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

Cottage Farm Lodge

Cottage Farm Road, Keresley, Coventry, CV6 2NZ

Tel: 02476786694

Date of Inspection: 30 January 2013
Date of Publication: February 2013

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

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<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
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### Details about this location

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<th>Coventry City Council</th>
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<tr>
<td>Overview of the service</td>
<td>Cottage Farm Lodge is a housing with care complex. The care provision is registered with the Care Quality Commission as a Domiciliary Care Agency. The agency is registered to provide personal care to people who live at Cottage Farm Lodge. The complex consists of 26 single and 4 double flats situated in the Keresley area of the city. People who live at Cottage Farm Lodge are tenants of Whitefriars Housing and Coventry City Council manage and operate the agency.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Personal care</td>
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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'.

### Summary of this inspection:

- Why we carried out this inspection
- How we carried out this inspection
- What people told us and what we found
- More information about the provider

### Our judgements for each standard inspected:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Complaints

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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 30 January 2013, 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 and talked with staff.

What people told us and what we found

We visited Cottage Farm Lodge on Wednesday 30 January. No one knew we were visiting. People who used the service received varying levels of care and support. Some people received support with personal care while others only required a well being check.

We spoke with three people who used the service. They told us they were satisfied with the service provided by Cottage Farm Lodge. Comments we received included "All the staff are pleasant and helpful", "They know what I need help with; they are very kind and always ask if I am ok".

We looked at how people’s care was being managed. We found care records provided staff with the information they required to meet people’s needs. There was also a procedure to make sure care was delivered safely. We saw that staff recorded the things they had done and signed the times they arrived and left people's homes.

Staff we spoke with knew how to recognise symptoms of abuse and what to do to keep people safe. We found staff supported people to maintain independence and make their own decisions.

There were processes in place to safely recruit staff and provide staff with the training and support to meet the care needs of people.

We looked at the way the service managed complaints. No formal complaints had been received since our last visit. People we spoke with knew how to make complaints and said they would complain if they needed to.

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

Consent to care and treatment

Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at the care records of three people living at Cottage Farm Lodge. We saw that files contained signed documents of consent to the care being provided and for authorised organisations (including CQC) to view their records.

We spoke with the three people whose plans we looked at. People told us their care and support needs had been agreed with them when the service started. People understood the care and treatment choices available to them. They told us they had consented to the care being provided and had signed a document to confirm this.

We looked at whether staff understood the Mental Capacity Act and how the Act might impact on their practice. The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions themselves. We saw certificates that showed staff had completed training in the Mental Capacity Act. The senior staff member we spoke with understood her responsibility for ensuring people had capacity to make their own decisions. She also knew what to do if people needed support to do this. We discussed a recent incident where a person who had capacity had made a decision staff thought was unsafe and not in the person's best interest. The manager told us protocols and guidelines were being devised to make sure all concerned understood the action that would be taken if this situation reoccurred.
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

We looked in detail at the care records of three people living at Cottage Farm Lodge. We saw that plans contained sufficient information for staff about the individual support people required. Plans included a process for assessing and managing risks associated with peoples care, for example people’s mobility, tissue viability and medication. We saw that assessments and support plans were being reviewed and updated as needed. Staff told us they had a handover at the start of each shift that informed them of any changes in people’s care needs. We were satisfied that staff were provided with sufficient information to make sure the care needs of people were being met.

Two of the people whose care we looked at needed assistance to mobilise. This made them vulnerable to pressure sores. We found there was a procedure in place to monitor and manage people's pressure areas. One person told us, "Yes they always ask and check if I am sore. They report any red areas to the district nurse". Records confirmed this was taking place. Staff spoken with confirmed they had received training in pressure area care and knew what they should do if a person was at risk.

