

Amore Elderly Care Limited

# Coundon Manor Care Home

## 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

About the service: Coundon Manor provides accommodation, nursing and personal care for up to 74 older people, including those living with dementia, physical disability and sensory impairment. At the time of our visit 68 people lived at the home. Accommodation is provided in a purpose-built home across two floors, with communal areas on each floor.

People's experience of using this service:

- People were supported by staff they knew and there were enough staff to ensure people received timely personalised care that met their needs.
- The providers quality checks supported the service to continually improve. Lessons were learnt when things had gone wrong.
- People's needs were assessed to ensure they could be met by the service.
- Staff were recruited safely and received the training they needed to be effective in their roles.
- Risk associated with people's care was effectively managed. People felt safe and were protected from avoidable harm.
- Staff cared about people and understood their individual needs.
- End of life care was provided sensitively and respectfully and in line with people's wishes and beliefs.
- Medicines were managed and administered safely.
- People and relatives were involved in planning and agreeing their care. Care plans were detailed and up to date.
- The management and staff team worked in partnership with health and social care professionals to improve outcomes for people. People had access to healthcare professionals when needed.
- Staff felt valued and supported by the management team.
- Feedback from people, relatives and staff was used to drive continuous improvement.
- Complaints were managed in line with the providers policy and procedure.
- Activities of interest were available to people and further activities based on people's preferences were being developed.
- Regular safety checks of the building and equipment were undertaken. However, timely action had not always been taken to rectify issues identified.
- People's nutritional and hydration needs were met. Staff followed health care professional's recommendations to support people with food and drink that maintained their well-being.
- The environment was clean, and staff followed good infection prevention and control practices.
- People received information in a way they could understand and were supported to make choices about how to live their lives in the least restrictive way possible.
- Most staff respected people's rights to privacy and dignity and promoted their independence.
- People and relatives were positive about the service provided and the way the service was managed.

Rating at last inspection: Requires Improvement (report published April 2018)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Coundon Manor Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was conducted by three inspectors and an Expert by Experience (ExE) with experience of care of older people and those living with dementia. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Coundon Manor is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This comprehensive inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as alleged abuse. We sought feedback from the local authority who worked with the service and assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection, we spoke with nine people who lived at the home and three relatives. We spoke with

12 members of staff including the deputy manager, the clinical lead, nurses, care staff, activities coordinators, the maintenance man and cook. We also spoke with the registered manager, the operations manager and managing director.

Some people were not able to tell us what they thought of living at the home; therefore, we used different methods to gather experiences of what it was like for them to live there. For example, we observed how staff supported people throughout the inspection. We also used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included seven people's care records and a sample of medicine and personal hygiene records to ensure they were reflective of people's needs. We looked at three staff personnel files to ensure staff had been recruited safely. We also reviewed the records of accidents, incidents, falls, complaints, staff rotas, meeting minutes and quality assurance audits the management team and provider had completed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met. At our last inspection the service was rated as 'Requires Improvement' in Safe. This was because people felt there were not enough staff available to meet their needs. High turnover of staff had meant people had not always been supported by staff they knew, who understood their needs. Some areas of medicines management required improvement. At this inspection improvements had been made.

### Staffing and recruitment

- Safe recruitment practices were followed.
- Since our last inspection most staffing vacancies had been filled and staffing levels increased which had a positive effect on people's experiences. People told us, "There's always enough staff, no problem there" and "I'm comfortable with them [staff], it's the same one's all the time."
- Staff told us they were able to spend time with people to get to know them and support their needs. One said, "We don't spend our time showing agency what to do. Things are much better."
- The registered manager used a 'dependency' tool to determine people's needs and the number of staff required to support these needs. Staff rotas showed planned staffing levels were achieved.

Assessing risk, safety monitoring and management: Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "The staff make me feel safe."
- Staff knew about risks associated with people's care and the actions required when supporting people to keep them safe.
- Detailed risk management plans ensured staff had the up-to-date information they needed to manage and mitigate risk.
- Where required, health care professionals were involved in assessing and recommending how to reduce risk. Staff followed recommendations.
- Emergency plans were in place if the building had to be evacuated. Staff completed training in fire safety and knew what action to take in the event of a fire to keep people safe.
- Regular checks were carried out to ensure the building and equipment was safe. However, actions identified following a 'fire door check' in February 2019 had not been addressed. The registered manager confirmed this work had been completed the day after our inspection visit.
- The management team and staff understood their responsibility to safeguard people from the risk of potential abuse or harm.
- Staff received safeguarding training and knew how and when to report concerns. Whilst confident these would be addressed, staff understood how to escalate their concerns if they were not.
- The registered manager had referred safeguarding concerns to the local authority. This meant allegations of abuse had been investigated to keep people safe.

