

Caring Homes (TFP) Group Ltd

Cotman House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cotman House is a residential care home providing accommodation for person's needing personal care support to up to 62 people. The service provides support to adults, some living with dementia. At the time of our inspection there were 51 people using the service.

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

Systems were in place designed to keep people safe from abuse and harm. Lessons were learned when incidents had happened to reduce future occurrence. There were systems to monitor the safety of the environment to reduce risks to people and staff.

Infection control processes and procedure reduced the risks of cross contamination. People were supported to have visitors from their family and friends, which was kept under review by the registered manager along with keeping updated on government guidance and to keep people safe.

There were staff vacancies, however, systems in place reduced the risks of people not having their needs met, including the use of agency staff and ongoing recruitment.

People received their medicines when they needed them and regular monitoring by the management team supported them to identify any shortfalls and address them.

The service had systems in place to monitor the service provided, this included audits and feedback from people using the service and relatives. Where improvements were identified as needed, actions were taken. There were systems to use learning to continuously drive improvement.

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

Rating at last inspection

The last rating for this service was good (published 19 January 2021).

Why we inspected

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

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to investigation. As a result, this inspection did not examine the circumstances of the incident. We received concerns in relation to staffing, visiting and the care provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. We found the provider had taken action to reduce risks to people.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection and focused, by selecting the 'all reports' link for Cotman House 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cotman House

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was undertaken by one inspector

Service and service type

Cotman House is a 'care home'. 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. Cotman House is a care home without nursing 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. 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. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one person's relative. We spoke with nine staff members including the regional manager, registered manager, deputy manager and care, maintenance, catering and domestic staff. We reviewed the care records relating to safety for five people using the service and medicines administration records, we reviewed records of audits and people using the service and relative engagement. We observed part of the medicine administration at lunch time, and interactions between staff and people.

After the inspection

We sought feedback from relatives of people using the service. We received electronic feedback from four relatives, and we spoke with a commissioner on the telephone.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were provided with training in safeguarding and understood their roles in reporting.
- When concerns about people's safety were identified the service had taken action to report these appropriately and sought guidance and support from other professionals.
- Where safeguarding incidents had happened, the registered manager had systems in place to reduce similar happening again in the future.

Assessing risk, safety monitoring and management

- We reviewed risk assessments and care plans relating to risks people had in their daily living, including risk of choking, falls and pressure ulcers. The records showed the risks were assessed and included guidance for staff on how to reduce the risks. We did identify additional information which would strengthen the information provided to staff, this was addressed immediately by the deputy manager.
- One staff member explained the processes to reduce risks in the environment including checks on fire safety and legionella. Hoists were serviced to ensure they were fit for purpose and safe for use. Minutes from health and safety meetings in January and February 2022, showed all staff had completed health and safety training and systems were in place for identifying and addressing and issues.
- During our inspection we observed staff responded efficiently, safely and in a caring way when a person had fallen. Records were completed by staff present during the fall to identify what had happened.
- People told us they felt safe and staff and relatives confirmed they felt the service was safe. One relative said, "My [family member] is being kept very safe and cared for in the best way possible. The carers are dedicated to keeping [family member] comfortable and as happy as possible. ... As [family member's] mobility has declined the staff have adapted with the use of different devices to support [family member]. Everything has always been fully explained." Another relative told us, "I am totally confident [family member] gets the care and support that [they] need to keep [family member] well and safe."

Staffing and recruitment

- Prior to our inspection we had received concerns relating to staffing levels. We had sought assurances from the registered manager, regional manager and from commissioners. The tool for calculating the numbers of staff needed to meet people's dependency needs was sent to us and reviewed.
- A commissioner of the service told us regarding staffing levels, "I am in regular contact with the home and no recent issues have been raised. Recruitment is ongoing and Caring Homes has recently increased its pay rates for care staff."
- At this inspection we found there were staff vacancies, however, the provider was taking reasonable action to reduce the impact on the care provided. This included using regular agency staff, ongoing recruitment,

reviewing the pay structure and benefits to increase retention and recruitment and support from existing staff to cover. The registered manager told us they were not admitting people with high/complex dependency needs until more permanent staff were recruited.

- To monitor if there was any impact on people not receiving the care they needed, the management team undertook call bell response time checks and sought feedback from people. The registered manager was clear people were receiving their care needs as required. One relative told us, "I know the staff get to [family member] as quickly as they can when [family member] calls... [family member] is always safe and has [their] needs met."
- People we spoke with told us they received support from staff when needed. One person said, "They are all kind and plenty of them I think." Another person said about the response times to call bells, "Depends how busy they are, but good as a whole."
- Feedback from relatives demonstrated they felt their family member's needs were being met safely. One relative said, "There are certainly enough staff to keep [family member] safe and well."
- Staff spoken with told us staffing was being managed and people received the care and support they required. One staff member told us, "We are coping well, sometimes tight but we have agency... the level of care never drops... occasionally there are staffing issues where we work harder, we are all passionate and colleagues will come and help, fantastic bunch."
- We did not review staff recruitment records during this inspection. This was because there had been no changes in the provider's procedures for safe recruitment of staff and we had not identified any shortfalls or concerns at our previous inspections.

