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

Date of Inspection: 23 December 2013

Tel: 02476786694

Date of Publication: January 2014

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

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<td>Respecting and involving people who use services</td>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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### Details about this location

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<tr>
<th>Registered Provider</th>
<th>Coventry City Council</th>
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<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Dolores Kirby</td>
</tr>
<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>
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<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'.

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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 23 December 2013, checked how people were cared for at each stage of their treatment and care and spoke with one or more advocates for people who use services. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

Cottage Farm Lodge provides housing with care. People live in their own flats and staff provide support at pre-arranged times. There were 29 people using the service on the day of our visit. During our visit we spoke with four people who used the service, the manager, the assistant manager, three members of staff and an advocate.

People told us they were fully involved in their care and support. We were told people’s preferences and choices had been discussed with them and staff provided support in the way they liked.

People we spoke with said their care workers were respectful and caring. One person told us, "The staff are all very respectful I have no concerns whatsoever."

We saw people’s care needs had been assessed and were regularly reviewed to make sure people received the care they required. Risks associated with people’s care had been identified and were managed appropriately by the service. The care plans we looked at provided staff with sufficient information about the care and support people required to meet their needs and maintain their safety.

We looked at how medication was managed by the service. There were processes in place to audit medication records and we were satisfied people received their medication as prescribed.

People said there was a small staff team that provided their care. People told us their care was provided around the same time each day. We looked at how calls to people were allocated to care workers. We found on the day of our visit there were sufficient care workers to provide the care and support people required.

Records showed the agency had systems in place to monitor the care provided. Everyone we spoke with told us they were satisfied with the care they received. One person said,
"They have to do most things for me now. They look after me well."

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**

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**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.

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**Reasons for our judgement**

People told us they were involved in decisions made about their care. We were told people's support needs had been discussed and agreed with them when they moved into Cottage Farm Lodge. People we spoke with confirmed that an assessment of need had been completed before the service started. This made sure the service was able to meet the needs of people who lived there.

People told us they were fully involved in their care and support. We were told people's preferences and choices had been discussed with them and staff provided support in the way they liked. People we spoke with said their care workers were respectful and caring. One person told us, "The staff are all very respectful I have no concerns whatsoever."

We looked at the care files of three people who used the service. We saw that people had signed documents that confirmed they had been involved in the planning of their care. We saw people had signed a consent form for sharing information and to allow other professionals, including ourselves, to view their records.

Plans included information about people's preferences and choices. We saw each file contained information about the person's past life and family relationships. Staff told us this information helped them to get to know new people and build relationships.

During our visit we observed staff talking respectfully to people. We were unable to observe care directly but responses from people indicated their privacy and dignity was maintained. "They make sure I am covered with a towel in the bathroom." All the people we spoke with confirmed staff knocked on the door before entering their homes.

People we spoke with said they had been given information about the agency and how it operated. We saw people had a Tenants Guide in their home folders that told them about the service provided at Cottage Farm Lodge. All the people we spoke with said they could share their views about the support they received. One person said, "They (the staff) ask..."
me every day if I am ok." People told us there was a tenant's meeting they could attend if they wished.
Care and welfare of people who use services  

Met this standard

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.

Reasons for our judgement

We spoke with four people who used the agency to find out if people's needs were being met by the service. People told us they had a care plan, which had been discussed with them and told staff what care and support they needed. People told us staff carried out all the tasks they expected them to.

We looked at people's care files in the office and the care plans that were kept in people's homes. We found people had the same information in plans in their home as in the office. This made sure care workers had consistent and up to date information about the support people required. There was evidence to show plans were being reviewed and updated regularly. Staff told us they had a handover at the start of every shift that kept them informed of any changes in people’s care needs.

We looked in detail at the care and support being provided to three people who used the service. We saw people's care and support had been arranged according to their personal needs. The care files we looked at provided staff with sufficient information about the care and support people required to meet their needs and maintain their safety.

Plans included a process for assessing and managing risks associated with peoples care, for example people's mobility and pressure area management. These assessments were carried out to make sure people's care was delivered in a safe way.

Care plans included information about how staff should be moving and handling people. One person we spoke with used a hoist for transferring in and out of bed. This person told us care workers were competent when using the hoist and they felt safe during this procedure. We were told staff checked this person's skin when they helped them to bed to make sure it was not red or sore.

Care workers we spoke with said they had completed moving and handling training and knew how to use a hoist. They gave examples of how they managed people's pressure areas. Staff said they completed body maps to record any marks or bruises. We were told concerns would be referred back to the manager or senior staff on duty who would contact the district nurse. The procedures in place made sure people remained safe and well.
We looked at the records staff completed during each call. We found not all staff recorded when they checked people’s pressure areas. The provider may find it useful to note that staff should record pressure area checks to ensure care is provided in line with the care plan and to make sure people remain safe and well.

