

Key inspection report

Care homes for older people

Name:	Coton House
Address:	55 Coton Road Penn Wolverhampton West Midlands WV4 5AT

The quality rating for this care home is:	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Janet Adams	0 1 1 2 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Information about the care home

Name of care home:	Coton House
Address:	55 Coton Road Penn Wolverhampton West Midlands WV4 5AT
Telephone number:	01902339391
Fax number:	F/P01902339391
Email address:	
Provider web address:	

Name of registered provider(s):	Coton Care Limited
Name of registered manager (if applicable)	
Mrs Inderjit Kular	
Type of registration:	care home
Number of places registered:	27

Conditions of registration:	
Category(ies) :	Number of places (if applicable):
	Under 65 Over 65
dementia	0 12
old age, not falling within any other category	0 27
Additional conditions:	
The maximum number of service users who can be accommodated is: 27	
The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 27 Dementia - over 65 years of age (DE(E)) 12	
Date of last inspection	1 3 0 1 2 0 0 9
Brief description of the care home	
Coton House is situated in a very quiet area of Penn, some 400 yards from Goldthorn Hill. The property was built in the 1930's and has been a residential home for older people for many years.	

Brief description of the care home

Coton House is registered for 27 service users aged over 65 years and can admit up to 12 residents with mild dementia. This home does not have a designated unit where people with dementia related conditions reside. All individuals living at the home share the same communal and bedroom areas. Keypad locks are installed in some parts of the home to maximise their safety.

In 2001 the Home had major development and refurbishment with a new purpose built wing of 10 en-suite bedrooms being added. At the time of this inspection further building work was seen to be progress to improve the communal areas of the home.

Weekly fees range from £361.00 to £439.00 per week depending on the care and support required. The reader is advised to confirm these charges with the home as they make enquiries about living there.

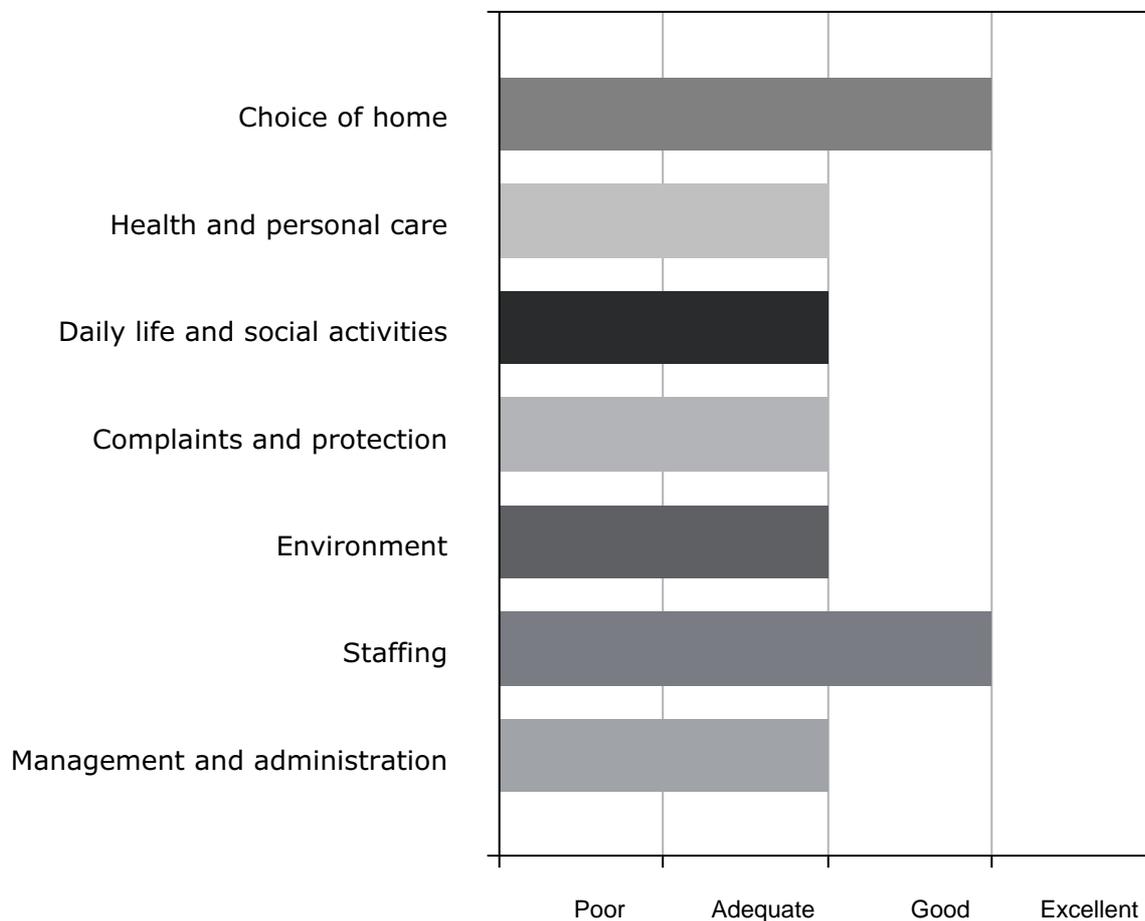
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 1 star. This means the people who use this service experience adequate quality outcomes.

