

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Coton House

55 Coton Road, Penn, Wolverhampton, WV4 5AT

Tel: 01902339391

Date of Inspection: 26 October 2012

Date of Publication:
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services

✓ Met this standard

Care and welfare of people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Management of medicines

✓ Met this standard

Staffing

✓ Met this standard

Complaints

✓ Met this standard

Details about this location

Registered Provider	Coton Care Limited
Registered Manager	Mrs. Inderjit Kular
Overview of the service	Coton House can provide accommodation for up to 29 people who require personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Management of medicines	10
Staffing	11
Complaints	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people. There were 28 people living at the home on the day of the inspection. We spoke with six people, one relative, two staff, the deputy manager, the home manager who was also the joint owner, and we spoke with the second joint owner.

We saw that people were well presented and wore clothes that reflected their own preferences, style, and gender. We saw staff promote people's independence in different ways. We found that people were involved with their care planning and delivery. One person said, "I have seen my care plan, they go through it with us."

We found that people's care records provided an overview of people's needs and preferences. We found that people were involved in a range of different activities throughout the day. One person told us, "I am very content here."

We found that arrangements were in place to ensure that people were safeguarded from abuse.

We found that medicines were stored, recorded, and administered in a safe and timely manner.

We found that there were enough skilled staff to look after people's needs. We saw positive interactions between staff and people living at the home. One person said, "The staff here are brilliant."

We found that people knew how to complain, although all the people we spoke with did not have any concerns. One person said, "This place is good otherwise I would not have been here this long."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People were supported in promoting their independence. We saw staff encourage and support people to walk around the home, eat during mealtimes, and take part in activities. The deputy manager explained that one person who could not leave their room because of their health, was supported to carry out activities in their own room to ensure that their independence was maintained. We spoke to the person who told us, "Yes it is nice as I cannot leave my bedroom and normally just like to watch television."

People expressed their views and were involved in making decisions about their care and treatment. One person said, "They make changes to the care plan and read it to us." Records indicated that people were involved in making decisions in different ways and that any changes to people's care records were explained to them. We found people making choices throughout the day about where they wanted to spend time, what activities they wanted to be involved in, and what to eat and drink. We saw that staff respected people's privacy and dignity throughout the day by supporting them in a timely manner.

We saw minutes for meetings where people and their relatives were invited to give their views on different aspects of care. Records indicated that views were taken seriously and acted upon. For example, one person had said that they wanted to have soup on the menu, which we found had been done. The managers explained that a 'relative's forum' was held for relatives to get together and provide their views. This meant that people and their relatives had opportunities to be involved in the running of the home.

People's diversity and values were respected. We found that there was one person living at the home who could only speak limited English language. We found that provisions were in place for staff to communicate with the person to understand their needs. One staff said, "We make sure we have staff who can speak the language and we have learnt some of the main words in their language." We found that staff interacted with the person using their own language. We saw that the person went out to visit their own place of worship on the day of the inspection.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four people's care records. We found that people had a detailed assessment prior to living at the home. This meant that arrangements were in place to ensure that staff could meet people's needs if they chose to live there.

We found that people's care records were detailed, person centred, and reviewed on a regular basis. One person said, "They are all great here, very caring, even the owners." Staff we spoke with were able to give us detailed information about people's needs and preferences. We saw that staff had meaningful conversations with people as they delivered care that met people's preferences. This meant that people could be assured that they were looked after by staff who understood their needs.

We saw staff explaining things to people and reassuring them when needed. In one instance, staff responded promptly to manage a difficult situation where two people needed support immediately. We saw staff acting professionally to resolve the situation and use distraction techniques to manage behaviour that challenged.

We saw that people had a choice of getting their hair styled, decorating pumpkins for the Halloween party, and reminiscing with staff. We saw an activities folder, which showed that people were regularly involved in activities. The activities coordinator told us, "We try and go out somewhere at least once a month." One person said, "There is lots of do here, we all have a great time." This meant that people had opportunities to be involved in a wide range of activities to have a stimulating and meaningful lifestyle.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We found that risk assessments were completed for different aspects of people's care, which were person centred. In instances where risk was identified, there were clear instructions for staff on how the risk should be minimised or managed. We found that people had access to other health professionals in a timely manner. One person said, "It is no bother, they just call the doctor or whoever."

People's care and treatment reflected relevant research carried out for dementia care. We found signage around the home so people could use this to navigate themselves to their

bedrooms, the lounge, and dining room. We found pictorial menus on the table that people could read and look at to remember what choices they had for mealtimes, as people with dementia could often forget. A sensory room was being used to stimulate people through use of different senses. We saw that laminated cards had been made for two people to read, as they often forgot what their name was and where they were. This meant that people with dementia were being supported by using different person centred techniques and interventions.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found that there had been one safeguarding concern which the local authority had investigated. The outcome of the investigation was partially substantiated. We found that the home had a system where potential safeguarding incidents would be recorded. The deputy manager explained that this would help prompt staff to follow instructions and think about what needed to be reported.

