Broadoak Group of Care Homes

Cockington House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cockington House is a residential home that provides care for up to six people who have a learning disability or other mental health conditions. At the time of our inspection there were five people living in the home. At the last inspection, in May 2015, the service was rated Good, however it was rated Requires Improvement for Well-led question. At this inspection we found improvements had been made in the well-led question which resulted in the rating for that question being changed to Good. The overall rating for the service remained as Good.

People continued to receive safe care and the risks to people's safety were continually assessed and reviewed. Staff were recruited safely and there were enough staff in place to support people. People medicines continued to be managed safely and effectively.

Staff received a detailed induction and training programme. Refresher training had been booked for those staff that needed it. The principles of the Mental Capacity Act 2005 (MCA) were used when decisions were made for people who lacked mental capacity to make specific decisions for themselves. Some best interest documentation required more detail. People were supported to lead a healthy lifestyle and where needed to lose or to gain weight. People's day to day health needs were met by the staff.

People and staff enjoyed each other's company and staff treated people with respect, dignity and compassion. There was a calm and positive atmosphere within the home, with people encouraged to do as much for themselves as possible. People's independence was encouraged. People were provided with information about health services and their own care needs in a format they could understand. There were no restrictions on people's friends or relatives visiting them.

People's care records were detailed and personalised which enabled staff to support people in line with their personal preferences. Staff used a variety of methods to communicate effectively with people. People were provided with an 'easy read' complaints process that supported people who had a learning disability to understand. Effective systems were in place to manage any complaints that the provider may receive.

The service was now well-led. The new registered manager had made improvements since the last inspection. The registered manager was well liked by all and they carried out their role enthusiastically and professionally. There was a positive ethos and an open culture at the home resulting in an enjoyable working environment for staff, and a calm and friendly atmosphere for people living there. People and staff were encouraged to contribute to the development of the service and effective auditing processes were in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remains well-led.	Good

Cockington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that was completed by one inspector on 18 October 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with three people living at the home, three relatives, four members of staff including the registered manager and one visiting professional.

We looked at all or parts of the records relating to all five people living at the home as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were supported by staff who understood how to protect people from avoidable harm and to keep them safe. People felt safe with the staff. One person said, "I like it here. I am safe. I like living here." The relatives we spoke with also felt their family members were safe.

The risk of people experiencing avoidable harm or abuse was reduced because processes were in place to protect them. Staff had received safeguarding adults training; they, and the registered manager spoke knowledgeably about how they ensured people were protected. This included detailed investigations and timely reporting of incidents to relevant authorities such as the Local Authority safeguarding adults team and CQC, where risks to people's safety and wellbeing had been identified. One staff member said, "If I had any concerns I would report them straight away."

Where risks to people's health and safety had been identified through assessment, regular reviews were carried out to ensure people received the care and support needed to reduce this risk. We noted in each care plan that we reviewed that less restrictive options were always considered to ensure that people were free to lead their lives with as much freedom as possible. We noted for example, one person was supported to maintain their independence by accessing the community alone to see friends and to use local amenities, with the risks of them doing so continually assessed. The registered manager told us the person was fully aware of the risks in being out alone and the registered manager was confident that the person was able to safely support themselves.

A stable and consistent team of staff was in place which provided people with safe care and support. Where people required continuous supervision, also known as one to one support, this was provided. The staff we spoke with all felt that there were enough staff in place to support people safely. Our observations throughout the inspection supported this. Robust recruitment procedures were in place which reduced the risk of unsuitable staff working at the home. These procedures included checks of staff criminal background, providing suitable references and identification.

People told us they received their prescribed medicines when they needed them. Processes were in place that ensured people received their prescribed medicines safely and on time. The service had recently undergone a Clinical Commissioning Group medicines audit. They received a score of 99%. Our findings during this inspection concurred with this result. The registered manager told us they were proud of this result although they wished to strive for a score of 100% at their next audit.

Good

Is the service effective?

