

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

Coldwells House

Coldwell's Road, Holmer, Hereford, HR1 1LH

Tel: 01432272414

Date of Inspection: 08 May 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ms K A Rogers
Registered Manager	Mrs. Sharon Louise Childs
Overview of the service	Coldwells House is a detached late nineteenth century period house on the outskirts of Hereford city. It has been adapted and extended to meet the needs of people who live there. The home provides accommodation with personal care for up to 33 people.
Type of services	Care home service without nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

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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 8 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

People told us that they were happy with the care and support provided at the home. Comments included, "I'm really pleased with everything here", "I can't fault anything" and, "the care is very good". We saw that staff were caring and kind in the way that they supported people.

Staff understood the importance of people making decisions for themselves as far as they were able. Some people were living with dementia and were not able to make some decisions for themselves. There were clear procedures in place to ensure that decisions were made in people's best interests.

We saw that people appeared well cared for. Staff were attentive to people's needs. People told us, "the staff are fantastic" and, "they'll do anything for you". Records were detailed and fully completed.

People told us that they enjoyed the food provided at the home. One person described it as, "as close to home-cooked as you can get". Staff supported people to eat in a sensitive and gentle manner.

The provider had effective systems in place for monitoring the quality of the service. People were encouraged to express their views and opinions about the home. Any concerns were acted upon promptly.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We saw that staff were caring and kind in the way that they supported people. Throughout our inspection, we saw that staff were checking that people consented to any procedures. Some people were able to give verbal consent, and staff checked this by asking, "is that OK with you?", or "would you like to come with me?", for example. Other people nodded to indicate their consent. Staff waited for people to indicate their consent before proceeding. This shows that staff understood that people had the right to make decisions for themselves.

Care plans emphasised the importance of informed consent. People told us, "they always ask me before they do anything" and, "they explain everything so clearly, I feel as though I'm in control". There were clear instructions for staff about how to make sure that people had given consent about, for example, taking their medicines. The care plans contained clear information about people's rights in respect of consent and decision making.

The manager told us about one person who had refused to take their medicines. The person had been assessed as being unable to make an informed decision about this. This was because they were living with dementia and this had affected their ability to make some decisions. The home had held a meeting to discuss what was in the person's best interests. This meeting had involved staff from the home, the person's family, and the GP. This shows that staff understood the legal framework which ensures that decisions are taken in people's best interests when they lack capacity to make decisions for themselves.

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

We spent time in the lounges at the home, so that we could see how staff supported people and how people spent their time. We visited some people in their bedrooms to make sure that they had everything they needed at hand. We also spoke with four people living at the home and with three relatives who were visiting.

People told us that they were happy with the care and support provided at the home. One person said, "I'm happy here. They do a good job" and a relative told us, "I'm very grateful we found Coldwells. I can't fault anything here".

We saw that staff were attentive to people's needs. People who were in their bedrooms had call bells close by them, and they told us that staff responded promptly to any requests for assistance. The staff and the manager clearly knew people well and were aware of their likes and dislikes.

People were dressed appropriately for the weather and time of year. They were wearing well-fitting footwear, which would help to reduce the risks of falling. People had clean hair and nails, and records showed that people were supported to have baths or showers regularly, as often as they wished.

Each person had a detailed care plan. The care plans included information for staff about how people liked to have their care provided. It was easy to follow the progress of people's care because the records were kept up to date and were cross-referenced where necessary. For example, some people had been assessed as being at risk of pressure damage to the skin. There were clear instructions for staff about prevention measures such as pressure relieving cushions and regular repositioning. Daily records showed that staff had been monitoring the condition of people's skin, and action had been taken when any sore areas had been identified.

Some people at the home were living with dementia. Care plans gave a clear explanation about how dementia might affect each person individually. Staff knew how to support people who might become distressed or agitated. For example, we saw that one person was crying. A staff member gently took the person's hand and asked if they could

accompany the person to their bedroom to listen to some music together. The person quickly became calmer.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We saw that people were enjoying their food at lunchtime. People told us, "the food's very good here" and, "you can choose anything you like, there's always plenty to go round". We saw that there was a choice of main course and pudding at lunch. People told us that, if they did not like either of the options, staff would happily provide an alternative. One person told us that they liked to have their breakfast very early and that staff willingly provided this for them.

We saw a member of staff supporting someone to eat at lunchtime. The support was provided sensitively and the staff member took time to make sure the person was enjoying their meal.

We saw that there were hot and cold drinks available in the lounges, with plates of finger food and fresh fruit. One person said, "you'd never go hungry here".

People were supported to be able to eat and drink sufficient amounts to meet their needs. For example, one person had lost weight over a period of time. There were records to show that the person had been weighed regularly and that the risks of malnutrition had been assessed and reviewed regularly. Records showed that the home had sought advice from the person's GP and a dietician. There were clear instructions for staff about how to ensure that the person was eating sufficient food. Staff were recording the person's food intake. We saw that these records were fully completed and showed that the person had been eating snacks as well as their main meals. We saw that the person had snacks beside them when they were sitting in their armchair. This means that staff were taking measures to ensure that the person's needs in respect of their nutrition were being met.

The home had a five star rating from Herefordshire Council for food hygiene following an inspection earlier this year. We saw that staff were taking care not to handle food unnecessarily, for example by using tongs to serve cake.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us that the home carried out six-monthly satisfaction surveys. We saw comments from the most recent survey. These included compliments such as, "this home is excellent" and, "the home manager and staff are very helpful and informative". There were also some suggestions for improvement, and evidence that action had been taken in response.

People told us that they were involved in the production of the home's newsletter, "Coldwell Capers", and that this gave them the opportunity to talk through any issues which they wanted addressed. They said that they found the manager, "very approachable", and told us that they would feel comfortable raising any concerns. One relative told us, "there's always someone to chat things through with, and we've never had any problems getting things sorted".

Records showed that any risks to people had been identified and managed in accordance with legislation. For example, the home had equipment available for people with mobility needs. Each person had an assessment of their mobility needs, and this included clear instructions about the use of each item of equipment. There were records to show that the equipment had been tested and serviced in line with the Lifting Operations and Lifting Equipment Regulations (LOLER).

We checked other records to do with the safety of the building and equipment, such as fire safety and Legionella checks. These were all up to date and fully completed.

The provider's representative visited the home monthly or more often to check the quality of the service. This visit included conversations with people living at the home, so that their views could be gathered. After each visit, a written report was produced, and this included action points where any concern had been identified. These action points were followed up at the next visit.

The managers from the provider's homes all met together regularly to share good practice and to support one another. There was clear information for all levels of staff about the limits of their responsibility, and staff knew how to report any concerns.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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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