Using medicines safely

- Staff were trained in the safe management and handling of medicines and their competency was checked. We observed part of lunch medicines administration which was done safely. Records showed when medicines were given to people and they were signed to show people received their medicines when they needed them.
- Medicines were stored safely, a recent air conditioning instalment in the medicine rooms reduced the risks of medicines not being kept at a safe temperature.
- Regular audits showed shortfalls were identified and actions taken to address them to ensure people receive their medicines when needed.
- We asked people's relatives if they felt their family members received their medicines safely. One relative said, "Medicines rounds are very carefully controlled and monitored. [Family member] is certainly healthier now than when [they] were at home and issues that arise are dealt with immediately."

Preventing and controlling infection

- 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.

Visiting in care homes

- Prior to our inspection we had received concerns relating to relatives being able to visit their family members. The registered manager told us about the actions taken to ensure people using the service were central to any decisions and their wellbeing was considered. This included seeking support from an independent advocate to support a person with their decisions relating to visits and time out of the service to reduce risks.
- We saw how consideration was given to government guidelines and visits were being booked into the service to ensure staff were available to undertake checks to keep people safe. This included checks of visitor's negative COVID-19 tests, temperature checks and symptom monitoring questionnaire.
- People told us they could have visitors. One person said, "I can see my family and I am happy with that."
- Relatives provided feedback to us about visits undertaken to their family members. One relative said they visited their family member, "Much to [family member's] enjoyment, I've taken [family member] on safe outings which really have helped [their] mental well-being." Another relative said, "I have never not been able to visit but the frequency of our family visits has been limited. It is frustrating that I and my family cannot visit more often but I would rather it be that way and keep COVID out of the home than feel that [family member] is not safe."

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- There were systems to analyse and assess falls experienced by people using the service. The analysis identified any potential patterns and actions were taken to reduce them happening in the future, such as referrals to the falls team and the use of mats to alert staff when a person was attempting to mobilise independently.
- Accident and incident records were regularly reviewed by the management team to ensure they were accurate and reflected the incident and actions taken.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive comments from people using the service and relatives regarding their positive experiences about the care and support provided. One person told us they felt, "Very fortunate," to be living in the home. One relative said, "All in all we feel that our [family member] is being well cared for in Cotman House and are happy that [they are] receiving the respect and compassion that [family member] deserves."
- Relatives told us they felt the service was well-led. One relative said, "I have had many conversations with [registered manager]. In my opinion the service is very well led." Another relative told us, "The staff are well led by [registered manager] and the relatives are kept up to date and involved all the time...I am always impressed at how calm it feels at the home. I'm quite convinced underneath the calm, [registered manager] and team are peddling like mad to keep on top of everything (like swans) in order to maintain such high standards."
- During our inspection we observed positive and caring interactions between staff and people using the service. Relatives told us they were kept updated regarding their family members care and how their needs were being met.

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

- There was a duty of candour policy in place.
- Relatives confirmed that when incidents had occurred, they were kept updated and given explanations of what happened. One relative told us about an incident of a fall by their family member and, "I was informed about the incident and the preventative care that was subsequently put in place."

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

- The registered manager understood their role and responsibilities in managing the service and providing care and support which met people's needs.
- The registered manager notified us of incidents, as required, which kept us updated with information of actions taken when incidents occurred.
- All staff spoken with told us they liked working in the service and was happy there. They spoke about their role in meeting people's needs which demonstrated they were committed to providing good quality and compassionate care to people.
- Records of audits and checks demonstrated the registered manager and provider had a system to monitor

the service provided and act on identified shortfalls in a timely way.

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

- The service had systems in place to seek feedback about the service, in surveys and meetings. One relative said, "Relatives get a paper survey and in-house meetings are arranged...the points raised in the survey are responded to and acted upon."
- The resident meeting minutes from January 2022 showed people discussed activities, catering, domestic and laundry, maintenance, visiting and any other areas they wished to discuss. People could also contribute to the monthly 'caring star' award for staff, they were encouraged to nominate staff as they wished.
- We saw the November 2021 results from relative satisfaction surveys, for which 52 were received. The registered manager had acted on comments made including when some stated they did not know about the complaint procedure, a copy of this was sent to relatives with the survey outcomes and other actions being taken. In house relative meetings were being re-introduced and updates were being sent to relatives.
- Resident surveys were undertaken in November 2021, for which 18 were received. There was also a you said we did notice in the home which identified actions taken in response to people's comments.

Continuous learning and improving care

- The registered manager told us how they continued with their attendance at My Home Life initiative, which is a system to share best practice and promote quality of life to people in care homes, as part of their continuing professional development.
- Since our last inspection the service had introduced an electronic care planning system. This had been in place since June 2021 with all care plans being changed over by November 2021. The deputy manager told us about how the records were kept updated to ensure they were current and reflected people's needs.
- The registered manager told us how the staff team undertook the training required to meet people's needs safely and effectively and this was kept under continuous review. In addition, they had signed up to various NHS research projects, which kept the registered manager and staff up to date with best practice.

Working in partnership with others

- A commissioner told us the service were, "Responsive and the management team engage well with ACS (Adult and Community Services) contracts."
- The registered manager told us how they were working with a local hospice to gain accreditation to work in partnership with the hospice to improve end of life care.
- The registered manager told us about some instances where communication between other professionals could be improved, this included the service not always being provided with updates from professionals on the plans for people when they were receiving short term care.