

Random inspection report

Care homes for older people

Name:	Cotswold House Care Centre
Address:	Church Road Cainscross Stroud Glos GL5 4JE

The quality rating for this care home is:	one star adequate service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme 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 review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Sharon Hayward-Wright	1	7	0	6	2	0	1	0

Information about the care home

Name of care home:	Cotswold House Care Centre
Address:	Church Road Cainscross Stroud Glos GL5 4JE
Telephone number:	01453752699
Fax number:	01453752699
Email address:	
Provider web address:	

Name of registered provider(s):	Cotswold House Care Home Limited
Name of registered manager (if applicable)	
Mrs Gabriella Davidescu	
Manager Post Vacant	
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	32

Conditions of registration:								
The maximum number of service users who can be accommodated is 32.								
The registered person may provide the following category of service only: Care home with Nursing - Code N to service users of either gender whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (Code OP)								
Date of last inspection								

Brief description of the care home

Cotswold House is a care home registered to provide nursing care to 32 older people. It is situated on the outskirts of Stroud and consists of the main house and a separate detached bungalow. The main house provides accommodation for 21 people over three floors. The bungalow can accommodate 11 people who require personal care. In total there are 28 single bedrooms, 22 of which have en-suite facilities and there are 2 bedrooms that can be shared. The Registered Providers have a system in place to manage the Funded Nursing Care Contribution (FNC). People who fund their own placements have additional services included in the fees and these include toiletries, newspapers and chiropody. People who have their care funded by the local County Council are able to arrange, on an individual basis, different payment options for these additional services. A copy of the Statement of Purpose and Service Users Guide are available in the entrance area of the home.

What we found:

This unannounced inspection took place on one day in June 2010. Prior to this visit we sent them an Annual Quality Assurance Assessment (AQAA). This was returned to us on time and contained information about what the service feels they do well and any areas they are looking to improve on. The AQAA also contained numerical data called Dataset. We also sent to the service some questionnaires for people who use the service and staff. We received 9 from people who use the service and 4 from staff. Some of the results of these have been used in this report.

At this inspection we focused on pre admission assessments of people recently admitted to the home, some peoples' care plans, arrangements in place for the management of controlled medication, tour of parts of the environment and recruitment records of recently appointed staff. We also followed up on some of the requirements issued at the last key inspection in April 2009 and random inspection in December 2009.

Since the random inspection in December 2009 the home's manager has been registered with us.

The home's AQAA tells us that they have a process in place for managing new admissions and this includes sending people considering moving into the home information about the service, planning a visit to the home for the person if able and their relatives/representative and an assessment of their needs. We examined the pre admission assessments of two people who were recently admitted to the home. Both people were transferred from local hospitals and they had detailed pre admission assessments in place that had been completed by the Registered Manager. Additional information had been obtained from the funding authority for both people and from the hospitals. The Registered Manager told us that both people were not able to visit the home themselves prior to admission, however the family member of one person was able to view the home. We asked people in the questionnaires we sent them, "did you receive enough information to help you decide if this home was the right place for you, before you moved in?", 5 people said 'yes', 3 people said 'no' and 1 person said 'don't know'.

We examined the care plans of the two people most recently admitted to the home. The AQAA tells us that the home has a care planning format in place with all the required documentation available. Both people had detailed assessments of their needs in place. However one person only had one care plan in place for one of their assessed needs and the other person did not have any. One person had been at the home for only 7 days but we would have expected to see care plans in place for all assessed needs that were being frequently reviewed as the staff got to know this person. The other person was on respite care and the Registered Manager said that they were due for a review the next day with a Social Worker and they may stay permanently at the home. If this happens then the Registered Manager said the staff would transfer their care records on to another format. One person had only one risk assessment completed and that was for pressure area care. No risk assessment was in place for moving and handling despite their assessment of need stating they need assistance from two care staff and the use of the hoist. This person had also been assessed at the hospital as being nutritionally at risk, but no risk assessment had been completed. We did find that people who required food and fluid charts to be maintained were in place, however the home needs to demonstrate that a

senior member of staff is reviewing these and taking any appropriate action that may be needed. We asked people in the surveys we sent them "do you receive the care and support you need?", 7 people said 'always' and 2 people said 'usually'. We asked staff in the surveys we sent for them, "are you given up to date information about the needs of the people you support or care for (for example, in the care plan)?", 2 staff said 'always', 1 said 'usually' and 1 said 'sometimes'.