Our findings

People were supported by staff that knew how to care for and support them. People told us they felt the staff knew them well and understood how to ensure they received effective support that met their needs. One person said. "The staff know what I want. I also keep a diary for important things which staff help me with." A visiting professional praised the approach of all of the staff and also said, "The staff do seem to know what they are doing and get on well with people."

Staff received a comprehensive induction and training programme designed to equip them with the skills needed to support people effectively. Records showed training was completed in a wide range of areas such as; safeguarding of adults, moving and handling and safe handling of medicines. We noted there were some gaps in the training for staff in areas such as autism awareness and non-abusive psychological and physical intervention. This is key training for staff when supporting people who have a learning disability. However, the registered manager told us they had already identified the need for these courses to be completed and records showed an extensive refresher training programme that was due to take place in the next few months.

Staff were encouraged to undertake external professional qualification such as diplomas (previously known as NVQs) in adult social care. All but one of the nine staff working at the service had completed at least the entry level diploma in adult social care. All staff received regular supervision and appraisal. The staff we spoke with told us they felt supported by the registered manager to carry out their role effectively.

People living at the home were able to make some decisions about their care and support for themselves. People told us staff respected their decisions and never forced people to things that they had not consented to. Where decisions were made for people where they were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). These were completed in key areas such medicines and personal care. Best interest documentation was also in place which detailed how a certain decision was reached. We noted a small number of these lacked detail about how a decision was reached and who was involved. The registered manager told us they would review each person's records to ensure documentation was completed as thoroughly as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw authorised restrictions were in place for four of the five people living at the service which prevented them accessing the community alone. The staff spoke knowledgeably about providing people with less restrictive support wherever possible.

People told us they were happy with the way they were supported with their food and drink at the service. One person said, "I like to choose my own food." People were supported to maintain a healthy and balanced diet. We saw people had been supported to lose weight where needed and if external professional support was needed for further guidance, then this was requested in good time. Those at risk of not eating

and drinking enough received the support they needed. People were involved with choosing their own meals and we observed people eating their preferred meal option at lunch time.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Where people's health needs changed specialist advice was always requested in a timely manner. Each person had a health action plan which helped them and staff monitor their on-going health needs and to quickly identify and act on any significant changes.

Good

Is the service caring?

Our findings

People had formed positive relationships with staff. It was clear from our observations and from what people told us that they got on well, had a mutual respect for one another and enjoyed each other's company. One person said, "I like the staff, especially [name]." Another person described the staff as their "friends." A relative said, "They are all lovely."

We observed staff engaging with people in meaningful conversation, adapting their approach to ensure that people with varying abilities to verbally communicate were always included. Makaton and picture communication exchange systems (PECS) were used at the service. These communication systems use signs, symbols and pictures as a way of communicating with people with a learning disability such as autism spectrum disorder, also known as ASD.

Staff were respectful of people's opinions and choices. People controlled their own lives and were supported to do so. We observed staff listen respectfully and respond appropriately to people who had become became agitated, ensuring their behaviours had minimal impact on others.

People were treated with dignity and respect. People's care records were treated respectfully and staff spoke discreetly when discussing people's personal care needs. People's privacy was also respected. The registered manager told us they had identified that there was limited private space within the home, except people's bedrooms, if people wished to be alone or to meet with family or friends. They told us they had discussed this with the provider and they now had an extra room made available for private space. We were also told by the registered manager that no unnecessary restrictions were in place which would prevent relatives and friends being able to visit people which relatives confirmed.

Staff were able to explain how they ensured people were treated with dignity at all times. One staff member said, "We respect people here, when they need help with personal care or other sensitive matters, we make sure we're always discreet and treat them with respect and dignity." Records showed staff had recently completed 'dignity awareness' training and our observations during this inspection showed staff put this training to use during their interactions with people.

Good

Is the service responsive?

Our findings

People received care and support that met their individual needs. Detailed pre-admission assessments had been carried out to ensure people were able to receive the support they needed when they came to the home. These had been completed with the input of each person where able, and with relatives and health care professionals where appropriate. Following these assessments, care and support planning documentation were put in place to provide staff with the information they needed to support people effectively.

