were systems in place to help promote infection prevention and control. These included cleaning regimes and schedules and training for staff. Staff had a good awareness of what actions to take should they have a sharps injury and who to inform. They were aware of how to dispose of clinical waste and how and when to use personal protective equipment such as gloves, aprons and hand gel. We saw that staff used gloves and wore aprons appropriately and the home was clean and fresh on the day of our inspection.

Lessons learned from accidents and incident investigations were shared at team meetings, supervisions and handovers or when needed. We noted that any issues were discussed and remedial actions put into place. For example, where a person had had a number of falls they talked about how they could prevent possible further falls. They also reviewed of the person's medicines took place and checked for any signs of an infection to see if this could be the cause of the falls. One staff member told us, "We always talk about incidents and if we can learn from them."

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. One person told us, "The staff really do know what they are doing." A relative said, "We couldn't ask for better care, the staff are very good at their jobs."

A new member of staff told us they had participated in a structured induction programme which included a period of shadowing an experienced care worker. They also explained that this was done till they felt confident to work alone. One new member of staff told us, "There is usually a couple of days of shadowing. Although some people request longer until they feel comfortable to move on to the roster." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited care staff.

The registered manager maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Training was taking place on the day of our inspection for nurses in the topics of catheterisation and venepuncture. A staff member told us, "I have undertaken NVQ2 (National Vocational Certificate) in care and I am hoping to move on to level 3. [Name of registered manager] is very supportive of our learning."

Staff also received regular supervision from a member of the management team. Staff told us that they found this a helpful opportunity to reflect on their practice and to discuss opportunities for further training or development in their roles. For example, one member of staff said, "My last [supervision] was in July. It was helpful. I was able to discuss changing to days [from nights] and the possibility of NVQ3."

Everyone we spoke with was complimentary about the food provided at the service. Comments included: "The food is marvellous; it's excellent lovely food." "The food is excellent; really good." "Food is lovely; really nice." "The food is excellent and the portions are good." And "The food is very good; there's almost too much in the evening. You always have a choice and if you want something different they'll do their damndest to get it for you."

We observed the lunchtime meal and found this to be a relaxed and social experience for people. We found that there were conversations taking place between some of the people and staff. The assistance provided was in a manner that was both respectful and inclusive. Staff sat next to people and they gave people time as they assisted people to eat. Staff regularly checked with people they were okay and enjoying the food.

People's individual dietary needs were catered for. Information about people's food and drink allergies was obtained and shared with the catering staff. This was so that they were able to prepare meals and snacks according to people's dietary needs.

People who were assessed as being at risk of choking had an up to date assessment in place which ensured the diet provided was suitable and also provided guidance for staff on how to keep people safe when assisting them to eat. For example, the use of a thickener to add to fluids. We found that people who had

been assessed as being at risk of malnutrition were provided with a fortified diet to increase their calorific intake and to encourage weight gain. Adapted cutlery was available to assist people to eat as independently as possible.

People's care plans showed that they received care, treatment and support which promoted their health and welfare. People talked positively of the support they received, one person told us, "The GP comes every Thursday; you just have to tell the nurse the day before if you want to see him." Another person said, "The doctor and optician and chiropodist all come to the home."

All relatives we spoke with told us they were kept informed of changes in people's health conditions and informed of incidents that affected people's wellbeing. A relative said, "They always let me know if anything is happening with [family member]. If they need a GP visit or require a blood test I get to know about it, it puts my mind at rest. I am also invited to sit in on any meetings with professionals."

Staff worked well together to ensure the delivery of effective care and support. One member of housekeeping staff described their relationship with the care staff team, "We work together no one is more important than the other." Similarly, a member of the care staff team said, "Everybody works as a team. If any of the staff need a hand with any tasks we only have to ask and somebody will always help."

