

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

Coundon Manor Care Home

1 Foster Road, Coventry, CV6 3BH

Tel: 02476600860

Date of Inspection: 14 May 2013

Date of Publication: June 2013

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
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Priory Elderly Care Limited
Registered Manager	Mrs. Wendy Collington
Overview of the service	Coundon Manor provides nursing care for up to 74 frail elderly people including those who have dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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
<hr/>	
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
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	13
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	15
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

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 14 May 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 and talked with staff.

What people told us and what we found

On the day of our inspection we spoke with five people living in the home and four relatives. We also spent a period of time observing those people unable to speak with us. This was so we could determine what it was like for people living in the home.

We found actions had been taken to address the compliance actions issued at our last inspection but further improvements were needed to address staff training, supervision and appraisals. People we spoke with about the staff told us: "Staff have been really helpful." "Very helpful, very polite, very interested and there are always plenty of them around."

We saw that people were involved in making decisions about their care. We received positive comments from people and relatives about the service. These included: "It's very good." "I find it quite comfortable." "My impression so far is really good."

We saw there were appropriate systems in place to manage any allegations of abuse. People told us they felt at ease to raise any concerns with staff if they needed to and staff knew what process to follow if they suspected abuse.

We saw that the service had systems in place to monitor the quality of care and services provided. Comments on completed surveys included: "One of the best homes I have visited for odour free areas." "The home is clean and tidy and gives an excellent insight into the quality of staff at all levels."

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

What we have told the provider to do

We have asked the provider to send us a report by 26 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 privacy, dignity and independence were respected.

Reasons for our judgement

The manager told us that information leaflets about the home were in the process of being updated to help people make a choice about whether they wanted to live at Coundon Manor. The manager told us she regularly showed people around the home and discussed the care and services that were provided to help them make a decision about the home. We spoke with four visiting relatives who confirmed this and stated they felt sufficient information was provided to them about the home.

Relatives we spoke with told us a person from the home had visited their relative to carry out an assessment of their needs. One relative told us they had been invited to participate in the assessment process of their relative. This was so they could help ensure their relative received care and support in accordance with their wishes and choices. They told us they had received a written report of the completed assessment and had been able to talk to the manager at length about it. Other relatives spoken with told us they had chosen the home because they felt it was "well presented", had the "best approach to people" and professionals they had spoken with had recommended the home.

We saw that people were being supported to maintain their independence and choices. This included people walking independently with staff close by in case they should fall. We saw staff asking people what choice of drinks they would like. One person we saw was struggling to put their cardigan on. A member of staff asked the person if they would like some help and if they wanted the zip doing up. We saw that one person was given three choices of evening meal so they could choose what they wanted to eat. This included soup, pasta and sandwiches.

We spoke with five people using the service and they were positive in their comments about the home. They told us that they felt involved in their care and were complimentary of the staff supporting them. We saw that people had the freedom to walk around all corridors and areas on the floor where they were living. This included the manager's office, where they were frequently seen during our inspection. We saw that people were addressed by their preferred names.

Relatives told us they were able to visit at any time and were made to feel welcome. They told us that both the nursing and care staff communicated with them about their relative when needed. We saw that relatives had been invited to sign documentation in care plans demonstrating they were being involved in the development of these. We saw that care plan records contained information that relatives had provided on people's past histories. This included information on their previous jobs, family members, hobbies, interests, food likes and dislikes. This information can help staff to deliver more person centred care to people.

During our last inspection we identified some concerns around maintaining people's privacy and dignity. During this inspection we found that changes had been implemented to address privacy and dignity issues. All people that we saw were appropriately dressed with tidy hair and clean nails. The only exception to this was an incident in the upstairs lounge where a person had undressed themselves. We found that this lounge did not have any staff member supervising it. The manager told us that the main lounge upstairs should have been supervised. Staff also told us this. The manager agreed to look at how staff were organising themselves on the first floor to prevent this type of incident happening again. We saw that staff were supervising the downstairs lounge at all times to make sure they were on hand to support people. Staff told us that they were required to undertake 15 minute observations of some people to make sure they were safe and their dignity was not compromised.

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

During our last inspection to the home we found there were areas needing improvement in relation to the care and welfare of people. During this inspection we found the improvements required had been made. On the day of our inspection we spoke with five people living in the home and four visiting relatives. We also spent a period of time observing those people in the home who were not able to effectively communicate with us. This was so we could determine what it was like for them living there.

We received positive comments about the home. These included: "They do a good job." "It's very good." "I find it quite comfortable." "Loves it here." "My impression so far is really good."

