

Key inspection report

Care homes for older people

Name:	Cove House
Address:	Cove Road Silverdale Lancashire LA5 0SG

The quality rating for this care home is:

two star good service

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:
Denise Upton	0 4 0 8 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

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Cove House
Address:	Cove Road Silverdale Lancashire LA5 0SG
Telephone number:	01524701219
Fax number:	01524701041
Email address:	
Provider web address:	

Name of registered provider(s):	The Abbeyfield Silverdale And District Society
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	20

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	20
Additional conditions:		
<p>The registered person may provide the following categories 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 - code OP The maximum number of people who can be accommodated is 20.</p>		

Date of last inspection								
Brief description of the care home								
<p>Cove House is registered with the Commission to provide care and accommodation for up to 20 older people. The home is a 19th Century property, situated in its own grounds in a picturesque area in Silverdale and overlooking Morecambe Bay. The home is one of a number operated by the Abbeyfield Society, a non profit making organisation. The manager at Cove House is supported by an executive committee made up of professionals with a variety of qualifications and experience. All</p>								

Brief description of the care home

accommodation at the home is offered on a single room basis and 14 of the 20 rooms have en-suite facilities. There are a variety of communal areas available for the use of residents including a large dining room and several lounges. In addition, residents have the benefit of extensive, very well maintained grounds, which are fully accessible. Care is provided at the home on a 24-hour basis, including waking watch care throughout the night. The majority of the carers employed at Cove House have National Vocational Qualifications in care at level 2 or above. Details of the range of fees and what is included and the services covered by the fees can be obtained by contacting the manager of the home.

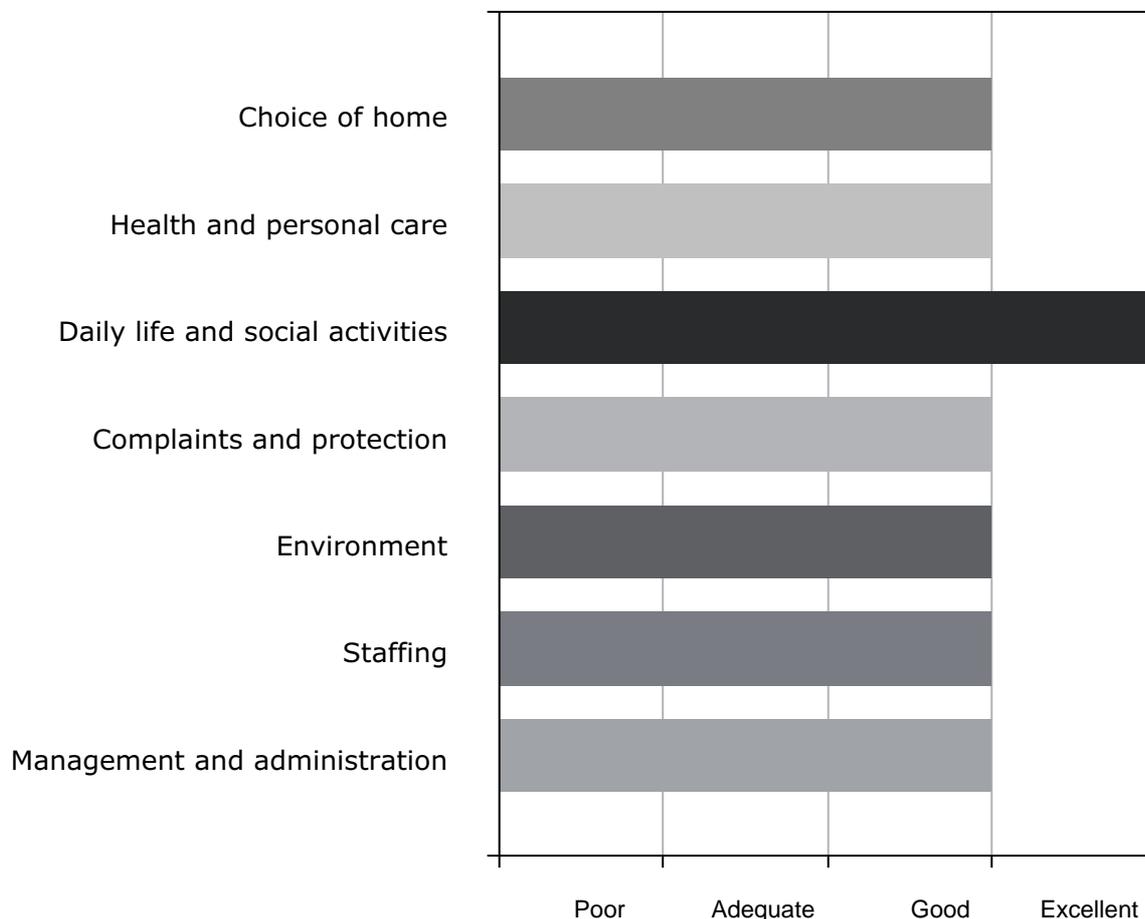
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This key inspection focused on outcomes for the people living at the home and involved gathering information about the service from a wide range of sources over a period of time. This unannounced key inspection site visit took place during the course of two, mid week days and spanned a period of approximately eleven and a half hours. Twenty two of the thirty eight standards identified in the National Minimum Standards - Care Homes for Older People were assessed. We spoke with the society manager, the care manager, the cook, a carer and a senior carer.