Records indicated that all staff had watched a DVD for the safeguarding of vulnerable adults. Staff were able to tell us about abuse, what they would do in the event of an allegation of abuse, and who they would escalate the matter to in the event that the manager was unavailable. Staff were able to tell us what the Mental Capacity Act (MCA), and Deprivation of Liberty Safeguards (DoLS) meant. Staff we spoke with told us they had watched a DVD. This meant that staff were aware of appropriate processes to ensure that people were safe. One person told us, "I always feel safe here."

The home looked after small amounts of money for people. We looked at two people's money records and balances. We found that money balances were accurate. We found that there was an effective system and that all debit transactions were accompanied with receipts. This meant that suitable arrangements were in place to ensure that people's money was safeguarded appropriately.

Records showed that checks were carried out to ensure that only suitable staff who can work with vulnerable adults were recruited.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were kept safely. We saw that all medicines were locked and stored appropriately. We found that controlled drugs (CD) were kept in a secure cabinet. The medicine room was locked at all times and staff had keys to open the room and the cabinet when needed. We saw that daily checks were being carried out to ensure that the fridge and room temperature were appropriate. We found that action was taken when this was not between the recommended guidelines.

Medicines were handled appropriately and arrangements were in place in relation to the recording of medicine. The senior care staff gave us detailed information about how medicines should be handled and what the different processes were. We looked at two people's medicines and found that balances were accurate. We looked at the medicine records and saw that staff had appropriately recorded the administration of medicines. We observed staff administering medicines and found that this was carried out safely. One person we spoke with said, "I always get my medicines on time."

Medicines were prescribed and given to people appropriately. The deputy manager said, "We only administer medicines which have been prescribed by the doctor with clear instructions." We looked at the home's policy, which clearly stated this information. In instances where people needed 'as required' medicines during the night, care staff were instructed to call the on-call doctor. We found two instances when staff had appropriately called the doctor or emergency services. We found that in one instance where a person was required to have medicines when they felt pain, the home did carry this out following involvement of other health professionals.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The home had a deputy manager, four senior staff, ten care staff, and six night staff. In the morning shift, there was one senior carer and four care staff. In the afternoon shift, there was one senior carer and three care staff. During the night there were two care staff with senior staff on call.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw there were volunteers working at the home, who were being supported by other staff. Staff we spoke with were able to describe how they would support people and manage behaviour that challenged. We found that staff were prompt and professional at looking after people, providing reassurance, supporting people throughout the day, and in dealing with behaviour that challenges. All staff we spoke with told us they felt there were enough staff working at the home. People we spoke with were complimentary about staff. One person said, "Staff help straight away, they are wonderful."

We found that the managers were using an electronic system to capture the work carried out by staff and also to monitor people's care needs. This involved staff electronically capturing the care they delivered for people, even during the night. The manager was then able to produce data and charts to show the level of care individual people needed, whether their needs had changed, and what care staff had delivered at different times of the day. One manager told us, "This helps us see any changes." This meant that systems were in place to continuously monitor staffing levels and the provision of care.

We saw that different staff had opportunities to attend different training and share this knowledge with each other. We saw training certificates for a majority of medical and health conditions that people had at the home. For example, eye care, stroke, dementia awareness, and diabetes. One staff said, "We had dementia training recently and that really made us think about what we can do better, the owner has already said we can make the suggested changes to improve things."

We were told that a dietician had recently visited the home to explain how staff could decrease use of food supplements and encourage people to eat. This would help staff understand nutrition and use alternative techniques to supplements. One staff said, "It does really help see things differently." We saw staff encouraging people to eat and offering people alternatives at mealtimes to increase their intake. This meant that staff were offered opportunities to ensure they gained experience and knowledge on a range of

topics.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. We saw the complaints policy, forms, and a box at the entrance of the home. The deputy manager said, "We have the box so people can write anonymous complaints if they are not happy about something." The complaints procedure was available in a different format for people who requested this. This would accommodate different people's needs. For example, a person with poor vision could request a large print version. All the people we spoke with were aware of how to make a complaint. One person said, "I just talk to the manager and they sort it out straight away." We found records to show that this was discussed with people on a regular basis to ensure that they understood how to make complaints, comments, and suggestions.

People had their comments and complaints listened to and acted on. We saw a complaints folder, which showed that complaints were investigated and responded to in a timely manner. In instances where improvements could be made, these were made. One relative we spoke with said, "They don't see things as complaints, which is so great. You just have to say it, they do it straightaway and even thank you for bringing it up." The relative gave us an example to say that a few things had been raised and changes were made immediately. One person said, "I feel comfortable to complain, but I haven't because I am very happy."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
