

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

Coton House

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Tel: 01902339391

Date of Inspection: 10 December 2013

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December 2013

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

Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	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

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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 10 December 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, talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities.

What people told us and what we found

We spoke with four people, four relatives, two visitors, five staff members and the home owners, one of whom was the registered manager.

People received person centred care which met their needs. We saw staff provide care and support throughout the day. One person said, "This place is just excellent. The culture and practice is honourable."

The environment was suitable and appropriate for people who lived there. We found that bedrooms were personalised to meet people's taste and preferences. Systems were in place to highlight any issues related to the environment and improvements were made.

We found that selection and recruitment processes were clear and consistent. Staff had necessary checks carried out before they started working with people at the home. One staff member said, "I had to wait until all the checks came back before I could start."

Robust systems were in place to monitor the quality of the service. We found that complaints and comments were taken seriously and action was taken to make improvements. One person told us, "They always take things on board and make changes for the better."

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

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 received care and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that people's care records were person centred and contained appropriate information about their conditions, likes, dislikes and wishes. Staff we spoke with told us about how they provided individual care for people, including what their needs were. We found that some staff were unsure about whether people were diabetic or not. We found that this had already been identified by the management team and plans were in place to have a summary that staff could refer to. People we spoke with were happy with the care they received. One person said, "I know that I am very happy here."

We saw that staff were responsive to people's needs throughout the day. People were supported to eat their meals and were offered choices. Menus were displayed on the tables which showed the choices for meals that people had. We saw that people enjoyed their meals and staff involved them to decide what they wanted and how much, such as gravy. We found that people who became agitated received person centred care as per their plan of care. Different techniques were used to support people in such instances, including meaningful interaction and change of environment. One person said, "The staff always have time for me even when I get confused they spend time to make me feel better and they explain things." This meant that staff assisted people based on their needs and requirements.

Records showed that people had access to other healthcare professionals based on their needs. We saw that professionals were requested to be involved in people's care in a timely manner. People had access to professionals, such as dentists, doctors, opticians and podiatrists. People who needed to receive care from hospital were supported to receive this. Detailed information was recorded about the care that staff needed to deliver to ensure a coordinated approach. Staff were aware of instructions given by other professionals and this was recorded. One relative explained that one person had sore skin which, "Staff made so much better, the district nurses stopped coming in." We found that people had person centred risk assessments in place for different aspects of their care.

Staff were aware of these risks and we observed them manage these appropriately.

The home had an activities coordinator who arranged for people to have regular access to activities. The staff member explained, "I am always looking for new things to do with people." We saw photos and posters showing the various activities people had taken part in, and those that were planned. Relatives told us about the activities that were planned for Christmas. One relative said, "They have carol singers coming next week." One person described the activities they took part in, including playing board games, ball games, singing and going outdoors. We found that a trip was planned for some people to attend a local event in the near future and some people had been to a party this week. We saw that a guitar player went to the home and entertained people. One person said, "We all love it." This meant that people had opportunities to have a stimulating and meaningful lifestyle.

People's equality and diversity was respected. We found that information about people's religion and culture was gathered when they went to live at the home. This information was also recorded about how this related to people's end of life wishes. We saw a plan of care for people who wanted to practice their religion, this included information about how they would be supported to do this. We spoke with one person who had this care plan in place. They told us, "I go to Church every Sunday." We saw that some rooms were decorated to respect people's beliefs. We saw staff speak to people in their own language to encourage them to eat and drink, which was responded to well. This meant that provisions were made to ensure people received support in their own language.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The environment was suitable and appropriate for people living at the home.

Reasons for our judgement

The home had 29 en-suite bedrooms which additional communal bath and shower rooms. There were three dining rooms which catered for different people, based on their dependency level. We looked at a number of different rooms and found that the environment was person centred and appropriate. Rooms were well lit and spacious so that people lived in a comfortable room. One person said, "You should see my room, its lovely. It is always clean as well." Following some information we had received about possible issues with window restrictors, we checked the windows for several rooms. We found that restrictors were in place, so that they opened to a level that was safe for people. We saw that following an incident, the window was fixed in a timely manner.

We saw that there was signage all around the home in a suitable format for people with dementia. The signage was clear together with pictures. We saw this on people's bedroom indicating the room number and their name. There was a lift in the home which had signage in different colours for different floors, so people could easily remember the floor they wanted to access. One person said, "It's easy, there are signs everywhere if I get lost." We found that people had easy access to all parts of the home, without any restrictions. One staff member said, "Some rooms are used for dual purposes so families can use it when they come over."