In addition, two residents who were 'at home' were also individually spoken with at length and brief discussion took place with several other residents in communal areas of the home. This all helped to form an opinion as to whether Cove House care home was meeting the needs and expectations of the people who live there.

Every year the manager is asked to provide us with written information about the

quality of the service they provide. They are also asked to make an assessment of the quality of the service. This information, in part, has been used to focus our inspection activity and is included in this report. During the course of the site visit, a number of documents and records were examined and a tour of the building took place including communal areas of the home, toilets and bathrooms, some bedroom accommodation and the kitchen area. There is a passenger lift and a stair lift in place to assist those residents who cannot manage the stairs.

The last key inspection at Cove House care home took place on 21st July 2006 and Annual Service Reviews were undertaken on 29th November 2007 and 9th March 2009. The reports relating to the service reviews are held at the Care Quality Commission (CQC) office and would be made available on request.

What the care home does well:

Cove House has a group of staff that work well together and who provide a good standard of care to the people who live there. Residents spoken with felt well cared for and said they were pleased with the level of care and support provided. One resident told us that the carers were, "All very good, no complaints. If they know you are not feeling well they will ask if you would like to have breakfast in bed".

The health care needs of people living at the home are well met meaning that residents have confidence that the staff team would arrange for medical assistance quickly if they were unwell.

Residents spoken with were pleased with the meals served and said that a wide choice of foods were served that suited their taste and choice. Residents also said that they were comfortable in their bedroom accommodation and were pleased with the communal areas of the home that were warm, welcoming and homely.

The routines of the home are flexible and aim to allow residents their freedom and independence by enabling them to retain as much control over their lives as possible, thus promoting equality and diversity. Visiting arrangements are in place to suit the needs of individual residents.

What has improved since the last inspection?

At the last key inspection no requirements or recommendations were made. However the society is keen to maintain and improve standards at the home.

The Annual Quality Assurance Assessment (AQAA), completed by the manager prior to the site visit taking place, told us that the range of social activities had been improved, staffing levels had been increased in order to promote more one-to-one time between staff and residents and additional pendants had been purchased for residents use when in the extensive grounds. This is so that residents can be reassured that staff are at hand when they are out of the building. A new new chair lift has also been installed for the main stairs.

The home has developed a 'Friends of Cove House' who assist with fund raising and spend social time with residents.

What they could do better:

People living at the home generally have an individual, written care plan in place. This tells staff what people can do for themselves, what they like and don't like to do and what help or assistance they may require. On one of the care records looked at, a care plan had not been devised from the pre admission assessment information even though the resident was already living at the home. In consequence, staff did not have the written information they needed to be sure they were meeting the individual needs of this person.

Individual care plans could be more detailed in order to tell staff the exact type of assistance required and a risk assessment was not always in place even though a risk had been identified. It is important that a formal risk assessment is always undertaken when a risk has been identified. This would help to ensure that any risk is minimised or

eliminated.

The way medication is managed and recorded should be improved. The medication administration record was occasionally incomplete and did not always give a clear account of what medication had been administered or refused by a resident. Staff should be careful to sign, date and countersign any hand written entry in the medication administration record. Staff making the entry need to take ownership of the record and a second person is required to confirm accuracy of the record. This would help to protect people living at the home. A recommendation has been made so that staff have clear guidance under what circumstances medication to be taken 'as required' should be given. This would make sure that there was clear evidence of consistency of use and that staff were only giving this medication under the agreed protocol.

There is a recently amended regulation about the storage of controlled drugs in care homes. The manager at the home has been asked to check if the current controlled drug storage facility meet the requirements of the amended regulation.

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's needs are assessed before they move into the home to ensure that their care needs can be met.

Evidence:

People are only admitted to Cove House if their health, personal and social care needs could be met. The society manager or the care manager carry out an assessment of people considering moving into the home. This is completed in order to determine if the level of care and support required could be provided at Cove House. The society manager is experienced in undertaking pre admission assessments and the care manager is gaining experience. The prospective resident is visited in their own home or in some cases, in hospital. This provides an opportunity for the prospective resident to find out more about the home and for a member of the management team to undertake a formal assessment of current strengths and needs. This information, along with any other relevant assessments conducted by other agency's such as health assessments, are taken into account. This collated information, along with any

Evidence:

further information provided by family or other advocates, provides the basis of the individual support provided at the home.