This inspection was carried out over one day it was carried out by two inspectors. The home did not know we were going to visit.

The focus of inspections we, the Commission, undertake is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet regulatory requirements, standards of practice and focuses on aspects of service provision that need further development.

Prior to the visit taking place we looked at all the information that we have received, or asked for, since the last key inspection. This included notifications received from the home. These are reports about things that have happened in the home that they have

to let us know about by law, and an Annual Quality Assurance Assessment. (AQAA.) This is a document that provides information about the home and how they think that it meets the needs of people living there.

Four people living in different areas of the home were case tracked in detail. This involves establishing individuals experiences of living in the care home by meeting them, observing the care they receive, discussing their care with staff, looking at care files, and focusing on outcomes. Tracking peoples care helps us understand the experiences of people who use the service.

We looked around some areas of the home. A sample of care, staff and health and safety records were also looked at.

Where people who use the service were able to comment on the care they receive, their views have been included in this report. Due to the communication needs of people living here it was not possible to ask them for their views on the home, so time was spent observing care practices and staff interaction. An Expert by Experience (ExbyEx) came with us on the inspection and helped us with this process. ExbyEx are people who are or have used services we are inspecting. This experience makes them experts. Their role is to bring a different and independent view to the inspection process by working alongside inspectors observing and gaining the views of people who use the service. This helps make sure we focus on what matters to people who use this type of service.

Written comments and feedback via questionnaires were also sought at the time of the inspection from the people who use the service, the people who are close to them, health professionals and staff team members. 50% of people who were involved in this process returned our comment forms. These views have been included in this report. None of the people who completed the surveys requested to speak to us.

The registered manager was thanked for the very useful information provided before the inspection and her assistance on the inspection day. Feedback about the conclusions of our findings was given at the end of the inspection.

What the care home does well:

Coton House is managed on a day to day basis by a person who is committed to providing a good standard of care.

The atmosphere within the home is warm and friendly. Visitors are made welcome. People have told us that they choose to live at Coton House because they find it to be homely.

The home have good systems to make sure anyone thinking of living at Coton House receives the right information to help them make this decision. This is based on a full assessment carried out by the management team who confirm in writing whether they can meet people's needs.

People say that they are well cared for by the staff and are generally happy with the service they receive.

A minimal turnover of staff combined with systems for training and development of the staff team means the majority of the carers working at the home have the minimum expected care qualification. This means continuity of care and support can be maintained at a consistent standard by a team of staff who know the needs and preferences of the people living in the home.

Relatives told us they were happy that their family members were being cared for by the home. If people are poorly, help from health care professionals is sought promptly.

What has improved since the last inspection?

Since our last inspection medication management systems have continued to improve. Recordkeeping has been developed to meet most elements of the statutory requirement we made for this matter.

Opportunities for staff training and development have continued to raise staff awareness to recent changes in legislation to promote the best interests of vulnerable people.

Improved recordkeeping to manage complaints confirms Coton House listen and act upon any comments or concerns that are expressed about the home.

New central heating equipment now means people no longer rely on portable heaters to keep their bedrooms warm.

The home has introduced signage and used different colours for each floor, to assist people with finding their way around the home.

The appointment of a new maintenance man has meant repairs are carried out promptly.

The service have made some progress to develop activities to provide stimulation and involvement with people who have dementia related conditions that live at the home.