We examined the arrangements the home has in place for management of controlled medication. Prior to this inspection we had been notified that some transcribing errors had taken place with controlled medication but these have been investigated and addressed. Safe storage is in place for controlled medication. With the Registered Manager we counted the medication and checked it against the records, all was correct. The Registered Manager needs to look at the frequency of the stock checks she undertakes and we would recommend at least daily. Records need to be maintained of these checks. We found some gaps in the recording of medication administered on the Medication Administration Records (MAR) and this needs to be addressed.

The feedback we received in the surveys from people who use the service and staff was about the lack of outings and activities. We did not see any activities taking place at this inspection and one person said they were bored. We discussed this with the Registered Providers and asked if they can look at using the activities coordinators hours for other staff to provide activities whilst they appoint a new coordinator.

We looked around parts of the environment and this included some peoples' rooms with their consent. Building work is underway at present to build an extension and this has meant that the kitchen and laundry area have been moved and there is a reduction in the communal space whilst this is taking place. We felt that the cleanliness in the parts of the home that we saw was good. In the bedrooms we saw belonging to people they had their personal possessions on display. The home's kitchen has been awarded 4 stars by the local Environmental Health Department (EHO).

We examined the recruitment records of staff who have recently been employed by the home. We found that all the required pre employment checks were in place prior to them starting work. We found that one member of staff did not start working at the home until after their Criminal Records Bureau Disclosure (CRB) had been returned, which is best practice. We did not examine the actual CRB as these are stored at the Registered Providers head office, however we did see the confirmation letter that is sent to the Registered Manager by their head office.

What the care home does well:

The home has an admission process in place for new people and this includes an assessment of their needs and confirmation that the home is able to meet these and where able a visit prior to moving in.

We found that in the two peoples' care records we examined, both had detailed assessments of their needs in place, which provide staff with clear information about their needs.

A requirement issued at the last two inspections in relation to the use of food and fluid charts and staff maintaining them has been addressed.

The home's kitchen has been awarded 4 stars from the local EHO team which is excellent.

A robust recruitment procedure is in place and this helps to minimise the risks to people who use the service.

What they could do better:

Care plans and risk assessments must be in place for all peoples' assessed needs as these provide staff with clear directions on how to meet them. Care plans need to be more about the individual person's need and not about the task.

It is not good practice for new people who are admitted to the home to be left for 7 days without care plans or risk assessments.

The home needs to demonstrate that senior staff are reviewing the information on peoples' food and fluid charts and taking any appropriate action.

The frequency of stock checks on controlled medication needs to be reviewed and we would recommend at least daily. Records need to be maintained of these checks.

Alternative arrangements for the provision of activities must be provided whilst the home is appointing a new activities coordinator.

The recording of medication administered to people who use the service needs to be reviewed as we found some gaps on the Medication Administration Records.

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 set out on page 2.

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, 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, 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	7	15	<p>The Registered Person must make sure that people have care plans in place for their assessed needs. These must be kept under review and updated as necessary with any changes.</p> <p>This will help to provide staff with clear directions to follow when meeting peoples' assessed needs.</p>	31/08/2010
2	8	15	<p>The Registered Person must make sure that people have risk assessments in place for their assessed needs. These must be kept under review and updated with any changes in their condition as necessary.</p> <p>This will help to provide staff with clear information on how any assessed risks can be managed.</p>	31/08/2010

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 home needs to look at making peoples' care plans more person centred.
2	7	The home needs to demonstrate that senior staff are reviewing food and fluid charts and taking any appropriate action.

Reader Information

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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got 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

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