Wherever possible, people are also actively encouraged to visit Cove House to meet staff and other residents as part of the assessment and introductory process. The files viewed showed the admission assessment information gathered and that relatives are involved in this process where possible. Information includes health and social care needs and highlights any areas of risk. This enables the manager to make an informed decision as to whether the individual needs and requirements of a prospective new resident could be met at Cove House.

Once the pre admission assessment is completed and the manager has made a decision, a welcome letter is sent to the new resident about the process of their admission to the home. However this letter does not actually advise the new resident that their current needs and requirements could be met at Cove House. It is recommended that the existing welcome letter should be adapted to confirm that the home could meet the new resident's current assessed needs and requirements.

On admission, residents are given a welcome pack and relatives are also given a different welcome pack. This provides relevant information about the home. Initially a new resident is admitted for a period of 28 days. This is considered to be a trial period of care to make sure that the new resident is satisfied with the service offered and also provides opportunity for staff to continue assessing the person. After this period of time a meeting is held with the resident and where appropriate, their family/advocate in order to make a decision about permanently living at the home. However the time scales are flexible and can be extended if required. This helps to make sure that the new resident has sufficient time to make an informed choice.

Cove House does not provide intermediate care.

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

Generally personal and health care needs are met and people are treated with dignity and respect, promoting a feeling of well being and confidence that any health issue would be dealt with. However medication records could be improved.

Evidence:

In the main, individual plans of care were in place and three of these were viewed. However in respect of one recently admitted resident there was no actual care plan, staff were relying on the pre admission assessment information. Whilst there was no evidence that this person's needs were not being met, given that some pre admission information was available, there was no reason for a rudimentary care plan not to be in place. An initial care plan should be developed from the pre admission assessment information/risk assessments and further developed over the first few days/weeks as new information becomes available. This would support the verbal information sharing about a new resident and ensure that all staff had the same written information about the level of care and support required. As staff had not been provided with this written instruction or guidance, there was potential for an inconsistent service to be provided

Evidence:

that may not have met this person's needs.

We were informed that a long term care plan is only developed once a decision has been made that the person is to become a permanent resident at the home. It is understood that generally this decision is taken after a period of four weeks. At this time a meeting is arranged with the resident and where appropriate family members, in order to establish whether the resident wishes to remain at the home and to confirm that Cove House can meet the assessed needs of that person. However this process can be extended, resulting in a resident not having a detailed care plan for a number of weeks after admission. It is recommended that a rudimentary care plan, based on the pre admission assessment information is in place on the day of admission.

Residents and/or their relatives had been given opportunity to be involved in the care planning process, so that they could have some say about the care provided. There was also evidence that some risk assessments had been undertaken with significant outcomes identified in the plan of care. However there were some inconsistencies with regard to completing risk assessments. For example, in respect of one resident the pre admission assessment stated that this person occasionally used a walking stick but there was no risk assessment in place regarding mobility. In another instance the pre admission assessment indicated that this person mobilised with a wheeled frame and needed a lift/chair lift but again there was no risk assessment evidenced in order to minimise any risk. However in respect of another resident, a mobility risk assessment was in place. The risk assessments in place that were seen, were however in the main, detailed and person centred.

Generally care plans provided staff with the enough information to ensure a consistent level of care and support. However, on occasions care plans could have been improved to make the individual care plan more person centred. For example one care plan evidenced stated that the resident, 'needs help with bathing'. The care plan could have been improved by instead of indicating that help with personal care was required, actually detailing the type of help required. This would help to make sure that residents were encouraged to do what they could for themselves and promote independence whilst ensuring that all staff were giving the same amount of help when required.

In respect of another resident a statement had been made that, "***** is a very happy lady but can become quite anxious if something is bothering her". There was no instruction of how staff were to support this resident if she did become anxious, no indication of what staff needed to look out for that may precede a period of anxiety or

Evidence:

under what circumstances professional help may be required. In the cultural/spiritual needs care plan of another resident it was recorded that, 'Choice to join monthly communion of which she does and goes to church on Sunday'. This again is a statement rather than instruction to staff of any assistance that may be required in order for the resident to attend church. If the resident is independent in attending church services and no assistance from staff is required, this also should be recorded.

It was evident from records seen that a formal review of the individual care plan takes place on a three monthly basis. This usually involves the resident, family members and the resident's key worker. It is the key worker's responsibility to send a letter to family members inviting them to the review meeting. We were informed that it is also the key worker's responsibility to undertake a monthly report in respect of the individual resident. Whilst this monthly report/review was documented, the information provided appeared to be a synopsis of what had happened during the last month rather than a formal review of each element of care plan and any risk assessments in place with outcomes detailed.

As identified in Standard 7.4, National Minimum Standards, Care Homes for Older People, "The service user's plan is reviewed by care staff in the home at least once a month, updated to reflect changing needs and current objectives for health and personal care and actioned". It is recommended that a different system be established to review each element of the individual care plan and any associated risk assessments. If any amendments are required to the care plan this should be clearly identified. If no changes are required this should also be clearly recorded along with the date of the formal review and signed by the person undertaking the review. This is necessary so that the person undertaking the review takes ownership of the task completed and to confirm that an accurate record has been maintained.

