

Newbarn Limited

Freehold Cottage Residential Home

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

About the service

Freehold Cottage is a residential care home providing accommodation and personal care to up to 6 people. The service accommodates people who need support with their mental health. At the time of our inspection there were 6 people using the service. Freehold Cottage is a single building spread over 2 floors.

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

People were cared for safely. Medicines were administered as prescribed and people were supported to self-administer where appropriate. Staff understood the importance of safeguarding and whistleblowing and knew how to report and escalate concerns. Staff were recruited safely, and the service had a robust approach to infection prevention and control. Risk assessments were comprehensive, reviewed regularly and reflected the needs of people using the service.

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; the policies and systems in the service supported this practice. People's needs were assessed, and they were supported to maintain a healthy lifestyle. Staff had received training that was suitable for their role, but some training records were out of date. The registered manager rectified this during the inspection. Staff received regular supervision and completed a thorough induction program. People were supported to achieve goals and outcomes that were meaningful to them.

People were supported by staff who understood and knew their needs well. Relatives praised the staff approach and the care that was being provided. People spoke positively about the staff who supported them, and staff told us that they enjoyed working in a small, close knit team. Staff promoted wellbeing amongst the people who used the service and understood how to provide care that promoted privacy, dignity and independence.

People were supported to attend activities in the local community and within the service. People had control over their lives and were able to maintain relationships that were important to them. People knew how to raise concerns and the relatives of people told us that they had no concerns regarding the service. People had choice in their daily lives and staff understood the importance of effective communication.

The registered manager promoted a culture of partnership working which was embedded in the service. Systems for quality assurance were robust and staff spoke positively about the culture at the service. People and relatives spoke highly of the registered managers approach and they were actively involved in contributing to the delivery of care.

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 the service under the previous provider was good, published on 27 April 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Freehold Cottage Residential Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

Freehold 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. Freehold 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager was available to support the inspection.

Inspection activity started on 9 January 2023 and ended on 10 January 2023.

What we did before the 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 3 people who used the service and 4 relatives about their experience of the care provided. We spoke to 5 members of staff including care staff and the registered manager. We reviewed a range of records including 2 people's care and support records, and 3 staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the home. These included policies and procedures, staffing rotas, medicines management, accident and incident records, training records, safeguarding records and infection control practices.

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 we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse.
- Staff had access to safeguarding and whistleblowing policies and knew how to identify signs of potential abuse. Staff knew how to raise concerns and how to escalate them if necessary.
- People told us they felt staff kept people safe. A person told us, "Yeah I do feel safe here." A relative said, "I feel [person who lived at the service] is in a safe place."

Assessing risk, safety monitoring and management

- Risks associated to people and the environment were assessed and monitored.
- Appropriate maintenance and safety checks had been carried out for the building and equipment.
- People's individual health needs had been risk assessed. They were reviewed regularly, and this guided staff on how best to support them. Staff were knowledgeable about people's needs and how to mitigate risks. A staff member told us, "People's risk assessments are in their files. We have time to read them, even on my lunch break I will read one of the files."
- The registered manager carried out regular competency checks of staff to ensure they were delivering care and support safely and in line with people's needs.

Staffing and recruitment

- Staff had been recruited safely and there were enough staff to meet people's needs.
- Pre-employment checks were completed, which included references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff we spoke with did not mention any concerns around staffing levels. One staff member told us, "[Registered manager] usually steps in if we're short staffed but we tend to manage really."

Using medicines safely

- People received their medicines safely and as prescribed.
- Medicines were stored correctly and medicine administration records had been completed in full. Staff members had received medicines administration training and had completed a competency assessment. Where people had been prescribed high risk medicines, we saw evidence of involvement from healthcare professionals such as the GP, district nurse and psychiatrist.
- Where people received medicines as and when required (PRN), protocols and guidance were in place to guide staff on when to administer these medicines. PRN medicines can be administered to help with pain

relief or anxiety. One staff member told us, "The residents will come and tell us if they need pain relief, it's in their documentation. [Person who used the service] is on a DoLS so we go off their behavioural cues as they can't come to us and tell us."

- Where appropriate, people were supported to self-administer medication. One person told us, "I have control over my medication." Another person said, "I self-administer. The staff taught me so I'm more independent now."

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

- Processes were in place to facilitate safe visiting at the service. Relatives told us they were able to visit the service when they wanted to.