The service had recently had a number of areas redecorated which made the service a lot lighter and was clean and tidy throughout all communal areas. Toilets and other communal facilities were clearly sign-posted to assist people and their visitors. There were also safe, secure and accessible garden areas. People told us they had been involved in the choices of colours during the redecoration, 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care records showed us that people who lacked mental capacity had a best interest assessment carried out so that any decisions made regarding their health and welfare were made in their best interests.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. One staff member told when supporting people, "It's their choice to do what they want to do with their day. We are there just to support them."

Is the service caring?

Our findings

People told us that they were happy living in the home and that staff were caring and kind. One person said, "'I'm happy here; they [staff] try their best to make you feel happy and comfortable.'" Another person told us, "They're lovely nurses; they come and see you whenever they can. The carers are lovely too; they'll look in just before they start work just to say hello."

A relative said, "I couldn't be happier; it's so good that they are in here. They are being very well looked after." Other comments from relatives included, "They have been well cared for and are looking better since coming here." and "I'm happy with the way they are being looked after"

There was a calm, relaxed atmosphere in the home throughout our inspection. Staff were seen to support people with kindness and patience. For example, we observed a member of staff patiently helping someone to settle in their favourite chair, chatting and holding their hand throughout. The member of staff took time to ensure the cushions were in the right place and the person was comfortable. One person said, "Nothing is too much trouble." Another person told us, "I'm being looked after well, I couldn't ask for more."

The registered manager told us, "People should feel comfortable living here. It's their home. We have no regimes; it's all about what people want and their choices." Staff were committed in ensuring people were supported in a person-centred way. One member of the care staff team told us, "It's their home. If they want an extra hour in bed they have an extra hour in bed." The cook told us, "We make people a birthday cake. We ask them if they want a fruit or sponge cake."

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. One staff member said, "We encourage people where possible to walk even if only a short distance. This helps to keep them mobile." One person told us, "The staff always get you to do as much as you can for yourself. But they are there if you need help. The staff are wonderful."

People told us they had been involved in planning and making decisions about their care, treatment and support. For example, we saw evidence in peoples care plans that they were involved in discussions about their care.

Staff promoted people privacy and dignity. Throughout the day we saw that staff knocked on the doors to people's rooms and waited for a response before entering. Staff checked and asked people for their consent before providing them with personal care or assistance. We heard staff explaining the support they were going to provide and checked with the person they were happy before continuing with the support. Staff were seen to close doors when people were being supported with their personal care. We heard one member of staff speak quietly, to ask a person if they would like to go to their room before lunch. They waited for consent and then proceeded to assist this person to stand before walking alongside them back to their room. One person told us, "Staff always knock on my door and wait for me to tell them to come in."

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate.

Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

Prior to admission the registered manager or another senior member of staff continued where possible to visit the person personally to carry out a pre-admission assessment. The registered manager explained that this assessment was, "Very important to make sure we can meet the person's needs." People and their relatives were also encouraged to look round the home before moving in. When a person is admitted, senior staff/nurse used the pre-admission assessment to provide an initial care plan looking at the person's key preferences and requirements. The development of a full individual care plan takes place over a period of time. This is then kept under review.

People's care plans were well-organised and provided staff with detailed information on how to respond to each person's individual needs and preferences. For example, one person's plan stated that they washed their hands and face independently but required staff assistance to wash the rest of their body. Another person's plan stated how they liked their tea white with two sugars. It also told us they enjoyed a glass of wine with their meal. Staff told us that they found the care plans helpful, especially when a new person moves into the service. One member of staff said, "The background is helpful especially when it provides information about their history. It provides us with a subject to have a chat about." A member of staff told us, "Care plans are reviewed monthly and any changes are documented. We try where possible to involve the person and/or their families." Care plans also contained information about the person's wishes when they are nearing the end of their life and the arrangements for after their death. Documentation showed that people had been able to express their views and had been actively involved in making decisions about the practical and spiritual arrangements at the end of life. Discussion with a relative confirmed they had been asked for their input to develop their family members care plan. A member of staff told us, "It is the person's wish if they would like to remain in the home with their family. If we can accommodate this we will. We liaise with the district nurses and the Marie Curie and Macmillan nurses. Staff would volunteer to sit with them at the end so they are not alone."