It was evident through discussion, observation and documentation that resident's health care needs are being fully met. This was also confirmed through comments from residents and staff spoken with. All stated that people living at the home always received the medical attention that they needed when they needed it. Each resident has a key worker that takes a special interest them, staff get to know people well and can soon identify any changes in health and well being. One person told us, "The staff are very good, no complaints, if they know you are not feeling well they will ask you if you would like breakfast in bed". There is a good relationship with health and social care professionals in order to maintain resident's health and social well-being. An individual record is maintained of all health professional visits for each client. This ensures that a good record is kept of health care visits and the frequency of need.

Evidence:

As part of the visit, we checked how medicines were being handled. The medication administration records of a number of people living at the home were viewed along with records relating to medication brought into the home, administered to residents and sent back to the pharmacist for disposal. There is a photograph of each person attached to the drug administration record, this is good practice and helps prevent mistakes being made. The allergies of three people living at the home were clearly displayed at the front of the drug administration record with instructions of what staff were to do before the resident's General Practitioner (G.P.) prescribed any medication. The management team at the home undertake a monthly medication audit so that any errors in the management of medication is quickly spotted and action is taken to prevent staff making the same mistakes again.

Following a risk assessment, people are able to look after their own medication if this is deemed to be safe. However a formal risk assessment was not always in place for people who administered their prescribed medication in part. A formal risk assessment should always be undertaken whether a resident elects to self administer their prescribed medication wholly or in part. This would clearly establish if the resident was able to administer their prescribed medication safely and as prescribed, and also determine if the resident was able to store their self administered medication safely for the protection of themselves and other people living at the home. One resident individually spoken with was self administering her own prescribed medication in part. A locked facility is provided in this person's individual bedroom accommodation for the safe storage of personal items such as medication.

Further improvements should be made to the way medication is recorded. It was noted that there were occasional dose omissions without explanation. This suggests that staff are not always recording medication administered immediately after the medication has been given. Hand written entries in the drug administration record were not signed, dated or countersigned. It is strongly recommended that whenever a hand written entry is required on the drug administration record, as well as this being signed and dated by the person making the recording, a second member of staff should check the entry and countersign to confirm accuracy of the recording. This should be the exact replica of the pharmacist label. This would help to keep people safe. If a G.P. has given an instruction regarding a change to the prescribed medication, the person making the hand written entry in the drug administration record should record the person giving the instruction and the date the instruction was given. The person making the entry should also sign and date the entry. It is also recommended that short life medication such as eye drops be dated on opening. This would ensure that all staff would be aware of the date the medication was first administered and help prevent medication being used past its expiry date. There

Evidence:

should be a record of the signature and initial of each member of staff that has responsibility for the administration of medication, ideally at the front of the drug administration record. This would provide clear evidence of the person responsible for the administration of medication at any one time. It is also recommended that individual protocols are developed for 'when required' medication is prescribed. This would advise staff under what circumstances it would be appropriate to give this medication to ensure consistency of use.

An amended Regulation has recently been introduced with regard to the storage of controlled drugs in care homes. The requirements of the amended Regulation was explained to the registered manager. These requirements must be put into place within a specified time scale. It is understood that this requirement will be addressed by the registered manager within the time scale specified.

Discussion with a number of residents and some members of staff confirmed that the maintenance of residents privacy and dignity is upheld at all times. One lady told us that she "Felt comfortable" when staff were assisting her with personal care and she had no concerns at all. Policies and procedures are in place that guide staff to ensure resident's privacy and dignity is respected at all times. These important topics also form part of the National Vocational Qualification (NVQ) training that has been undertaken by the majority of staff. The preferred term of address of each resident is identified at the time of admission and always respected.

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

People had choice and support to meet their expectations and preferences regarding their daily lifestyle.

Evidence:

Residents are supported to enjoy a lifestyle of their choice and encouraged to keep up with their hobbies and interests. Information in the AQAA confirmed that the in-house activity programme has been strengthened and that the range of social activities offered has been improved. The weekly activity programme now includes bingo on alternate weeks that is supported and assisted by the local Women's Institute, Tia-Chi once weekly, there are scrabble, quizzes and dominoes afternoons and there is an 'exercise walk' for people with limited mobility. This is undertaken during one to one time with a member of staff for specific resident's and follows the guidance and direction of a physiotherapist. A variety of word games take place with residents and relatives that other residents also enjoy taking part in. The grounds at Cove House are extensive and within this area there is a designated walk which has been made safe for all residents to use. Residents regularly enjoy walks in the grounds and additional pendants have been purchased that are linked to the call bell system for residents to use when in the grounds to reassure that staff could be summoned in the event of an emergency.