What they could do better:

As a result of this inspection a total of seven statutory requirements have been made in order to improve the service Coton House provides. In addition a further nine good practice recommendations have been made for the service to consider.

Some people are not protected from the risk of harm and abuse because processes such as care planning, risk assessment and administration of medication are not fully robust.

People, especially those with dementia related conditions, are at risk of not receiving the care they need because the home is not fully identifying or managing risks to them, which means their care is not fully planned or kept up to date.

Mealtimes at the home are in need of further improvement to make sure everyone receives well presented appealing food, and people get the right support and encouragement to dine as independently and dignified as possible.

Management arrangements are not fully effective to offer assurance people can be confident that their health, safety and welfare is promoted at all times.

Safe working systems are in need of further development to ensure all equipment used in the home is in a safe and clean condition.

Monitoring of the hot water supply to all areas accessible by people living at the home needs to be further developed so that temperatures do not pose any scald risk.

The home needs to ensure robust risk assessments are completed for any future individuals who are assessed as needing bed rails and ensure that staff who are responsible for selecting, fitting and checking bed rails receive appropriate training.

The home systems to monitor its cleanliness needs further consideration to ensure all parts of the home smell clean and fresh and promote good infection control standards.

Accident and incident management systems need further development to ensure the risk of anyone being hurt is kept to a minimum.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service receive the necessary information to make a fully informed choice about what living at Coton House can offer.

People have their needs assessed prior to moving in the home. This means they can be confident the home will be able to meet their needs.

Evidence:

Before our inspection the management of Coton House sent us some information about how they help people decide whether the home will be suited to their needs. They told us,

'We provide information to all prospective residents which includes information about the accommodation in the home, the communal facilities, aims and objectives of the home, activities within the home and a breakdown of the fees.'

This information was examined as part of the inspection of the service.

It was seen to include colour photos of internal and outside spaces, bedrooms and bathrooms.

Evidence:

Coton House also has a website address where individuals can access some information about the home.

The feedback we received from people regarding their experience about moving into Coton House was positive. All of the responses we received from people who completed our satisfaction survey also told us they received enough information to help decide if this home was the right place for them before they moved in. We had an in-depth chat with someone who had recently moved into the home, and favourable comments were expressed about this experience.

Coton House management team also confirmed that anybody thinking about moving into the home has a full assessment of their needs, and that they are informed in writing if the home thinks they are able to meet them.

In order to explore this further we examined the records of two people who have moved into the home since our last inspection. The records of both individuals confirmed the home admission procedure is well-documented and a checklist is used and signed by the person who has moved into the home or one of their representatives. This paperwork confirms that the new resident had received a copy of the Service User Guide, Statement of Purpose, complaints process and have seen our latest inspection report.

It is positive the service is planning to improve its assessment process to make sure it fully complies with the recent legislation changes of the Mental Capacity Act, as it currently does not use specific tool to fully assess people with dementia related conditions.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care needs and risk assessments set out in the individual plans of care do not ensure that all people's needs have been addressed and will be fully met.

Medication management systems at Coton House require further development to ensure people living there safely receive their medication as prescribed by a doctor.

The majority of the actions of staff and their approach to care ensures that people are treated with respect and their right to privacy is upheld.

Evidence:

The majority of people who live and visit the home and responded to our satisfaction survey after our inspection commented they felt people received the right care and support, and that staff listened and acted upon their wishes. Two people wrote and told us that one of the things the home did well was to meet the needs of individuals. One person wrote,

'We are very happy with all services provided to our Mother, she gets all the relevant

Evidence:

care and attention and support she requires.'

Observation of peoples care files shows that Coton House contacts the doctor when appropriate. A visitor we spoke with confirmed that the home keeps them informed of any changes to their relative's condition.

We also received information from two different sources who commented that some improvements to care for continence management and personal hygiene could be made. These comments confirmed our inspection findings, as we observed these aspects of care also could be improved. Coton House were already aware of some of these issues and in June this year before our inspection they wrote and told us,

'Our care planning process is now very good and we feel that there is always room for improvement, especially with the logging in of fluid intake, bowel movement and monitoring of baths/showers. '

Before our inspection we received information from the home to tell us they were caring and supporting individuals who had pressure sores. They also informed us about people who had sustained injuries as a result of falls. In order make sure people were receiving the care and support they needed we decided to have an in-depth look at the care and support needs for some of these individuals. We also reviewed the care of people who required continence management, and those who required care and support for their dementia related conditions. As many people who live at the home are not able to tell us what living at Coton House is like, our Expert by Experience who accompanied us on the inspection spent over two hours with these individuals observing their care and interaction with each other and the staff team.