### Using medicines safely

- People's medicines, including the application of creams and lotions were managed safely. • Effective processes were in place for the timely ordering, supply and disposal of medicines. However, staff had not always followed the providers policy for the administration of covert medicines (giving medicine in a disguised format). The registered manager addressed this with staff during our inspection.
- Medicines were administered by nurses whose competency was regularly checked.

#### Preventing and controlling infection

- There were systems in place to prevent and control the risk of infection.
- Staff had completed infection control training and understood their responsibilities to maintain good infection control practice. Staff used disposable gloves, aprons as required.
- The environment was clean. Housekeeping staff followed cleaning schedules to ensure all areas of the home were regularly cleaned.

#### Learning lessons when things go wrong

- Staff recorded accidents and incidents so these could be monitored by the management team and actions taken to reduce the risk of them happening again. A staff member told us, "If there is an incident we have a 'huddle meeting' so we can discuss what happened and what we can do to prevent it from happening again." Records confirmed this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this. At our last inspection the service was rated as 'Requires Improvement' in Effective, as some staff training was not up to date and staff were not fully familiar with the system for monitoring people's nutritional needs. At this inspection improvements had been made.

Supporting people to eat and drink enough to maintain a balanced diet

- Previously, records did not show people had consumed sufficient food and drink to maintain their health. At this inspection some records continued to need further detail. The registered manager acknowledged this and gave assurance this would be addressed through discussions with staff and further monitoring of records.
- People had mixed views about the quality of the food. One person told us, "As far as I'm concerned the food is very good." Another said, "The food is not always nice." The registered manager told us people were being consulted to ensure improvements were made.
- During mealtimes staff were available to provide support where needed. People were offered different meals, through a menu and a visual choice. Where people did not like the choices available alternatives were provided. The atmosphere in the dining room was relaxed.
- Staff knew about people's specific dietary requirements and these were catered for. For example, soft and vegetarian meals.

Staff support: induction, training, skills and experience

- People and relatives were confident in the skills and knowledge of staff, describing staff as 'very competent' and 'well trained'.
- Staff developed and refreshed their knowledge and skills through an induction and programme of on-going training relevant to their role. For example, nurses received regular clinical skill updates.
- Staff training was up to date.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager worked within the requirements of MCA. They had submitted DoLS applications where needed to keep people safe and had systems in place to renew and meet any recommendations of authorised applications.
- Staff completed MCA training and demonstrated they understood and worked within the principles of the MCA in their interactions with people.
- People's care plans included a mental capacity assessment. Where people had been assessed as not having capacity to make their own decisions, plans included details of relatives who had the legal authority to make decisions on their behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to determine if the service could meet people's needs. Assessments established the level of care and support people needed, their preferences and life style choices.
- Information from the assessments was used to develop care plans which were shared with staff to help them understand people's needs.
- Nationally recognised tools were used to complete assessments such as those to determine the risk of skin damage and the risk of people falling.
- Care interventions, such as re-positioning people to prevent their skin from becoming sore, were completed consistently.
- People and relatives were involved in planning and agreeing people's care. One relative told us, "We were involved at every stage."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare and social care professionals when needed. One person talked about the positive impact daily physiotherapy visits, arranged by nurses, had on their well-being.
- Staff shared good relationships with professionals who had contact with the service to help support people's health and wellbeing.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their bedrooms with photographs and other treasured items to make them homely.
- There were wide corridors and doorways throughout the home so that people could easily access all areas including those people who used wheelchairs.
- Further work was needed to develop the environment to support people living with dementia. A well-designed environment, can help support people's independence reduce, risk and provide meaningful engagement to support their wellbeing. The registered manager told us funding had been secured to address this.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives said staff were 'caring, thoughtful and kind'. One relative described how staff had taken the time to provide them with refreshments so they could spend their time with their family member who was "very poorly". They told us, "The staff are lovely. They have really helped us through a difficult time."
- Staff cared about people and knew people well.
- People's individuality and diversity was recognised and respected. Staff had completed equality and diversity training and ensured people's rights were upheld.
- People confirmed their friends and family were welcome to visit at any time.

Respecting and promoting people's privacy, dignity and independence

- Eight of the nine people we spoke with said their privacy was respected and staff provided care in dignified way. One person said it was not but the registered manager was aware and actions had already been taken to address this.
- Staff ensured doors and curtains were closed before assisting people with personal care. Some staff entered people's bedroom without seeking permission. The registered manager told us they would meet with staff to address this.
- People were supported to be independent. People's care plans included information on what they could do for themselves and what they needed staff support with. One person felt 'more independent' because staff filled a bowl with water so they could wash themselves.