Evidence:

During the summer months there is croquet on the lawn along with bouilles. Adjoining the grounds of the home is the local cricket field and residents are regularly invited to watch the games. There are regular coffee mornings and cinema nights within the local village which residents are encouraged to attend. There is also a variety of summer outings arranged including a visit to Leighton Hall gardens with lunch out, a shopping trip to Lancaster and lunch at Morecambe followed by a walk on the promenade. In addition visits are made to a local caravan park for lunches out or afternoon tea. It was very evident that a number of relatives are very much involved in these social activities and there appeared to be an excellent relationship between residents, relatives and staff. Residents were very much encouraged to be part of their local community. This is a real strength of the service and helps people living at the home to participate in and enjoy community life.

There are also regular party meals to celebrate special events. There was a buffet tea on May day, a three course meal on the Queen's birthday, a three course 'spooky' meal is planned for Halloween and there will be fireworks on Bonfire Night. There are more notice boards throughout the house and an information corner so that residents know beforehand what activities are planned. On the morning of the first site visit, a entertainer was visiting the home. This person offered a range of entertainment including audience participation that was very much enjoyed by the residents that attended.

The home have purchased some additional new garden furniture for residents to enjoy in the warmer weather and a 'Friends of Cove House' group has been developed who spend time fund raising and spending social time with residents. Residents also enjoy one to one time with individual members of staff, an activity that is enjoyed. The travelling library visits Cove House once a month, this activity was particularly appreciated by a resident individually spoken with who enjoys spending time in her bedroom accommodation. This resident told us, " I particularly enjoy being on my own and staff respect this".

The religious needs of people are considered important. A church of England Canon visits the home on a monthly basis to offer communion to residents that wish to participate and residents are also encouraged to attend church services of their choice in the community. Church representatives of other dominations will visit on request and the manager is trying to arrange for a methodist minister to visit Cove House on are regular basis.

People are encouraged to maintain contact with their family and friends, so that they

Evidence:

can continue to be part of family life and retain existing friendships. As seen, visitors are made welcome at any time of the resident's choice with a drink being offered and staff giving them a warm welcome. Relatives are informed of the visiting arrangements in the relatives 'welcome pack' and although they can visit at any time, they are asked to avoid visiting at mealtimes or late evening. Residents can entertain their guests in a communal area of the home or in the privacy of their individual bedroom accommodation. Although for security reasons there are key pads on external doors, residents and relatives are given the key code number so they can leave and enter when they wish. As previously stated there appeared to be a good, comfortable relationship between friends and relatives with one resident saying, "My family visit often, they are always made very welcome. I went out with my daughter this morning".

People living at the home are supported to make decisions about their day-to-day lives, such as what to do each day, how they spend their time and when to get up and go to bed. Residents are involved in helping to choose decoration for their own bedroom and are encouraged to personalise this space with their own important things. One lady was spoken with individually in her bedroom. This bedroom was very personalised with paintings by friends, her own furniture, personal items and many pictures of her family. This lady explained that, "I just transferred everything from home including the tea set in the display cabinet".

Individuals are also supported to manage their own financial affairs for as long as they are able and wish to do so. For some people however, a family member takes on this responsibility. Details of advocacy services are also made available for residents and their family to access if and when they choose.

Without exception, the people spoken with individually and a small number of people spoken with in the dining room after the mid day meal were unanimous in stating that they enjoyed the meals served. One person told us that the meals were, "Very good, excellent, well served and as a rule very well cooked, not overcooked". This same person went on to say that there was a very good range of foods served with "Good fish on the menu and good meats served, there is more than enough to eat". Another person described the food as "Lovely, delicious. I use to eat everything on my plate when I came here and put on a stone".

A range of foods are served at breakfast including a cooked breakfast if required. The main meal of the day is served at lunchtime and consists of a choice of three savoury dishes and a choice of drinks including the occasional glass of wine on a Sunday. There then follows a sweet trolley with eight or nine different hot and cold desserts to

Evidence:

choose from. The evening meal is again a choice of three hot or cold options and a sweet. Drinks are served at regular intervals and on request and made available throughout the night time period.

A written menu is given to each resident on a daily basis to select their choice from the menu option for the following day. This system works well. Specialist diets in respect of medical, religious or cultural requirements can be provided if required.

From discussion with the cook it was clear that the foods resident enjoyed eating were well known and well catered for. The menu changes weekly and mainly dependent on what is in season. Residents are regularly asked if there is anything specific that they would like to see on the menu and encouraged to talk with the cook about what they would like. The cook described Cove House as, "More like a family atmosphere" and that residents would say if there was anything they would especially like to eat.

The individual dietary needs and requirements of a newly admitted resident are discussed with the cook prior to admission. There is an established system in place to keep up to date with any specialist diets however for unusual dietary requirements, a specialist nutritionist nurse would be approached for specific advice.

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

People using the service were protected by the complaints and safeguarding procedures, which were understood by staff.