Records showed that relevant checks were completed around the lift maintenance, water testing and electrical appliance testing. We saw a book that was used for maintenance issues to be reported which maintenance staff had access to. One staff member said, "(The maintenance staff) come in around four times a week. We just record what needs to be done, and they do it." We saw that reported maintenance issues were completed in a timely manner. There were clear records maintained for the work that was carried out in each room and areas of the home. The owner said, "I do checks every six months and walk around so I pick up anything that needs to be completed." Records showed that this was carried out and action plans were put in place to address the issues. This meant that robust systems were in place to report and address issues relating to the maintenance of the home.

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

Appropriate checks were carried out before staff started working at the home. We looked at two staff files and one volunteers file. We found that relevant information relating to their selection and recruitment were recorded and stored. We saw application forms, medical questionnaires, references and criminal records bureau (CRB) checks (now known as the Disclosure and Barring Service). These checks ensure that staff are suitable to work with vulnerable adults. We saw that the same process was followed for the recruitment of volunteers, to ensure they were of a 'good character'. Staff we spoke with confirmed that they followed the same recruitment process. One staff member said, "I had an interview, then they did all the checks before I could start."

We found that staff performance was continually observed once they were recruited. In instances when there were issues relating to performance, we saw that action had been taken to investigate the matter. The management team took concerns seriously and ensured that staff also had an equal opportunity to discuss this, through meetings and statements that were gathered. The owner explained that staff who were not appropriate to work in health and social care, "Would be reported straight away." We saw that staff were comfortable to approach the management team when they had concerns. One staff member we spoke with said, "I would speak to the manager straight away."

Staff told us they received an induction when they started to work at the home. Records showed that this was completed and covered significant information that staff needed to be aware of. Records showed that staff received regular training to enhance their skills and knowledge. Staff confirmed that they were up to date with their training. One staff member said, "I have done everything up until now. We have good training." Another staff member said, "We watch DVD's and then we have to fill out questions." Staff told us they received regular supervision which included information about their knowledge, performance and training needs. This would ensure that staff received appropriate support once they were recruited. One staff member told us, "They support us and we work well."

Assessing and monitoring the quality of service provision

✓ Met this standard

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 in place to monitor the quality of the service.

Reasons for our judgement

We found that arrangements were in place to ensure complaints could be made and that these were addressed. People and relatives we spoke with told us they knew how to complain. Minutes for meetings held with people and relatives showed that they were encouraged to complain and complaints that had been received were shared with all relatives. One person said, "The owners are always here so we can always tell them." One relative explained that they once made a suggestion for some equipment to be labelled. They told us, "Two days later, everyone's equipment was labelled." We saw a complaints log which showed that complaints were dealt with promptly. Records showed that a number of compliments had been given to the home by people, relatives and professionals.

People, relatives and staff were asked for their views on the service. We looked at the results of recent questionnaires completed by people, relatives and staff, which were mostly positive. Some of the comments written were, 'We had a positive experience' and 'After visiting many care homes in the area this was the best one, I felt, for dementia'. One staff member had raised some issues with the management team and we saw that this was addressed appropriately. We read minutes of meetings held with people and relatives, which showed various aspects of the home being discussed. One relative said, "We attend the meetings, they tell us about the changes they plan to make and then we have some time to raise any concerns."

We found that regular checks and audits were carried out for different aspects of the home. The systems used identified shortfalls and areas where improvements could be made. We saw a book which was in place to show shortfalls that had been identified and the proposed action that should be taken. Staff had lead roles and certain designated time to work on this to make improvements, such as care plans. We saw that care plans were audited to highlight areas which needed changing or updating. One staff member said, "I would not improve anything here." We saw that the home had taken a proactive approach in preparing for inspections in the way that they demonstrated whether they were compliant or not.

We saw that a summary was maintained for all incidents, which was also recorded in the

staff communication book so that all staff were aware of this information. One staff member said, "We do it to find trends, which lets us see if it is out of the ordinary so we can take action." Records showed that following incidents, all follow up action was recorded in detail. In some instances, support from other professionals was sought. We found that most incidents took place during the night, which staff were aware of. We looked at an electronic system that was used to record the number of times staff supported people. This showed that people had received support from staff throughout the night. We saw different equipment being used for people at risk of falling, which was linked to the call system. This meant that staff would be alerted if people tried to get out of bed, so they could support them in a timely manner.

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.

✓ 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. 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:

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.

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