Plans we looked at included the arranged times for people to receive their care. People we spoke with knew the times care workers were expected to arrive. They told us care workers usually arrived around the same time each day. People said care staff stayed long enough to do everything they needed and always recorded the things they had done before they left. Staff we spoke with said they were allocated sufficient time to carry out the care required. We checked the schedule of calls made to people and the records made by staff when they had visited the person using the service. Records showed care staff were completing the care as recorded in the care plan.

People we spoke with told us they were treated with dignity and respect. Comments we received from people included "All the staff are pleasant and helpful", "They know what I need help with; they are very kind and always ask if I am ok."
Safeguarding people who use services from abuse  
Met this standard

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

Staff we spoke with knew how to recognise symptoms of abuse and said they would refer any concerns to the manager or senior staff. The senior member of staff on duty knew the procedure for referring safeguarding concerns to the local authority. Staff we spoke with knew what they would do to keep people safe and records showed they had completed safeguarding training. Staff knew about the whistle blowing procedure and said they would have no hesitation reporting poor practice to the manager.

People told us they were supported to maintain their independence and could continue to do things for themselves. For example, manage their medication. Two people we spoke with required minimal assistance to live independently. We were told staff called in to make sure they were safe and well, but other than that they lived their lives as they chose.

People confirmed staff responded to call bells. One person told us, "They come as quickly as they can, I have had to wait several minutes but it wasn't urgent." A new tenant we spoke with was waiting for their personal alarm and a falls sensor to be delivered. This person had restricted mobility and their care records showed they had a history of falls. This person was independent with most daily living tasks and was scheduled for daily well being checks. We saw that the call bell was not within easy reach. The provider may like to note, to ensure this person's safety, consideration should be given to increasing the well being checks until the personal alarms have been delivered.

One of the people whose care we looked at sometimes required the use of a hoist for transfers. We asked if they felt safe during this moving and handling procedure. We were told, "I only need it occasionally. They (the care staff) know how to use it and there is no problem with it."

There were procedures in place that made sure people received their medication in a safe way. Records confirmed that staff had completed medication training and had a medication competency assessment completed before assisting people with medicines.

The agency had a procedure in place for assessing and managing risk. Records showed that people had risk assessments completed for identified risks. We did find that some of the risks identified for a new tenant had not had assessments completed. We discussed
this with the person in charge of the shift. We were satisfied that these assessments were in the process of being completed.
Requirements relating to workers  

Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We checked the recruitment practice of the service. This was to make sure they recruited staff safely and made sure staff had the right skills, qualifications and experience to work with people using the service.

We looked at two staff files. We saw the service had requested and received two references and had made sure people undertook a police check before commencing employment. A photo and proof of the person's identity was on file. Staff spoken with told us they were unable to start work until all the checks had been undertaken to confirm they were safe to work with people. We found that the service complied with schedule 3 of the Health and Social Care Act (regulated activities) 2008.

We saw there was a structured induction programme in place for new staff. One member of staff told us and records confirmed, they had completed all mandatory training during the first three weeks of employment. This included training in moving and handling, medicine management, pressure area care, first aid and infection control. We were satisfied people were recruited with the necessary skills and experience to work with people using the service.
Complaints  
Met this standard

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 told us they had been given information about making complaints. We were told they would talk to the manager or care staff if they were unhappy about anything. All the people we spoke with said they had never had cause to complain.

We looked at the complaints policy and procedure. This informed people how they could make a complaint and how the service would respond to complaints. This information was included in the tenants guide provided to people using the service.

We asked to look at the formal complaints received by the service. No formal complaints had been received since our last visit. People we spoke with knew how to make complaints and said they would complain if they needed to. We asked staff what they would do if a person told them they were unhappy about something. Staff said they would listen to their concern and tell them about the complaints procedure. They said they would also make sure the senior staff or managers were made aware of the complaint.

The service had systems in place to identify and act on any informal concerns raised. People told us there was always senior staff available if they needed to speak to someone. People also said there was a monthly tenant’s meeting where they could raise any concerns.
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.