

***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: 11 September 2013

Date of Publication: October 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Supporting workers

✓ Met this standard

Details about this location

Registered Provider	Priory Elderly Care Limited
Registered Manager	Miss Zoe King
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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Coundon Manor Care Home had taken action to meet the following essential standards:

- Supporting workers

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 11 September 2013, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During this follow up inspection we specifically looked at staff access to training, appraisals and supervision. These were areas that we identified as needing improvement at our last inspection.

We found from talking with staff, the manager and reviewing records that arrangements were in place to support staff in developing their skills. Some staff had completed the required training and others had dates identified to complete this.

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

Supporting workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment to an appropriate standard.

Reasons for our judgement

During our last visit to Coundon Manor we found staff had not completed the required training to make sure they could carry out their role effectively. There were minimal numbers of staff who had completed a National Vocational Qualification in Care. We found improvements were needed to make sure staff were supported through regular supervisions and appraisals.

During this inspection we saw that progress had been made to address these areas of concern. There were suitable arrangements in place to ensure training, supervision and appraisals were delivered.

There were 45 people living in the home on the day of our inspection. There were 21 people on the ground floor (people with dementia) and 24 people on the first floor (frail elderly). There were two nurses and four care assistants working on each floor. Some of the staff working in the home were from a staff agency.

We spoke with most of the staff on duty. They told us it was a challenge for them to deliver care and treatment to the required standards and they didn't always feel well supported to do this. Some of the reasons given were staffing levels and workloads associated with the dependency of people living in the home. The provider may find it useful to note that staff told us this was impacting on staff morale. The manager told us that a staffing analysis was being completed to identify any areas where staff may need additional support.

We saw that since our last inspection action had been taken to reissue all staff with induction training packs. This was to make sure all staff had completed the basic levels of training required to carry out their role effectively. Staff had been given a deadline for completion of this training. This training included the completion of records to demonstrate staff understanding of a specific area. We saw that some of these records had been returned. We saw a schedule showing when other records were due to be completed. These were being monitored.

The manager told us in an action plan following our last inspection that staff would be given the opportunity to complete a National Vocational Qualification (NVQ) in care. The manager confirmed during this inspection visit they had been offered as many places as required for each member of staff to complete an NVQ as long as they met the criteria. This training was due to commence in September 2013. This meant that staff would be able to further develop their skills in providing effective and safe care.

We asked staff if they had received formal 'supervision' since we last visited. Some stated they had and some were not sure. We looked at the supervision record showing all supervisions carried out with staff. This showed that all staff had received at least one formal supervision in 2013. We saw that a number of supervisions had been carried out since our last inspection. Some staff we spoke with were not aware meetings they had participated in were classed as a formal 'supervision'. Some staff felt the supervisions did not always give them the opportunity to discuss areas of concern. The manager stated that she would review the supervision format to ensure this was addressed.

We saw a schedule showing planned staff appraisals. We saw those scheduled for August 2013 had not taken place. The manager explained that this had mainly been due to the holiday period. During our inspection the manager rescheduled these appraisals to take place in September and a commitment was given to ensure these were completed.

We saw from a training matrix provided by the manager that there was a wide range of training that staff could access. Staff that we spoke with told us they had completed some computer based training. Some staff had requested training or were waiting to attend training. The provider may find it useful to note that staff we spoke with did not feel the computer based training was always an effective way of learning. Staff also told us that training requested was not always provided in a timely manner. We were told that training on tissue viability (relating to the skin) and training from a dietician was being delivered to some staff in September. We saw confirmed dates for this to take place.

The manager told us that she did a daily walk around the home each day to undertake quality checks and ensure there were no problems. She also advised that a member of staff within the home had taken responsibility for the organising and monitoring of staff training. This was to help make sure staff knew when they were required to update their training and this was completed within the required timescales.

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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