People were supported by knowledgeable staff who had a good understanding of people's likes and dislikes, their life history and their personal preferences. The front page of each person's records contained a reference sheet for staff which contained information that was important to each person. This included their hobbies and their personal interests. Additionally, more detailed documents such as 'About Me' records, contained further information about each person. Where able, people had signed these documents to say they had contributed and agreed to the content. These documents along with the rest of people's care records were regularly reviewed to ensure they met people's current needs and personal wishes.

People's daily routines such as the time they liked to get up and go to bed, the times they liked to eat and the support needed with personal care were all respected by staff. People told us staff respected their wishes. An equality, diversity and human rights policy was in place. This policy explained how people should expect to be treated by staff. This policy was provided in a format that assisted people with communication needs to understand.

People were supported to lead active lives and, with the support of staff, were able to incorporate their chosen hobbies and interests into their lives. One person had a particular interest in music and we saw them, others living at the home and staff all enjoying this music, singing and dancing together. People were also able to access community groups and activities outside of the home to enable them to feel part of their community. This included one person who volunteered to work at a local charity shop. The registered manager told us they had identified the need for more staff to have driving licences to enable people to go out of the home more often. They told us during their current recruitment programme, this was one of the key factors when employing new members of staff.

People living at the home had varying levels of ability to verbally communicate and to understand written documents. The registered manager had ensured that all people had access to information that enabled them to understand their care needs and the health services available to them and this ensured people were not unduly discriminated against. For example, a wide range of accessible 'easy-read' documentation was in place. This included information about how people should expect to be treated equally, a safeguarding policy, fire safety within the home and the use of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We also saw care plans were in the process of being developed to include more easy-read documentation to further support people with understanding their care records.

An easy read service user guide was in place. This guide informed people how they could make a complaint

and how it would be acted on. People told us they had not made a formal complaint and the provider's register of complaints supported this. The registered manager told us they would ensure if a complaint was made that this would be investigated in accordance with the provider's formal complaints procedure.

Good

Is the service well-led?

Our findings

A registered manager was in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager led the home well. They were respected by the staff and people living at the home enjoyed their company. They supported the staff well. They assisted staff with caring and supporting duties and we saw they had an excellent relationship with people living at the home. One person living at the home said, "I've had my worries and concerns but [the registered manager] has helped me with these."

People were able to contribute to the development and improvement of the service as well having regular, detailed discussions about their care and support needs. The registered manager told us, and records confirmed, that each person met with their key worker and where needed the registered manager, to discuss their care needs and how the service could be improved. One person told us they felt valued by the staff and that their opinion counted. Relatives told us their views were encouraged by the registered manager and one relative told us they had recently attended a meeting to discuss their family member's care needs.

Staff also felt valued and the registered manager welcomed their views via regular team meetings and staff supervision. One staff member said, "They [registered manager] really listen to what we have to say and will support us making any changes or improvements to people's lives."

Staff spoke positively and passionately about their role which contributed to a positive atmosphere and open culture within the home. One staff member said, "I would say in comparison to other services I have worked in, this is one of the better ones." Staff felt comfortable challenging poor practice. The staff we spoke with were aware of the provider's whistleblowing policy and the process they should follow if they had any serious concerns about the service.

Staff were encouraged and on occasions monitored, to ensure they adhered to the provider's shared aims and values within the service. Treating people with respect and dignity was a priority for the provider and the registered manager regularly carried out a 'dignity audit' to ensure staff were always treating people in the expected way. If staff fell short of the expected standards, then this was discussed with them during their supervisions.

Quality assurance systems were in place to help drive continued improvements at the home. Audits included regular reviews of people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement. A monthly report was forwarded to the provider to inform them of the progress the home was making with supporting people. Where improvements or changes had been recommended by the provider, these were always acted on in a timely manner by the registered manager.