Evidence:

Cove House has a formal complaint policy and procedures in place, which includes details that any complaint would be responded to within a maximum of 28 days. All residents and their family receive an individual copy of the home's complaint procedure in their welcome pack. From information in the Annual Quality Assurance Assessment (AQAA) completed by the registered manager prior to the site visit taking place, a record of complaints is kept. It was evidenced that the complaint record is in the process of being updated and amended to good effect. This included details of the complaint and outcome of the investigation. We were informed that outcome section will also include any action taken as a result of the outcome. However, it was recommended that the complaint record also identifies the method(s) used to investigate the complaint. Since the last key inspection two complaints was received by the home. Neither of the complaints were actually about the home or the services provided but never the less the complaints were investigated, neither were upheld.

The AQAA also stated that one potential safeguarding issue was referred to the lead authority who visited the person concerned. Following this, no further action was required. However at the time of the site visit, the documents relating to this issue could not be located. We were informed that all members of staff have undertaken

Evidence:

adult protect training. For some members of staff however this was some time ago. Refresher training is to be arranged once funding has been secured. Staff training is also to be secured in respect of the recently introduced deprivation of liberty safeguards. This will further protect residents and help to ensure that any restrictions are only made in the best interest of the individual.

Cove House has a variety of policies and procedures to protect residents and staff, this includes, complaints, abuse and whistle-blowing, aggression toward staff, a restraint policy and a policy to protect residents monies and financial affairs. All staff are expected to read and sign important policy and procedure documents and then sign a record to confirm that they have read and understood the content. Information in the AQAA confirmed that staff can and do follow the instruction and guidance in the policies and procedures.

Residents spoken with were very clear about who they would speak with if they did have a concern or complaint but one resident spoken with told us that she had no complaints, she was happy living at the home and, "They do pretty well everything well, ever so good, do just what I want". A carer spoken with also gave a good account of what she would do if a complaint or allegation of abuse was made to her.

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

Cove House provides a spacious and comfortable home that is well maintained and decorated and furnished to a good standard.

Evidence:

Cove House is a large detached Victorian building set in its own extensive and well maintained grounds. Accommodation is provided on the ground and first floor of the building and there is a passenger lift and a stair lift for ease of access to the upper floor. The communal lounge is very homely, comfortable and well maintained and residents and their relatives were also seen to enjoy sitting in the large and airy reception area that was also provided with comfortable seating and tables. There is also a pleasant, large dining room with the original fireplace.

All individual bedroom accommodation is for single occupancy, the majority being provided with an en-suite facility. Bedroom accommodation vary in size and design providing comfortable accommodation that was mostly personalised with the occupant's own furniture and important things. Two residents were spoken with in their individual bedroom accommodation, both were very pleased with the accommodation provided. It was very clear that they enjoyed having their own personal things around them, one person told us, "It's like home from home". Bedrooms are provided with a lockable cabinet attached to the wall in which to store personal things. All bedrooms also have a lock to the door. The majority of residents have chosen to retain the key

Evidence:

for their bedroom. This help to ensure that residents can be confident that their own private space will be kept private. Mobility aids are provided to promote independence.

The home was clean and free from offensive odours. People spoken with said that the home was always 'fresh and clean'.

However, it was noted that a minority of radiators in resident accommodation were not provided with a radiator guard or had guaranteed low temperature surfaces. This potentially could put residents at risk. All radiators in resident accommodation should be provided with a radiator guard or have a guaranteed low temperature surface to prevent the risk of accidental injury. It is recommended that a risk assessment be undertaken in respect of all radiators that are unguarded, in order to prioritise the work to be completed.

There are a variety of policies and procedures in place for the control of infection and safe handling of waste products. Laundry facilities are located in a designated area of the home and do not intrude on residents. The laundry is well equipped to meet the needs of the home. Information in the AQAA confirmed that all members of the care staff team have received recent infection control training. This important training ensures that people working at the home are aware of good infection control measures in order to protect residents.

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.

A settled, competent and well trained staff team provide a personalised package of support to the people living at the home. However recruitment practices could be further strengthened.

Evidence:

Staffing levels at The Cove are determined by the assessed needs of residents accommodated. Additional staff are on duty during busy periods of the day and all night staff have waking watch responsibility. Along with a self employed gardener and a self employed handyman, there are sufficient ancillary staff employed at the home to ensure standards in respect of domestic tasks and catering arrangements are maintained.

Residents spoken with had no concerns about there being sufficient staff on duty to make sure that their needs and requirements were met. One person told us "The staff are always around, most of them are really lovely, just the odd indifferent one". Another person spoken with said that the staff were "Generally caring and kind, most are really helpful and take an interest". Care staff spoken with also felt that there was always enough staff on duty to fulfil residents assessed needs and requirements. One member of staff said, "This is a lovely caring home. It's like a little family, everybody knows everybody, good interaction here because we are close knit, personal, like an extended family". The same person went on to say, "There is a very good staff team,

Evidence:

we all work well together because we care about the people".

