

Mr & Mrs S Knight

Perry Cottage

Inspection report

Lower Cotley Farm
Fluxton
Ottery St Mary
Devon
EX11 1RJ

Tel: 01404814961

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04 July 2023

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Perry Cottage is a residential care home providing accommodation and personal care to 2 people at the time of the inspection. The service can support up to 2 people. The home is located in the rural hamlet of Fluxton and is near the farm where people worked in the day. The registered manager felt their registration as a care home did not best reflect the service provision. They were considering changing their registration and even considering whether or not they needed to be registered with CQC at all. They were not planning to expand their service.

People's experience of using this service and what we found

Right Support:

Staff relationships with people were caring and supportive. People were supported to develop new skills and gain independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

One family member told us "We're so pleased" they didn't need to worry about their relative because, "Whatever [person's name] needs [person's name] will receive it."

Right Care:

People's risk assessments and care plans were person-centred which meant support focused on people's quality of life outcomes. These outcomes were monitored and adapted as a person went through their life. People told us they loved living at the home and enjoyed all the opportunities available to them.

People's diversity, equality and human rights were respected.

Right Culture:

The registered manager promoted a positive culture that was person-centred, open, inclusive and empowering, and which achieved good outcomes for people. Staff put people's needs and wishes at the heart of everything they did.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (01 August 2016).

Why we inspected

The purpose of this inspection was to check certain areas of quality and safety had remained good since our last inspection. The overall rating for the service has not changed following this targeted inspection and remains good.

Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Perry Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check certain areas of quality and safety had remained good since our last inspection.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Perry Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Perry Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 4 July 2023 and ended 11 July 2023. We visited the location's service on 4 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with the 2 people who lived at the service. We spoke with 2 staff including the registered manager. We also spoke with relatives and friends of the people living at the service. We have not detailed how many so as not to identify people. We reviewed a number of records including care plans, risk assessments, accident and incident reporting records and records relating to governance of the service. We sought feedback from a health professional who was involved in supporting the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check certain areas of quality and safety had remained good since our last inspection. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. For example, risks had been assessed and ways found to manage them sufficiently so that people could safely walk to work on their own, and chop logs for firewood.
- Risk associated with people's health was monitored and people were supported to access health care when needed. For example, 1 person was currently being treated by a physiotherapist, and people had regular access to dental care and chiropody when necessary.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People were empowered to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions.
- People with capacity gave their consent to care and treatment and any refusals were respected.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check certain areas of quality and safety had remained good since our last inspection. We will assess the whole key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. They were in daily contact with people living at the service and family members. People told us they loved living at the home and enjoyed all the opportunities available to them, describing with relish their work and social life.
- Managers worked directly with people and led by example. We observed warm and respectful interactions between staff and people during our inspection. People appeared comfortable and relaxed in the company of staff.
- Management and staff put people's needs and wishes at the heart of everything they did. We learned from people, staff and families that people were encouraged to lead rich and meaningful lives. One family member told us "We're so pleased" they didn't need to worry about their relative because, "Whatever [person's name] needs [person's name] will receive it." Of the staff the family told us "They just put themselves out" in order to meet the person's needs."
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. One family friend told us "Anything that interests [people's names], [the staff] develop it", for example, horse jumping, paddle boarding, growing vegetables for the kitchen garden, sheep shearing, boating and building bird boxes.
- Everyone involved worked to find ways round obstacles which might prevent a person doing something they wanted to try. For example, staff being positioned at horse jumps using their voices to indicate which direction the person riding should be heading next.