Supporting people to express their views and be involved in making decisions about their care

- People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. One person told us they chose when to get up in the morning and what time they went to bed.
- Staff understood the importance of respecting people's choices and checked with people before providing support. For example, we heard one staff member say, "You tell me what you would like me to do. I want to do what makes you happy."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. At our last inspection the service was rated as 'Requires Improvement' in Responsive as some people were not involved in planning and reviewing their care and some care plans were difficult to read due to unclear handwriting. At this inspection improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People planned and reviewed their care in partnership with the staff. One person said, "The nurses discuss it (planned care) with me." A relative who had the legal authority to make decisions confirmed they were fully involved in planning and agreeing their family members care.
- People were supported by staff who understood their care needs and personal preferences.
- People's care plans clearly recorded their needs and how they preferred their care to be provided. Staff told us they used this information to ensure people's care was personalised.
- Communication care plans provided guidance for staff on how to support people in making decisions about their care. For example, we heard staff speaking in Punjabi to support a person to choose their lunchtime meal.
- The registered manager was aware of the Accessible Information Standards (AIS). The AIS place a legal requirement on providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available to people in different formats including, large print, picture and audio.
- People had access to a range of group activities they could choose to attend such as quizzes, visits to places of interest and activities specifically designed for people living with dementia. This included 'singing for the brain' and doll therapy.
- Work was underway to develop opportunities for people to engage in one-to-one activities based on their interests.
- Staff described communication as 'much improved'. Staff coming on duty attended a handover which ensured they had the up to date information about the care people needed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and said they would feel comfortable doing so. One person told us, "I would go straight to the manager." A relative described feeling 'confident' the registered manager would deal with any concerns 'straight away'.
- A copy of the provider's complaints procedure was displayed which detailed how to make a complaint and what people could expect if they raised a concern.
- The management team took complaints seriously. Records showed complaints had been investigated and responded to in line with the providers procedure.

End of life care and support

- People's end of life wishes were recorded if people had chosen to share this information.

- Relatives were extremely positive about the care and support provided to people at the end stage of life. One told us, "We have received fantastic support...staff have dealt with everything in a very positive way."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met. Previously, this key question was rated, 'Requires Improvement', because there had not been sufficient time for the provider to demonstrate improvements made had been embedded and sustained.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives were very satisfied with the service provided and the way the service was managed. One relative told us, "I would absolutely recommend this service to anyone who wants to be assured their relative gets the best care possible from genuinely caring staff."
- The management team demonstrated a commitment to provide person centred, high-quality care. For example, the number of people admitted to the home with complex clinical needs was monitored to ensure staff had the time needed to provide individualised care.
- Staff enjoyed working for the service and talked about the satisfaction they gained from working with people. One staff member said, "I love my job. Going that extra mile to make sure the residents [people] are happy and content makes me feel good."
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.

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

- Coundon Manor had a stable, experienced management team who people, relatives and staff described as 'honest, open and supportive'. A relative told us, "[Registered manager] is great. Nothing is too much trouble."
- The registered manager had a very good oversight of what was happening at the home and was seen engaging with people, relatives and staff throughout our visit.
- Staff received support and guidance through individual and team meetings to understand their roles and what was expected of them by the provider. One staff member said, "Our manager encourages us to speak out. She tells us it's important to share and learn together. We feel valued and heard."
- The registered manager was supported to ensure good care, based on best practice guidance, was provided through attending training and conferences, meetings with the provider and other registered managers.
- The registered manager and provider understood their regulatory responsibilities. For example, the homes latest CQC rating was displayed on the provider's website and we had been notified about significant events that happened in the home as required.
- Records confirmed the providers quality monitoring systems were effectively used to monitor the quality and safety of service provided. For example, checks to ensure people had received their medicine as

prescribed and that care records were up to date. Where improvement was needed, action was taken.

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

- Feedback from people, relatives and staff was encouraged through meetings and quality questionnaires. Feedback had resulted in improvement. For example, menus had been discussed and revised in response to comments about the quality and variety of food provided.

Working in partnership with others: Continuous learning and improving care

- The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people. One health care professional explained how joint working had assisted in preventing unnecessary hospital admissions.

- The registered manager had an up-to-date action plan to take forward improvements to the service based on feedback they had received and the findings from quality audits. The registered manager told us, "We have addressed our biggest challenges and have grown as a team. We now have the stability to continue moving forward."