Staff carried out most care practices respecting the needs of individuals in a courteous respectful manner, although information recorded in the next section of this report indicates meal time support practices are in need of further consideration. However, our findings also established that the recordkeeping for individuals did not reflect the care they needed or actually received. Information seen in some records was out of date and did not offer staff the right guidance to look after them safely.

The records of people requiring care to prevent getting pressure sores contained most of the details about managing their condition, but would benefit from extra details about the special equipment they required to keep them comfortable. Records for one person who slept on a special mattress lacked information about what settings the mattress needed to be on.

Evidence:

On the tour of the home we saw a catheter drainage bag draped over a toilet in the ensuite of one person. The records of this individual had no details to account for the correct use of this equipment or for any catheter hygiene care to offer staff the right advice so they could make sure their care practices were satisfactory. Records also lacked details of the care needed following this person's return from hospital where treatment was given for an injury sustained after a third fall at the home. Moving and handling safety paperwork for the person had not been updated. This meant that following readmission to the home after the accident staff did not have the correct guidance to minimise the risk of the person falling again, or to safely handle this person due to the individual's reduced mobility resulting from injuries sustained.

We examined the records of another individual who had experienced a series of six falls between 23 October 2009 and 2 November 2009. This person received hospital treatment for a fractured leg on 29 October 2009. Records confirmed that falls risk assessment paperwork had not been updated since these events. It was also confirmed that this person had a dementia related condition. The life story and personal history section of this person's records were blank and other documentation seen in care records did not offer any sound advice to support this person's behavioural needs. Additional information in the care plan for this person indicated staff may have been instructed to restrict the person's liberty for safety reasons. We saw information about the need to use a wheelchair with a belt across the person's lap, secured to the wheelchair. This suggests that staff may have been restricting this person's freedom without following appropriate procedures or seeking guidance from appropriate professionals. We then saw staff moving this person in a wheelchair, which did not have the belt in place. Staff told us the person does not need the belt in place anymore, yet the person's care plan still describes the belt as being needed. Upon visiting a bedroom it was observed that unsafe bed rails had been installed. When this was pointed out to the management team, efforts made to improve the installation were not adequate. Recordkeeping for this person lacked appropriate details for the safe installation, use or monitoring of the bed rail equipment.

The above findings indicate staff are not looking at or updating care plans to reflect the care which is actually being given. Care practices and records do not fully promote safe and effective care. These issues were discussed at the end of the inspection. It was agreed the management team would prioritise remedial action for these matters.

We reviewed the medication management systems in the home with the assistance of a management team member. Records confirmed improvements have been made and systems are in place to regularly audit medication stocks. We found that staff were monitoring the maximum and minimum temperatures of the fridge on a daily basis

Evidence:

ensuring that the fridge temperature was being maintained within the correct range. As the medication storage room has no natural ventilation it is positive staff plan to record the room temperature on a daily basis. Good recordkeeping accounts for pharmacy deliveries being received into the home as well as unwanted medication being disposed of. A pharmacist who has regular contact with the home confirmed that staff are knowledgeable and competent about these procedures. Following recommendations from our last inspection the home have devised a system to monitor opening and use by dates for eye drops. Three out of four bottles of eye drops had their opening dates accounted for. Spot checks confirmed that most records of medication administration were accurate and reflected the stocks of drugs the home stored in its drug trolley and the Controlled Drug cupboard. However, upon visiting the bedroom of a person who had recently received hospital treatment, we saw an opened tube of cream on a chest of drawers. We established the person had been discharged from hospital on 8 November, yet staff at the home had been signing as applying the cream since 6 November 2009, which could not be accurate as they were signing at a time when the person was in hospital. This issue was discussed with management team members at the end of the inspection.

The above findings confirm that systems for recordkeeping and accounting for medications received into the home in between planned pharmacy deliveries need to be further improved. People need to be confident all medications prescribed by any doctor are administered and accounted for appropriately.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Daily routines are flexible with residents being offered a choice of varied activities. Staff are continuing to develop their understanding of the sorts of activities that may suit people with dementia.

