Shelphen Resource Limited

Cottingham Hall

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cottingham Hall is situated in the north of Hull and is close to local amenities. The home is registered to provide personal care and accommodation for up to 30 older people, including those who may be living with dementia. Most of the bedrooms are for single occupancy and are located over two floors. There are two communal sitting rooms with dining space at one end. There is a large garden to the rear of the property and parking at the front.

At our last inspection, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. At this inspection we found the service remained Good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

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

People told us they felt safe and staff knew how to keep them safe from harm and abuse. Staff completed safeguarding training and could describe the action they would take if they had concerns. Staff completed assessments to help minimise the risks people had. There was sufficient staff deployed to meet people's needs and they were recruited in a safe way. Medicines were managed safely and people received them as prescribed.

People's health and nutritional needs were met. Staff ensured people had access, in a timely way, to a range of health care professionals for advice and treatment when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training, support and supervision to enable them to feel skilled and confident when supporting people. The environment had been adjusted to take account of people's differing needs. This included prominent signage and colour-contrasting equipment to increase visibility for people living with dementia.

People told us staff had a kind and caring approach. We observed this throughout the inspection and it was

confirmed in discussions with relatives and professional visitors to the service. Staff provided people with explanations and information in accessible formats such as pictorial signs and symbols. The cook was in the process of taking photographs of all the meals they prepared so these could be used instead of a written menu board. Staff maintained confidentiality and personal information was held securely.

People had assessments of their needs and these were used to develop plans of care to guide staff in how to meet them. People told us staff were responsive to their needs and listened to them if they had concerns or complaints. People could remain at the service for end of life care. Staff involved health professionals and relatives to ensure people's needs were met. There were activities for people to participate in.

The service was well-led. There was a quality monitoring system that consisted of audits, questionnaires and meetings to ensure people could express their views. The registered manager acted to address any identified shortfalls. Staff told us the registered manager and senior management were approachable and accessible; they said they were supported in their role. The registered manager had developed good working relationships with other professionals involved in people's care and welfare.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service is well-led and has improved from Requires Improvement to Good since the last inspection.

The registered manager and senior management team were accessible and staff described them as supportive. There was a culture of openness where staff could raise concerns with management.

The provider had a quality monitoring system in place. Audits and checks were carried out and surveys completed to ensure people had a voice about how the service was managed.

Cottingham Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 3 October 2018 and was unannounced on the first day. On both days, the inspection team consisted of one adult social care inspector. The first day also included a dental inspector who looked in detail at how well the service supported people with their oral health.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection, we contacted various agencies for information. These included local authority safeguarding, contracts and commissioning teams, continuing health teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spent time in communal areas and observed how staff interacted with people who used the service throughout the day and at lunchtime. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service and two relatives. Four other relatives provided information to us about the service. We spoke with the provider's representative, the registered manager, one senior care worker, four care workers, an activity coordinator and the cook. We also received information from three night care workers and four health and social care professionals.

We looked at three care files which belonged to people who used the service and risk assessments for

another four people. We also looked at other important documentation such as medication administration records (MARs) for nine people, an information pack which accompanied people when admitted to hospital, and monitoring charts for food, fluid intake, weights and pressure relief. We looked at how the service used the Mental Capacity Act 2005 to make sure people's rights were protected.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the environment.

Good

Is the service safe?

Our findings

At the last inspection in March 2016, we rated the service as Good. At this inspection, we found the service remained Good for this key question.

People told us there was sufficient staff available to support them and they felt safe living in the service. Comments included, "I have no worries; if there's anything wrong I will tell one of the girls", "The door is locked when I'm not in my room, which is good", "I think there is enough staff; they come quickly when we call" and "Sometimes I have to wait a bit, but the staff are always there when I need them."

Relatives said, "We feel reassured that they are happy and safe" and "They [staff] have time but they are very busy."

Staff had received training in how to safeguard people from the risk of harm and abuse. They knew the different types of abuse, the signs and symptoms to look out for and the procedures for referring to appropriate agencies. Staff completed risk assessments, which provided guidance on how to minimise risk whilst ensuring people's right to make their own decisions was maintained. Risk assessments covered a range of issues, for example, falls, nutrition and fragile skin.

Medicines were managed safely, stored securely and people received them as prescribed. There was a new electronic medicines system in the service, which helped to prevent errors from occurring and people's medicines being overlooked. People told us they received their medicines on time and were not left waiting for them. We observed staff giving people their medicines and this was completed in a patient and sensitive way.