We looked at how the care was being provided for two people living in the home. We were told one of these people we were told had behaviours that challenged staff. The other was being cared for in bed and was at high risk of pressure damage to their skin.

We found that care plan records were detailed and contained instructions to staff on how care should be delivered. We saw a risk assessment had been completed for the person with behaviours that challenged staff. This reminded staff to be aware of the person's behaviours and to record these on a 'challenging behaviour chart'. We saw the person was at risk of falls and staff had been instructed to carry out 15 minute observations to check the person was safe. We saw the personal hygiene care plan stated the person was resistant to being supported. It was not clear what actions staff should take to manage the person when they refused. Staff told us they would leave the person and try again but the constant refusal of the person to be assisted was a constant challenge they did not always feel comfortable with. Staff told us that despite the person's refusals they did eventually manage to address the person's personal care.

We observed staff to managing challenging behaviour incidents between people with dementia in a caring and appropriate manner. Staff remained calm, spoke in a calm manner and used distraction techniques to prevent situations escalating. There were many occasions when we saw staff escorting people out of the lounge and back again to help prevent behaviours escalating. We saw that the ground floor lounge was supervised at all

times.

We visited the person who was being cared for in bed. They told us: "They do a good job and deserve praise." We looked at their care plan records and saw there was detailed information about how their care needs should be met. There was a care plan for ensuring adequate nutrition. A referral had been made to the Speech and Language Therapist (SALT) to check the person's swallowing. This had resulted in a recommendation that they were given soft foods and thickened fluids to prevent them from choking. We saw the person had a drink in a beaker in their room that had been thickened with a thickening agent as recommended.

We saw staff had completed daily records that made reference to the person being repositioned in bed to prevent pressure areas developing on their skin. We did not see this instruction in a care plan. The manager agreed to review this person's care records to address this. Staff told us that sometimes needed to reposition the person in bed but sometimes the person did this themselves.

We saw that care plans and risk assessments had been regularly reviewed so that information was accurate and up-to-date. We saw a bedrail risk assessment had been completed to determine if they would be beneficial and safe for the person to use.

We asked people if they were happy with the meals being provided and if they were given a sufficient choice of meals. Comments included: "More than adequate in variety and quantity." "Usually we have a choice, it's hard to please all people." "Very good."

We saw there was a large pictorial activity board that displayed the daily social activities planned in the home. These included: 'musical morning', 'gentle exercise', 'movie morning', 'pamper time' and 'arts and crafts'. We asked people about the social activities provided. Some people we spoke with told us they would like to go on outings. One person told us they stayed in their room because they had nothing to talk about if they went into the lounge. We discussed social activities with the manager with a view to ensuring all people could benefit from these. The manager advised a second social activity person would be in place by the end of May 2013 to help support people's social care needs.

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

During our last inspection we found the home had not been following the formal procedures required to manage safeguarding incidents relating to people living in the home. This included not reporting them to us so that we could check they were being appropriately managed. During this inspection we found the appropriate actions had been taken to address this.

We saw there were procedures in place to ensure staff were deemed safe to work with vulnerable people. The manager told us that their recruitment procedures included the completion of a Criminal Record Bureau (CRB) check (now known as the disclosure and barring service) and references were sought before staff started work. The manager advised that the organisation audited recruitment records to make sure all appropriate checks were in place. The training records we saw confirmed that the majority of staff had completed safeguarding training. This was to help staff identify potential abuse and to ensure they were aware of how to manage this.

We saw a policy and procedure on safeguarding people from abuse. Staff were aware of their responsibilities in relation to this and how to report safeguarding concerns. These concerns included challenging behaviour incidents between people resulting in injury.

We saw that the manager of the home had reported all safeguarding incidents to the local authority. We had also received reports of these. This meant appropriate investigations could be instigated if this was felt necessary. We found that the manager had acted on safeguarding incidents appropriately and had ensured actions had been put in place to prevent these from happening again to keep people safe.

People spoken with about concerns or complaints told us they felt at ease to raise these with staff if they needed to. This demonstrated that people had confidence in the staff to manage their concerns.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Appropriate training, supervision and appraisals had not been completed by all staff to make sure they were able to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our last inspection to the home we found that staff were not able to deliver care and treatment to people safely and to an appropriate standard. We observed numerous incidents of concern during the day which staff did not always notice because they were busy. The lunchtime period was very rushed with staff not having the time to support people properly.