Visitors are welcomed and can visit when they want to enabling people to keep in touch with family and friends.

Mealtimes at the home are not a positive experience for all individuals who live there. Meals that do not always offer variety and cater for different nutritional needs.

Evidence:

The home provides activities for residents to take part in if they choose, such as crafts, and music and movement. Photographs seen around the home show various events enjoyed by residents. The November activity planner seen on display in the entrance hall listed over a dozen different activity sessions planned. Two other planners indicating when activities would be taking place for the coming week were also seen, although the one in the dining room did not have the activities clearly displayed.

Evidence:

Examination of the care records of people with memory problems confirmed the staff team were still in the process of gathering the background history and life stories of individuals. This information is necessary to ensure activities planned have meaning and value to people making sure they are linked to topics individuals have been interested in as part of their earlier daily lifestyles. In the mean time, memory boxes containing household items used from times gone by have been installed along the home corridors, which is a good start to the reminiscence programme of activities the home has planned.

On the morning of the inspection the majority of people living in the home were seen congregating in the downstairs lounge seated around its perimeter. Residents were throwing a ball into a net with staff. People were interacting with staff rather than each other. Two residents both commented that they relied on the staff for social stimulation. Another person commented that it took a while to get used to living with people who had memory problems.

The homes open visiting policy ensures families and visitors are made welcome. Two relatives we met on the day of the inspection confirmed this they both confirmed they were encouraged to be involved in the care of their loved ones.

In the information they sent us before our inspection Coton House management told us,

'We take great pride in our food. Menus are set with input and suggestions from residents. We provide for three meals each day with two choices, using only fresh produce when available. Special diets are catered for and snacks and drinks are always available.'

It was positive to be told by one of the residents that her dietary needs were met and she was able to have Asian meals.

Discussion with the kitchen assistant confirmed her awareness of the special dietary needs and additional choices available which were not listed on the menu they work from in the kitchen. She confirmed options for supper are available, giving examples as milk, biscuits and toast.

Observation of mealtime service at lunchtime and teatime service at lunchtime and teatime did not appear to promote a positive experience for some people living in the home.

Evidence:

Tables were set with worn placemats and people were seen to be fed by staff who were not sensitive to peoples needs. We observed people being assisted to eat without being informed of what food they were being offered. There were no menus seen on the tables at lunchtime to remind people with memory problems what was on offer, although one was seen on the wall near the dining room windows, it could not be viewed easily by everyone when seated.

Staff were observed to be seen feeding people whilst they were standing up during both mealtimes, and one carer was also observed to have wiped a residents face without telling her what she was going to do. Another person with dementia related illness was sat too far from the table which resulted in clothing being soiled by food spillage. A person with a visual impairment did not have a dessert served in a manner to promote independence.

In addition, it was seen that people who have difficulty with chewing and swallowing were seen to be offered bowls of thick grey and brown coloured savoury puree at lunchtime and teatime. This looked unappetising and did not offer individuals any variety of flavour, taste or consistency to their meal. Discussion with the catering assistant confirmed this to be normal practice for presentation of meals for people with these challenges. Examination of the records of some of these people also confirmed there was no history of their dietary likes and dislikes.

This practice does not offer all people living at the home the opportunity of choice.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Day-to-day management arrangements ensure that the views of the people living at Coton House are listened to and acted on. Systems in place do not always make sure people are protected from abuse to ensure their well being.

Evidence:

The home has a complaints procedure that is up to date, easy to understand is readily accessible. The manager and provider are available within the home on a daily basis and are therefore on hand to deal with concerns as they arise. As part of the home satisfaction survey people are asked if they are aware of how they can let the home know if they are not happy with the service.

Since the last inspection the management have developed a log book to manage complaints. This was as a result of recommendations following monitoring visits and guidance by the local authority contracts team. Recordkeeping for the last complaint the home received demonstrates they now have a satisfactory procedure to fully investigate and record details any concern received.

Staff who responded to our survey and those we spoke to confirmed they had an awareness of procedures for safeguarding adults and knew what to do if people had concerns about the home. We saw from looking at training records that training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards has been provided at the home. The Act oversees decision making on behalf of adults, and

Evidence:

applies when people lose mental capacity at some point in their lives or where the incapacitating condition has been present since birth. It is important that staff know how to put the Act into every day practice and the procedure to follow when people's freedom may need to be restricted. However, as previously noted in the report we found reference to use of a belt attached to a wheelchair for one person. This suggests that staff may have been restricting a person's freedom without following appropriate procedures. We were also informed by the manager of an apparent restriction which had been put in place to prevent a person accessing a bedroom, which we were informed had been discussed with the persons relative. We advised the manager that decisions about restrictions should also have been discussed with professionals involved in this persons care.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with an environment which is homely and encourages independence but which needs more attention to ensure it is safe and hygienic in all locations.