The provider continued to implement a safe recruitment system, which included full employment checks and an interview before staff started working in the service. New staff completed an induction to ensure they were familiar with health and safety requirements such as fire procedures.

There were sufficient care staff deployed to meet people's needs safely during the day and at night. The registered manager worked Monday to Friday and the provider's representative worked in the service several days a week. There were ancillary staff such as catering, domestic, activities and maintenance, which enabled care staff to focus on caring tasks. Staff told us there had been recent additions to the staff team and they were now fully staffed. Professional visitors told us they felt the service was safe and there were sufficient staff on duty.

The environment was safe and clean. Equipment used such as bedrails, the lift, the nurse call, fire safety and moving and handling items was checked and serviced appropriately. Staff had access to personal protective equipment such as hand gel, aprons and gloves, which helped to prevent the spread of infection.

Good

Is the service effective?

Our findings

At the last inspection in March 2016, we rated the service as Good. At this inspection, we found the service remained Good for this key question.

People told us staff looked after them well and contacted health professionals when required. They also said they could make their own decisions. Comments included, "They are attentive and respond very quickly [when a GP is required]" and "I have a mind of my own and do what I want when I want. I like to be independent; If I need anything, I ring the bell."

Staff supported people to access a range of community health care professionals when required and recorded their instructions in care files. Health care professionals said, "Community nurses have a very good relationship with staff who will always inform us and ask for advice if required" and "They always inform us or inform the GP."

People's nutritional needs were met; risk assessments were completed and referrals made to dieticians and speech and language therapists when required. The cook showed us a selection of menus and described how they received information about people's nutritional needs; they were very knowledgeable about who required special diets and how they were provided with them. The cook had started to develop a pictorial menu to assist people living with dementia to make choices. People told us they liked the meals provided for them. Comments included, "Most of the times they are very nice; I have a choice at mealtimes", "The meals are very good" and "The meals are amazing. They ask us what we want; it's lovely food and well-cooked."

The mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were clear about how they gained consent from people before carrying out care tasks. Assessments of people's capacity had been completed and best interest documentation was in place. This showed decisions made for people who lacked capacity were made in their best interests and included consultation with relevant people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications for DoLS when people met the criteria.

Staff received training, supervision and support, which helped them to feel confident when supporting people. They said, "There is a good variety of on-line and face to face training" and "We have supervision meetings every three months."

The environment was suitable for people's needs and attention had been paid to best practice guidance for people living with dementia. For example, toilet seats were a contrasting colour and there were large pictorial signs to help people find their way around.

Good

Is the service caring?

Our findings

At the last inspection in March 2016, we rated the service as Good. At this inspection, we found the service remained Good for this key question.

People who used the service had very positive comments about staff approach. They said staff respected their privacy and dignity. Comments included, "They knock on my door before coming in and help make my own choices", They all do their best to keep things private", "The staff are kind and careful, and caring" and "The staff are good carers; I can't fault them."

Relatives said, "The staff are caring; I know they are in good hands" and "They are very settled here; the staff are caring but also busy."

Health and social care professions told us they had observed staff demonstrating core values during their visits to the service. They said, "[Name of staff] is such a kind, caring and compassionate member of staff", "They have the resident's best interests at heart" and "Staff have always promoted people's independence well."

In discussions with staff, they demonstrated good knowledge of people's preferences, likes and dislikes. They also described how they promoted people's independence by ensuring they continued to do as much as possible for themselves. They gave examples of how they respected people's privacy and dignity such as knocking on bedroom doors before entering, keeping people covered during personal care tasks and supporting them to make their own choices.

We observed staff were friendly and communicated with people in a positive way. They were attentive during mealtimes and throughout the day, checked to see if people needed anything, whether they could manage independently or whether assistance was required. They provided explanations before care tasks such as instructions for transferring from a wheelchair to a comfortable chair.

People were provided with information in accessible formats. There were notice boards that had symbols of activities and pictorial signage on bedroom, bathroom, lounge, and toilet doors. There was a menu on display in written form, although the cook showed us progress so far with pictures of the meals they had prepared, which were to go on display each day.

Staff knew the importance of maintaining confidentiality and personal information about people such as care files and medication records were held securely. Computers were password protected. Staff personnel files were held securely in the registered manager's office and in the provider's main head office.

Good

Is the service responsive?

Our findings

At the last inspection in March 2016, we rated the service as Good. At this inspection, we found the service remained Good for this key question.

People told us staff knew how to look after them and were responsive to their changing needs. Comments included, "The respond quickly if I am unwell", "My care plan has been discussed with me" and "They are always very attentive and respond very quickly." Health and social care professionals told us they were contacted quickly when required. Comments included, "Prompt response to mental health needs and excellent communication" and "The staff are always respectful to residents and appear to know them well. They ring if they have an issue."