Staff training is given priority to ensure that the staff team are well qualified in order to meet the individual needs of residents accommodated. Of the 15 members of the care staff team, 10 have achieved at minimum, a National Vocation Qualification (NVQ) Level 2 in care. All the senior care staff have achieved the higher Level 3 award and some of the bank staff also have a NVQ qualification. In addition, the society manager and care manager have successfully completed the Level 4 NVQ care qualification. NVQ training is a nationally recognised qualification for care staff and shows that the majority of staff at the home have had their skills, knowledge and understanding assessed in order to provide a good standard of care. This means that residents can be confident that they are supported by a skilled staff team.

Good additional training is also provided that is valued by staff. Further training in specialised areas is provided specific to the individual needs of the people living at the home and to develop the skills and knowledge of the individual member of staff. This helps to ensure that a good, individualised service is promoted by a well trained staff team. Additional training has included, diabetes care, dementia, optical awareness, and end of life care. In addition, all staff receive health and safety training although some elements of the mandatory health and safety training programme need to be updated. The manager is aware of this. It is understood refresher training is to be arranged. We were informed that all staff with responsibility for the administration and recording of medication had received appropriate medication training, however this had not always been recorded. It is important that training records are kept up to date so that there is a clear record of the training undertaken. Each member of staff has an individual training diary detailing the training completed. Whilst this is good practice, it is suggested that a staff team training matrix be developed. This would be useful in indicating the training already undertaken, what additional training is required for individual members of staff and serve as an indicator of when refresher training is due.

All inexperienced, newly appointed care staff are provided with nationally recognised "Skills for Care" induction training that was evidenced at time of inspection. This makes sure that all newly appointed staff have the basic skills and understanding to ensure that they are competent to provide an appropriate level of care and support.

Cove House has a structured recruitment policy and procedure in place for the employment of new staff. However some elements of the recruitment procedures should be tightened up in order to protect people living at the home. In one instance, although an application form had been completed, and references obtained, it

Evidence:

appeared that a criminal records bureau disclosure and a check against the nationally held list of people that have been deemed unsuitable to work with vulnerable people had only been received a week after the person had actually taken up employment at the home. In another instance, only one reference was available. For another person because one of the references obtained was from a personal friend rather than a second professional reference, a third reference had been requested, however we were told that this was now lost. There was some confusion regard the recruitment of another member of staff. Although the employee had already started working at the home, the second reference was dated some three months after the start date.

It is important that the Home's recruitment policy and procedures are consistently followed. It is essential that newly appointed employees are only allowed to actually take up their employment at the home when all the required references and clearances have been obtained and deemed to be satisfactory. This would help to protect residents from possible risk or harm.

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

Cove House is being run in the best interests of the people who live there and their welfare is promoted and protected.

Evidence:

Since the last inspection, a new manager has very recently been appointed. The new manager has good experience of working in a care home with older people, has already achieved an NVQ Level 4 qualification in care and completed a management course. In addition, the manager has undertaken a variety of other training to further her skills and knowledge. As yet, an application has not been received to register this person with the Care Quality Commission. In order for the manager to be registered with the Commission, this person will have to demonstrate that they have the qualifications, experience and personal qualities to run the care home in the best interest of the people that live there.

There are clear lines of accountability within the home and external management. A trustee from the society visits the home on at least a monthly basis to audit records

Evidence:

and to speak with residents and staff. This helps the society to make a judgement as to whether the home is well managed and whether the care and support provided by staff at the home is meeting the needs of the people that live there. Since the last inspection, the way the monthly visits are structured and recorded has been improved. The monthly reports by the trustees that were evidenced, were detailed and informative and focused on assessing whether the home was meeting specific standards identified in the National Minimum Standards - Care Homes for Older People. In one of the reports evidenced the trustee had written that residents and staff had been spoken with, but there was nothing really recorded whether the people spoken with had made positive comments about the home or whether they had made any suggestions for change. By recording this information, a record could be kept that could further help to inform the internal quality assurance system.

Ways to gain information regarding quality assurance about the home and whether the support offered is meeting residents needs, is considered important. Various quality assurance systems are in place including, a survey for residents and a survey for relatives that are provided annually and there is a specific survey for residents that are accommodated for a period of respite care. This is provided at the end of their stay. The results of the annual surveys are evaluated by the manager and the trustees then provide feedback. Information regarding the outcome of the surveys, are displayed on the notice board in a communal area of the home, for everybody to access. The views and opinions of the service provided by the staff team are discussed informally during individual one to one supervision.

In addition, although residents decided that they did not want formal residents meetings, a lot of informal discussion takes place between staff and people living at the home as part of everyday life. This is an important part of quality monitoring and suits the needs of residents at this present time. Senior staff meetings take place every month and a full team meeting takes place four times a year. We were told that these internal quality monitoring systems are meeting the current needs of Cove House.

People living at the home are encouraged to remain financially independent or are assisted in this task by a relative or other advocate. However where the home do retain monies for some people, a robust system is in place to protect the interests of residents. This includes clear and accurate signed and countersigned records of any financial transactions undertaken and secure facilities to store monies held. As banking facilities are some distance away from the home, a cheque cashing service is in operation. Although good records are held, this is by way of a collective book. In order to maintain confidently, it is recommended that when the home does assist a

Evidence:

specific resident, an individual record sheet is kept rather than the information being held in a collective book.