Evidence:

Everyone we had contact with about the home confirmed their satisfaction about their living surroundings. People were especially complimentary about the outdoor facilities which have been improved recently. At the time of our inspection building work was seen to be in progress to extend the communal accommodation for the people living in the home.

We spent almost 2 hours walking round the home looking at the bedrooms of the people whose care we were case tracking, as well as the communal lounge and dining areas, the main kitchen and laundry. We also spot checked communal bathrooms. We were accompanied by the owner of the home, Mister Singh, and another management team member who showed us several improvements the home has carried out since our last inspection. It is positive the home has had a new central heating boiler system installed which means people do not have to rely on portable radiators in their bedroom to keep warm. The home has also purchased special equipment to help with the regular maintenance tests it carries out.

Evidence:

Internally, the extensive layout of the pleasantly decorated premises has been further improved with some extra signage to help people with memory problems find their way around and keep them independent. In order to make it easier for people to find their way around the home each floor is referred to by a different colour. This is most useful for people using the lift to enable them to know which level of the home they are on. Every bedroom door that we saw had also been personalised so people knew who lived in that room.

Coton House does not have a separate specialised dementia unit, so in order to keep the people with dementia related conditions safe there are keypad locks located around the home. We saw these installed on doors to prevent access to high-risk areas such as the main kitchen.

Upon first impression most parts of the home appeared to be clean and tidy although parts of the home as described below, appeared to be in need of further attention by the housekeeping team. Two bedrooms we visited also had an unpleasant odour which suggested the occupants had continence challenges. General cleanliness in the kitchen was satisfactory. The catering team uses the 'Safer Food Better Business' paperwork recommended by the environmental health officer to record and monitor their food hygiene standards. However, it was seen the foodstuff seen in use in the fridge did not display their opening dates, and washing-up liquid bottles in use had old congealed detergent running down them indicating some procedures were not being fully followed. The sink in the laundry designated for hand washing procedures was in a dirty condition, and protective equipment of gloves and aprons had to be replenished. The waste bins in this high-risk area and the main kitchen also had lids missing and were not foot operated. We discussed these with the management as we walked round the home. Equipment seen during random checks of a bathroom and shower room was also in need of a good clean. The underside of the bath seat and a shower chair were heavily soiled.

The above cleanliness issues do not promote good infection control management. Although we were informed that service had a favourable outcome when its infection control management procedures were recently assessed, the above findings indicate further monitoring action is necessary to maintain satisfactory standards.

Upon testing the hot water supply in 2 bathrooms the hot water temperatures from a bath tap and from an electric shower were excessive and had the potential to cause people harm. These were adjusted by the end of the inspection by the home maintenance man. Two of the bedrooms we looked at had equipment in need of remedial action which also had not been identified as part of the home maintenance

Evidence:

monitoring. A radiator which was very hot to touch was not guarded adequately, and a set of bed rails were installed in an unsafe manner. Remedial action was taken for these issues.

Before our inspection the service told us, 'In our home we place a very strong emphasis upon quality of life and upon safety and we are confident that the home provides a comfortable, homely, safe and secure environment for our residents to live in and enjoy their surroundings.'

Our above findings confirm that improvements to the maintenance and monitoring of the homely environment it provides are in need of further development to keep people comfortable and safe at all times.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs are met by the numbers and skill mix of staff who receive appropriate training. New staff are checked before they start to ensure they are suitable to work with vulnerable people.

Evidence:

At the time of our inspection sufficient staff appeared to be on duty to meet the needs of people living at the home, and the staff we spoke with viewed that there are enough team members on duty working at the home during the day and night. Most of the staff who completed surveys for us confirmed within these that there are enough staff.

Favourable comments received from people living at the home and their visitors confirmed that they receive the care and support they require. One person commented,

'The care is spot on. I'm very happy with the care.'

A relative stated;

'I'm quite happy to think mums in their (the staff) care.'