There was a monthly programme of scheduled activities which included visiting entertainers. People were also provided with weekly updates of other activities that were available and where they would be held. Activities were planned for each day of the week, Activities included hobbies and craft days, quizzes, films, and boules and roll a ball. A number of services were provided to meet the needs of people's spiritual and religious needs. Each resident has their own copy of the monthly and weekly activity planner. People are also supported to visit the local area and have afternoon tea and to go shopping.

People taking part in the activities clearly enjoyed these and those spoken with said they enjoyed the activities organised in the home; comments included: "We have all sorts of things to do here. They're very good. I like painting and Mr Motivator [an exercise session]", "Name of Activities Coordinator] is very good", "and We are having a go at knitting for a blanket." "The activities are ideal" and "Mr Motivator comes in every 3 weeks and he's very good."

People we spoke with knew how to raise any concerns or complaints and were confident they would be addressed promptly by the provider. One person said, "We're told that if you want anything just ask." A

second person said, "If you ask for something they'll try and get it for you e.g. one person had wanted a fish tank and they [staff] made it happen. The handy man also made a wardrobe for them." A third person said, "The manager comes around every morning to ask us if we have any comments or complaints and she acts on anything we say straight away."

The registered manager kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with the provider's policy.

Is the service well-led?

Our findings

People we spoke with were very positive and complimentary about the care at the service. One relative told us, "Compared with where [family member] was previously (in another care home) this is paradise. What's provided here is so much better. It's cleaner, the staff are nicer and better trained, it's friendlier, the food is better and the [registered] manager goes out of their way to be helpful. It's really, really good."

The registered manager was well known to, and liked by, everyone we spoke with. One relative told us, "They're accessible; always around and I feel I'm listened to." The registered manager told us they worked hard to maintain their visibility within the home. We saw them walking around the communal areas of the home, talking to people and their visitors. Staff told us they had great respect for the registered manager. One member of staff said, "They are a good manager. They listen to what your concerns are." Another staff member said, "You can always talk to them. If you ask for anything most of the time it is sorted." Staff felt that registered manager always listened to them and promoted a positive culture that was person centred and gave everyone the chance to have a say in how the service is run.

Staff told us they worked together well and were very supportive of each other. One staff member told us, "It's a nice team to work with. It's friendly [and] everyone wants to make sure the residents [people who live at the service] are happy and safe." Team meetings, communication logs and shift handover sessions were used by all staff to facilitate effective internal communication. One member of staff said, "[The home] is well run. We all know what we are doing, what is expected of us."

The registered manager and his team were committed to the ongoing improvement and development of the home. To assist in this process of continuous improvement regular surveys were undertaken, involving people, their relatives and visiting professionals to measure satisfaction with the service provided. There were 'You said, We Did' boards around the home and examples included the provision of more club based activities. For example a reading club. A 'resident' meeting had taken place in June and March 2017. People had fed back about the improvement in activities and also that laundry processes had improved. Regular meetings with people who lived in the home and/or their relatives had taken place. One relative told us they attend these meetings whenever possible. "It's a good way to get to know what is happening in the service." There were activities posters around the home which detailed what took place on a daily and weekly basis, and a copy was in each person's room. This enabled them to refer to it at any time to remind themselves what was happening each day. There was also a newsletter in place. People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, one family had written to the registered manager to say, "[We] would like to say a sincere thank you to you and all your staff for the wonderful care [family member] received during their time at Cottenham Court. Many, many thanks for everything."

There was an effective quality assurance system in place to ensure that where needed improvements were made. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and was fully aware of what was happening in the

service. Areas for improvement had need noted by the registered manager and actions were underway to address these. For example, re-furbishment of shower bathrooms, treatment/clinical rooms and sluice areas.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner. We also saw that previous inspection report rating was conspicuously displayed. This, and the way they supported staff, demonstrated that the registered manager was aware of their responsibilities.

Staff were aware of the whistleblowing procedure and told us they felt confident to use it if they had any concerns that they needed to raise.