Files showed where people needed assistance to arrange medical appointments the care staff supported them to do this or arranged these on their behalf. This would make sure people using the service had regular access to health professionals to make sure they remained well.
Management of medicines  

Met this standard

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

We looked at how medication was being managed by the service. We were told where possible people managed their own medicines. Where people needed assistance with medication we saw this had been recorded in their care plan.

The care files we looked at included information about people's medication. Two of the people whose care we looked at needed staff to administer their medicines. There was a record of the medicines prescribed in their care file and a medication risk assessment had been completed.

Work schedules included calls to administer medication at the times prescribed. We spoke with the people whose care we looked at. We were given permission to look at how their medication was stored and the records completed by staff. We saw that staff completed a medication administration record (MAR) when they gave medication. People told us their medication was given as prescribed.

Staff we spoke with understood how to administer medicines safely. Records confirmed staff had completed medication training and had a medication competency assessment completed before assisting people with medicines. This made sure staff were able to assist people to take their medication in a safe way.

We looked at the medication policy and procedure for safe handling of medicines. We saw there were guidelines available for staff and were satisfied this provided staff with clear information about how to manage and assist people with medication.

We saw there was a procedure for auditing medication records to make sure staff administered medication as prescribed. We saw that records were checked weekly and audited monthly. We looked at the completed MAR in people's flats. There were no unexplained gaps in the records we looked at. We saw signatures on the records to show these had been checked. We looked at the completed medication audits. We saw that any gaps or errors were acted on. Two staff we spoke with said they had made errors when administering medicines. They told us following the errors they had been suspended from assisting people with medication until they had been re-assessed to do this safely. This
made sure staff assisting with medicines were competent to give people their medication in a safe way.
Staffing

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

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

At the time of this inspection there were 29 people living at Cottage Farm Lodge. We asked the managers about staffing in the unit. We were told, the usual staffing in the day was three care staff in the morning and two in the evening. One of the care staff during the day was usually a senior care worker. There was one care staff at night with additional support when required. The assistant manager and registered manager were additional to the rota. We were told there was a 17 hour care worker vacancy which was being covered by existing staff or relief staff. The staff rota’s we viewed were consistent with what we had been told.

We asked staff if there was enough care workers to meet people’s needs. All the staff we spoke with said at times when people required two members of staff to provide care it was a struggle, especially in the evenings. We spoke with the managers about this and we were told they were in the process of implementing a 5pm to 10pm care worker post to support the evening shift.

We asked people if they had consistent care staff. People said there was a small staff team that provided their care. People told us their care was provided around the same time each day. We looked at staff rotas and work schedules to see if there were sufficient care staff to meet people’s needs. These showed calls to people were routinely scheduled for the same time each day. We saw calls were scheduled in line with times recorded in the care plans we had viewed. We asked people if care staff stayed long enough to do what was in the care plan without rushing. All the people we spoke with said they did. We found on the day of our visit there were sufficient care staff to provide the care and support people required.

We saw there was a structured induction programme in place for new care workers. We spoke with a member of staff about their induction. We were told they had received a staff handbook with policies and procedures and had worked closely with more experienced workers before working on their own. We saw they had completed the required training to make sure they worked with people in a safe way.

Staff we spoke with said they felt well trained and understood how to support people in a safe way. Training records we viewed showed a training programme was in place that
included moving and handling people, safe handling of medication and safeguarding adults training. We saw some training was due to be updated and dates to complete this had been arranged for staff. This would make sure staff maintained the skills and knowledge to work with people in a safe way.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Records we looked at showed the agency had systems in place to monitor the care provided to people. These included regular reviews with people who used the service and satisfaction questionnaires. Returned questionnaires showed people were satisfied with the care provided.

We saw there was a process in place to audit records to make sure people were receiving the care as outlined in their care plans. This included audits on medication records and three monthly summaries of peoples care.

We found there was a process in place for managing identified risks. These included the person's environment, moving and handling procedures, pressure area management and medication administration. These assessments made sure people received their care and support in a safe way.

Staff said they had handovers at the start of each shift, regular supervision and staff meetings. This made sure they were provided with updates about people's care and support as well as information about changes in policies and procedures.

Policies and procedures were in place and had been made available to staff as part of their induction. Policies we viewed included medication and complaints. We saw policies were easy to understand and provided staff with clear information.

Staff said they would direct people who raised concerns to the complaints procedure. They knew a copy of this was available in people's home folders. Staff said they would also refer any concerns people raised to the staff in the office.

We asked people what they would do if they were unhappy with the service. No one we spoke with had concerns about the care they received. Everyone we spoke with said they would speak to the managers or staff in the office if they needed to.

All the people we spoke with told us they were satisfied with the service they received.
One person said, "They have to do most things for me now. They look after me well."
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 other services less often. 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.

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.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>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.</td>
</tr>
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</table>
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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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:

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<td>Consent to care and treatment</td>
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<td>Cooperating with other providers</td>
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<td>Safeguarding people who use services from abuse</td>
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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.