People had assessments and risk assessment completed, which identified their needs. The new assessment documentation also gathered information about people's preferences such as gender of carer, routines regarding times of rising and retiring and last wishes for end of life care. The assessments were used to develop plans of care to guide staff in how to meet people's needs. Some of the care plans could provide a more personalised description of the tasks for staff. However, in discussions with staff, it was clear they knew people's needs well and could describe their preferences for how care was to be carried out.

We observed care was provided in an individual way. For example, during lunch we saw meals were served to people on different types of plates dependent on their needs and abilities; large, small, rimmed plates and those with a plate guard.

The provider had a policy and procedure for end of life care. The registered manager told us people could remain at Cottingham Hall for end of life care with support from health care professionals. Most of the care staff had completed end of care training. One relative told us how grateful they were that staff had monitored their family member closely and contacted them quickly so they could be with them at the end of their life.

There was an activity coordinator deployed for four hours a day Monday to Friday. They had spoken to each person to obtain their views about the type of activities they preferred to participate in. The activities coordinator told us they ensured people who preferred to remain in their bedroom had one to one time such as sitting and talking to them or completing manicures. The activities included musical instrument sessions, reminiscence, movement to music, singalongs, bingo, charades, card games and cake decorating. Some people liked to water plans and fold napkins. There were also church services, entertainers and organised visitors to the service.

People said, "There is plenty to do" and "An activity lady comes in and we do games and things. We've decorated cakes, made cards, had quizzes and played floor games." A relative said, "Activities are available regularly and residents are encouraged to take part." We saw booklets had been completed of events such as Easter celebrations, which were used for discussions and reminiscing with people.

The provider had a complaints policy and procedure. People who used the service told us they felt able to make complaints and said they would be listened to. They said, "I had a complaint about food and they sorted it out straight away" and "They sort out any niggly things for us."

Good

Is the service well-led?

Our findings

At the last inspection in March 2016, we rated the service as Requires Improvement in this key question. This was because the quality monitoring system had not been developed. At this inspection, we found the service had improved and have rated this section Good.

People who used the service knew who the registered manager was and told us they felt able to talk to them when required. They said, "I know [Name of registered manager]; she is very approachable and amenable at all times" and "[Name of registered manager] is a marvellous lady." A relative said, "[Name of registered manager] listens if you have a question."

The registered manager had developed good working relationships with partner agencies and visiting professionals. For example, we saw an 'emergency admission pack', which had been developed to provide information to paramedics and medical and nursing staff when people were admitted to hospital. This included a personal information sheet with relevant information such as their NHS number, contact details of family and professionals, a description and photograph of the person and a summary of their care needs. Health and social care professionals said, "It is well-led; they [registered manager] are always helpful when you need something", "I have found the manager approachable, professional and always helpful when trying to help to reduce risk factors associated with falls" and "The manager always comes across as very professional and should they at any time be unable to provide the information requested, they inform that they will get back to you as soon as they are able; this does not usually involve a prolonged wait."

There was a culture of focussing on the needs of people who used the service and an open and approachable stance from management. Staff could raise issues if required and the registered manager completed notifications to the Care Quality Commission and other agencies when incidents occurred which affected their health and welfare. Staff were provided with an 'employee handbook'. This detailed their job description, relevant policies and procedures and general expectations regarding caring for people who used the service, dress code and behaviour. The handbook reminded staff that the aim of the service was to ensure all people who lived there enjoyed a 'full and constructive life'.

The registered manager told us they received supervision from a senior manager and had support from a registered manager of another service within the company when required. Staff described the registered manager as supportive and available when needed. Comments included, "It's a friendly place to work; management are always on hand for help and support with anything", "I love working here; the manager is very supportive. We had a resident who was very unsettled and the manager came out during the night to help" and "We have a good team and a better morale. I would say the manger is firm but fair."

The provider had improved the annual quality monitoring system. There were audits carried on a range of areas such as medicines, the environment, cleanliness, activities, equipment used within the service and staff training. The registered manager described the new electronic care plan system and how audits would be completed to ensure records were up to date. They were able to obtain reports from the system so they could analyse issues such as accidents and monitoring charts. Part of quality monitoring consisted of

surveys to obtain the views of people who used the service, their relatives, health and social care professionals and staff. Any issues from audits or questionnaires were addressed. There were also meetings for the staff team and people who used the service. There was evidence of an action plan following the meetings.