Evidence:

Comments from the care team also confirmed they are clear regarding their role and what is expected of them and they were happy in their job.

Examination of the files of 4 new staff team members showed that screening procedures are in place to demonstrate any person recruited to work at Coton House is suitable to care and support the vulnerable people who live there. This paperwork contained references, and proof of criminal record bureau disclosures supported by confirmation of identity and qualifications.

Training records also show new starters get a satisfactory introduction to working at Coton House and that established team members have a variety of training opportunities to continue to develop themselves. A total of 80 % of the carers have the minimum expected care qualification. Records we saw confirmed that additional training we expect to see staff to undertake to work in a home registered to care for people with dementia related challenges was also in hand. However, although staff are receiving training, our findings from this inspection show that they are not always putting their training into practice.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management team is committed to improving the quality of the service.

Systems for the health, safety and welfare for residents, staff and visitors require further development to ensure they meet the changing needs of people living at Coton House and safeguard their well being.

Evidence:

Since our last inspection, Mrs Inderjit Kular has become registered with us to manage the day-to-day running of the home. Our inspection findings confirm she appears enthusiastic and is committed to this role to promote the best interests of people living at Coton House. She has the supporting skills and qualifications to manage this home. In addition, she has the regular support of Mr Balbir Singh, the registered provider for this home to assist in this responsibility, along with additional management team members who work as part of the care team.

Prior to our inspection, this service submitted an annual quality assurance assessment

Evidence:

(AQAA) to tell us about Coton House. The AQAA is a self assessment that focuses on how well outcomes are being met for people using the service. The AQAA contained comprehensive information with a wide range of supporting evidence, some of which was seen during the inspection. The AQAA demonstrated a satisfactory level of understanding about the importance of equality and diversity and a range of evidence showing how they have listened to people who use the service and the staff team. Although some of this information did not fully match our inspection findings we feel the service have demonstrated self awareness and identified the areas in which it still needs to improve. Discussions with the management during the inspection gave evidence of how the improvements were to be achieved, including the issues we have recommended be prioritised in this report.

Our findings also confirm that further effort is needed by the management to be effective in their role in overseeing all aspects of the service and initiating improvements so that people benefit and staff competence improves. Mrs Kular's attendance at training about food and nutrition suggests that this has not been cascaded to kitchen staff given lack of knowledge about soft and puree diet which is described earlier in this report.

In addition, monitoring visits from the local authorities indicate that home has needed their intervention to initiate improvements which we would expect to be in already place. Our findings about complaints management reflect this.

It is positive the home have improved the way they provide opportunities for people to comment on the service and have their say about Coton House. Our findings confirm that the home management team have held regular meetings with people living at the home as well as the staff team, and the results of a satisfaction survey carried out in Summer 2009 have been shared with the people using the service, their close families and supporters. Changes have already been made in response to people's comments, and improvements to activities the home provides are being further developed as a result of this. Observation of staff files and discussion with staff confirms employees continue to have access to formal supervision sessions, which provide the opportunity to reflect on their practice and to discuss their training and development needs. All staff members who responded to our survey wrote to confirm this and some also stated that the system could be further improved by making sure any comments team members made were welcomed as part of a 'no blame' ethos.

Many service and maintenance records for essential equipment used in the home were seen to be up to date and complied with necessary health and safety legislation, although monitoring of some safe working systems were seen to need further

Evidence:

development. As recorded earlier hot water temperatures we sampled as part of this inspection were in need of remedial action.

As part of the in house safety monitoring, the management also complete a monthly audit for accidents. This would benefit further improvement to make sure all accidents are followed up so that the home can demonstrate any care needs and paperwork are re-examined and reviewed as part of this process. In depth checking of care records confirmed when one person had experienced three accidents, earlier this year, the second accident which occurred in September 2009 was missed out of this process meaning that management had not been made aware of the incident when they carried out their monthly monitoring for such incidents. This was discussed with the management team at the end of the inspection. Two days after the inspection some paperwork relating to this incident was located.

During a tour of residents bedrooms, the bed rails seen attached to an individual's bed were found to be loose fitting fitted with an excessive gap at the foot end of the bed. Although immediate action was taken to make them more secure, additional remedial work was necessary to ensure they were fitted in line with Health and Safety Executive guidance. It is disappointing that the home had not followed relevant guidance despite information from the Medical Hazards Reporting Agency being available in the person's bedroom documenting the risks associated with bed rails and the need for vigilance. Our concerns triggered a review of this persons needs by the home, and the bedrails were removed.