There is a good system in place for staff appraisal. Staff have a work book to complete prior to the appraisal taking place, this forms the basis of the discussion. Individual appraisals take place annually and a review of the appraisal outcome is conducted after the first six months.

We were informed that a new system is to be introduced with regard to individual one to one supervision. It is understood that currently each member of staff receives formal one to one supervision at least four times a year along with the appraisal and the review of the appraisal. However this appeared to have lapsed on occasions. For example, in respect of one member of staff, there was clear record that regular one to one supervision and an appraisal had taken place until January 2009, however there was no record to suggest that further formal supervision had taken place from this date. Once the proposed new system for supervision is introduced, all staff should receive as recommended, formal supervision at least six times a year. This can include the appraisal meetings. This would mean that staff have regular opportunity to meet privately with their supervisor in order to discuss work practices and training needs as well as any other issues relating to working at the home. All staff do receive daily informal supervision as part of the management role.

There are good arrangements in place for maintaining the health and safety of those living at the home. Maintenance records were available to confirm that various routine health and safety checks are maintained on a regular basis including fire alarm tests, the testing of small electrical appliances and servicing of equipment. Environmental risk assessments are also in place. These helps to keep people safe.

The society also has a dedicated representative with responsibility to complete an annual health and safety audit of the home. The most recent one was conducted in May 2009. Once the report is completed, the outcome of the health and safety audit will lead to a planned programme of work, a time scale for action and detail of who has responsibility for completing the required work.

It is organisational policy that all management and care staff receive a variety of health and safety training. The manager explained that this included, first aid training, manual handling training, food hygiene training, health and safety training, and fire safety training. Recent refresher training for some staff has included, manual handling refresher training in February 2009, COSHH refresher training in March 2009 and infection control refresher training in 2009. However as there was no staff training

Evidence:

matrix available, it was unclear if all care staff had received all elements of the health and safety training programme including refresher training. As recommended, at minimum all care staff should have received health and safety training in respect of manual handling, fire safety, first aid, food hygiene and infection control. Refresher training should always be provided as recommended to ensure that staff have up to date information regarding best practice.

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	9	13	<p>The storage of controlled drugs must be in line with the recently amended Regulation.</p> <p>This would make sure that any controlled drugs maintained at the home are stored as safely as possible.</p>	30/11/2009

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	3	It is recommended that the existing welcome letter be adapted to confirm to the prospective resident that their current needs and requirements could be met at the home.
2	7	A formal risk assessment should always be undertaken when ever a risk is identified, with significant outcomes incorporated in the individual care plan.
3	7	A formal documented review of each element of the care plan and relevent risk assessments should be undertaken at least once a month or more frequently dependent on need. The care plan should be amended accordingly.
4	7	A rudimentary care plan should be in place from the day of

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
		admission based on the pre admission assessment information. This should be amended/further developed over the first few days/weeks as new information becomes available.
5	7	All care plans should be person centered with detailed guidance for staff on how a specific aim is to be achieved. This would help to promote a consistent service.
6	9	There should be a specimen signature and initial of each member of staff that has designated responsibility for the administration and recording of medication. It is suggested that the specimen signatures and initials are kept at the front of the drug administration record of ease of access.
7	9	Individual protocols should be in place for each resident that is prescribed 'when required' medication.
8	9	Any hand written entry in the drug administration record should be signed, dated and countersigned by a second person to confirm accuracy of the recording. If a G.P. has given an instruction about a change of medication/dose of medication, the person making the entry should clearly state who gave the instruction and when.
9	9	All short life medication such as eye drops should be dated on opening.
10	9	A formal risk assessment should always be undertaken even for medication such as creams and inhalers that are self administered by the individual resident. This would help to make sure that the resident is safe to self administer their own prescribed medication for the safety of themselves and other people living at the home.
11	9	The drug administration record should be signed immediately after the medication has been administered. There should be no dose omissions without explanation.
12	16	It is recommended that the complaint record includes the method of investigation.
13	25	All radiators in resident accommodation should be guarded or have a guaranteed low temperature surface. This would help to prevent the risk of accidental injury.
14	29	Newly appointed staff should only be allowed to actually take up their post at the home, once all the required

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
		references and clearances have been obtained and deemed to be satisfactory. All documentation received in relation to individual staff recruitment should be held securely.
15	33	It is recommended that the outcomes of discussions with residents and staff be recorded in the monthly Regulation 26 report.
16	35	In order to maintain confidentiality, it is recommended that an individual financial record be maintained in respect of each resident, rather than financial transactions being recorded in a collective book.
17	36	Formal recorded staff supervision/appraisal should take place at least six times a year.
18	38	It is recommended that all care staff receive refresher health and safety training at the recommended intervals.

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