During this inspection we saw that staffing arrangements in the home were improved. This including staff carrying out 15 minute observations of those people who were at risk due to their health or from their challenging behaviours. We saw that the lunchtime period was much calmer due to staff being better organised in how they managed meal times.

There were 40 people living in the home on the day of our visit. There were 21 people on the first floor and 19 on the ground floor. The manager told us they aimed to provide two nurses and four care assistants on both floors during the day. At night they aimed to provide two nurses and two care assistants on each floor. We looked at the duty rotas for April and May 2013. We found occasions when there was one nurse and five care assistants on duty during the day. The manager told us she was in the process of recruiting new staff and this would be addressed. She advised that agency nurses would be sourced if required.

We spoke with five people and four relatives about the staff working in the home. They told us: "I can't fault them." "The staff are not too bad." "On the whole very good, some of them are a bit more impatient but on the whole they are considerate." "The staff are very good." "Staff have been really helpful." "Very helpful, very polite, very interested and there are always plenty of them around."

We looked at the staff training records and saw that training was being provided across a range of areas. This included fire safety, food safety, moving and handling, safeguarding vulnerable adults, managing challenging behaviour and infection control. We saw that

some staff had not completed the required training or their training had expired. Staff that we spoke with told us that they would like more training in how to manage people with complex challenging behaviours.

We were told that seven out of a possible 30 care staff had completed a National Vocational Qualification (NVQ) in care. The manager told us that staff training was in the process of being reviewed to ensure all staff were allocated to complete the training required. Staff had been identified to commence NVQ training in September 2013.

We discussed induction training with staff and asked if they found this sufficient to prepare them for their role. Staff told us there were elements of their induction they felt could be improved. We asked to view induction records and found these were not in place for all staff. The manager advised that it was planned to introduce a new induction process based on recognised standards within the care sector known as 'Skills for Care'.

Records seen showed that some staff had received formal supervision. We saw that no staff had received a formal appraisal. Appraisals allow staff the opportunity to reflect on their work and discuss any learning needs. They also enable management staff to identify staff development/training needs in order to improve their performance. We spoke with staff who confirmed they had attended formal supervision sessions but had participated in an appraisal.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our last inspection we found that improvements were required across all of the standards we reviewed. This included attention to privacy and dignity, the delivery of care, care plans, risk assessments, staffing, safeguarding people and the quality monitoring process.

During this inspection we found that improvements had been made across all standards although we found further improvements were needed in relation to supporting staff.

We saw that people looked well cared for and staff were attentive to their needs. We saw that staff were calm, caring and supportive to those people with behaviours that challenged staff. Staff that we spoke with were knowledgeable about the people they cared for. They were able to tell us about each person's care needs and how they supported them.

People we spoke with felt that their care needs were being met and were positive about the staff. Comments included: "The staff are fantastic, you can't fault them." "Satisfied so far, meets expectations."

We asked people and relatives if there was anything they thought could be improved. Many said no, other comments included: "There is nothing on this earth that hasn't been made that can't be improved." "Sometimes you have to wait but that's understandable." "I would like to go out more."

We asked relatives and people living in the home if requests they made of staff were carried out. Most told us "yes", comments included: "Yes, I have in the past said mum is too hot and a couple of minutes later they have took a layer off her bed and put a sheet on." "They would do their best to."

We saw that the manager had forwarded surveys to family members and a professional to seek their views of the care and services provided. She told us it was planned to send surveys out to a selection of people on a three monthly basis. Comments recorded on

these surveys included: "Everyone has always been very helpful and professional with me." "Staff are always very welcoming, polite and friendly, also very very helpful." "One of the best homes I have visited for odour free areas." "The home is clean and tidy and gives an excellent insight into the quality of staff at all levels." A professional questionnaire completed showed they were happy with care people were receiving.

We saw that monthly relative meetings took place at the home. We saw that comments and suggestions were invited from relatives. A suggestion had been put forward for finger foods and fresh fruit to be made available to people as well as cakes on cake stands for afternoon tea. We were told that all of these were now available. A suggestion had been made for people to be taken on a trip to the transport museum. This was arranged for the day following our inspection. This demonstrated that suggestions made were being taken seriously and acted upon.

We saw that provider visits were carried out to the home on a monthly basis to ensure the home were operating to the required standards. The manager was provided with a report of these visits so she could make sure any improvements needed could be acted upon.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
Diagnostic and screening procedures	How the regulation was not being met: Appropriate training, supervision and appraisals had not been completed by all staff to make sure they were able to deliver care and treatment safely and to an appropriate standard. Regulation 23 (1) (a)
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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.