These findings confirm systems to promote the well being of people at Coton House require further expansion so the home have the details to show they are doing all they can to keep people safe and fully comply with health and safety legislation.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	8	12	<p>The home must ensure any risks to the health, safety and well-being of people living at the home are identified, recorded and managed according to the persons wishes and capabilities and include good practice advice from health care professionals.</p> <p>This is to ensure that unnecessary risks to the personal liberty, and health and safety of people are identified and as far as possible eliminated.</p>	29/01/2010
2	10	13	<p>Medication administration records must accurately document all medications prescribed for all people living in the home including medications supplied to people on discharge from hospital.</p>	29/01/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>This will ensure that staff know how to use and monitor all medication to ensure that all medication is administered safely, correctly and as intended by the prescriber to meet individual health needs.</p>	
3	15	16	<p>The Registered Person must take action to ensure all people live at Coton House including those with difficulty with chewing and swallowing challenges have the opportunity to have meals presented in a manner which is attractive and appealing in terms of texture, flavour and appearance.</p> <p>This will make sure all people using the service receive wholesome appealing meals in a manner they are able to eat with ease.</p>	26/02/2010
4	18	12	<p>Arrangements must be made to ensure all staff have a clear understanding of adult protection and whistleblowing procedures so that the daily care at the home makes sure staff know how to put the Mental Capacity Act and Deprivation</p>	29/01/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>of Liberties guidance into every day practice so they are aware of the procedures to follow when a persons freedom may need to be restricted.</p> <p>This is to ensure people living at the home are protected from harm or abuse.</p>	
5	19	13	<p>The Registered Person must take action to ensure all parts of the home, including equipment in people's bedrooms such as radiators and bedrails along with equipment used for hygiene purposes, is well maintained and safe.</p> <p>This is to ensure that people live in an environment which is well-maintained and unnecessary risks to people's health and safety are identified and as far as possible eliminated.</p>	29/01/2010
6	26	13	<p>Management systems in the home must be further developed to make sure all parts of the premises are kept clean hygienic and free from offensive odours at all times.</p> <p>This will offer people</p>	29/01/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			assurance systems are in place to control the spread of infection and meet published professional guidance for this matter.	
7	38	13	<p>Robust processes must be put in place to ensure appropriate monitoring is carried out for all aspects of safe working systems including accident and equipment management at Coton House.</p> <p>This will ensure the well-being and safety of all individuals living visiting and working at the home is promoted at all times.</p>	29/01/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	The details on manual handling risk assessments need to describe any handling methods and equipment to be used by staff, especially after or in the event of a fall. This will offer people assurance their well being is being addressed at all times.
2	7	Care plans need to contain all the relevant information staff require to safely meet people's needs especially with regard to any dementia related medical conditions they may have. This will assure people living in the home that the service is doing all it can to safeguard their well being.
3	7	Care records of people living in the home who have dementia related conditions need to contain details to confirm individuals capacity to be able to involved in

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		decision-making about their well being as care plans are formulated for different aspects of care. This will assure people in the home that the service is doing all it can to involve them in making decisions which are in their best interests, to safeguard their wellbeing.
4	7	People who need bed rails must be consulted and assessed for the risks associated with the use of bed rails. This is to ensure bed rails are used appropriately, safely and in accordance with guidance provided by the HSE and MHRA.
5	15	The home should consider improving mealtime management to ensure all individuals receive the right help and support they require from staff to encourage them to eat their meals independently in a dignified manner.
6	15	The home should consider providing copies of the home's menus in locations which make sure people are aware of the meal options on offer. This will help assist people in choosing meals they like.
7	33	The Management should consider ways to support the registered manager to be effective in her role in overseeing all aspects of improving their service and initiating improvements so that people and staff benefit. This will ensure people will receive a consistent good quality service.
8	38	Hot water at all outlets accessible to people living at the home should be monitored to ensure that the temperature is maintained at approximately 43 degrees C. This is to reduce the risk of scalds to people at the home.
9	38	Safe working systems need to be further developed to make sure the consideration of any future bed rail installations in the home has risk assessments and monitoring in place to confirm people are prevented from risk of harm and their safety is promoted.

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