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learned when things went wrong.
- Incidents were analysed in detail and factors were taken into account. Measures were put in place to help prevent future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received training that was relevant to their role but not all training records were up to date. This was raised with the registered manager who rectified this during the inspection.
- Staff had received a comprehensive induction which was relevant to their role. One staff member told us, "It explained everything, about policies and procedures, whistleblowing, everything was covered, and I got a handbook too." Staff spoke positively about the training that was offered. Staff said, "There's always training. We are constantly doing courses online" and "We are doing a mental health awareness course soon. We have done boundary training and lots of medication training."
- Staff had received supervisions and felt supported by the registered manager. One staff member told us, "Whenever you want to chat, if you're ever concerned, she's on the other side of the phone."
- Individual staff skills were being utilised in the service. A former chef was the healthy eating champion and a former dental nurse was the oral care champion.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and clear support plans and risk assessments were in place to guide staff. These were person-centred and gave detail about people's needs and choices.
- People's individual health needs were assessed, and they were being supported to attend appointments in the local community. People had individual plans outlining how best to support them with their mental health needs.
- People were supported to have a safe and effective transition to hospital with a passport which outlined how people communicate and their likes and dislikes.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met and they were consulted on their preferences and choices.
- People spoke positively about the food at the service. One person told us, "The staff are helping me to get healthy, I'm going to go to slimming world with [staff member] and we are getting recipes, she's going to do some with me."
- People were involved in menu planning and cooking meals in the service. During the inspection we observed people supporting each other to prepare breakfast in the kitchen.
- People were supported to eat a varied diet and peoples weights were being recorded.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with healthcare professionals to ensure people's needs were met.
- An advanced nurse practitioner was completing a weekly visit to the service to check on people's health. They were teaching staff to use a new system which would allow them to check vital health information for people that used the service.
- Care plans outlined involvement from other agencies in supporting people. This included involvement from the diabetic nurse, psychiatrist, GP, physiotherapist, occupational therapist, an advocate and a DoLS assessor.
- People were being supported to attend appointments when needed. One person told us, "I am quite independent. My staff advise me on my appointments, and they help me if I need it. I am able to get the bus on my own."

Adapting service, design, decoration to meet people's needs

- The layout and environment of the service was suitable for people's needs.
- People had chosen what colour their bedrooms were painted. Bedrooms contained personal items and people had control over the design of their bedrooms.
- The service was well maintained. People told us, "It's very clean", "The whole house is immaculate" and "It feels very homely, very family based."
- People were consulted on the use of communal areas in the service. There were plans to turn the dining room into a pop-up café at their request. People also had access to a safe and spacious outside area.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to lead healthy lives and received support when needed.
- People with individual health conditions such as diabetes were being supported to eat healthily and attend health appointments in the community.
- Staff were supporting people to engage in exercise such as local walks, swimming and fitness classes. One person told us, "They [staff] encourage me with walking and exercise all the time."
- People who were taking specific medicines were being supported to attend local clinics for monitoring and observations.

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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were being supported appropriately and in line with the principles of MCA.
- Staff were knowledgeable about the MCA and what this meant for people's support. One staff member told us, "DoLS is about decision making and whether they're [people using the service] able to make their own decisions." Another staff member told us, "[Person who used the service] for example is on a DoLS, we give

them a bit more encouragement with care and treatment. [Person who used the service] is not a DoLS so they might just need a bit of prompting."

- Applications to deprive people of their liberty had been made where appropriate and specific conditions were being followed. Mental capacity assessments were in place and DoLS assessments were completed where required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring and compassionate. Equality and diversity were respected.
- Relatives spoke positively about the staff approach and the effect that this had on people. Relatives said, "I think it's been the best care and support [person who used the service] has ever had. They've been in and out of care homes for most of their life and this is the best they've been. They're really coming out of themselves since they've been there" and "I've always looked up to them [staff]. They really are good."
- People felt that they were being supported by staff who treated them with kindness and respect. They said, "They are really, really good listeners, all the staff. They have got amazing advice. It's specific to me" and "They're [staff] very empathetic." Regarding staff, a relative told us, "They're lovely, every single one of them."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and their views were sought.
- People attended resident meetings where they were supported to contribute to a 'you said', 'we did' process. One person told us, "It's every month, we talk about menus and stuff, fire alarms, activities, if anything is upsetting us. Yeah, they [staff] do listen to us." People had designated 1 to 1 time where they could talk to staff about the care that they received and what was and wasn't working for them.
- There was a 'how am I doing' meeting for people every 6 months. This gave people the chance to reflect on their outcomes and progress in life, as well as plan for the future.
- People and their relatives were invited to complete an annual satisfaction survey about the care that was being provided.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that respected their privacy, dignity and independence.
- The staff took an active approach to promoting people's independence. A relative told us, "I like the fact that they [person who used the service] have got the freedom to move where they want, go where they want, do what they want. They have the freedom that they've never had before." People had been taught how to self-administer their own medication and use public transport independently so they could have overnight stays with their family members. One person told us, "They give me my independence but also look after me as well."
- People were supported to engage in meaningful living skills such as cooking, cleaning and attending health appointments. One person told us, "They [staff] encourage us to get stuck in and help us with our

rooms." A staff member said, "We support them [people who used the service] to be as independent as they can be. We will help them to do tasks, but we always encourage them to do things if they can, to support them with their mental health."

- During our inspection, staff treated people in a way that was friendly and respectful. We observed staff offering people choices and respecting their decisions. One person told us, "[Staff member] just treats me like a friend but she does her job as well."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care was personalised and met people's preferences. Staff were knowledgeable about people's preferences and individual needs.
- People told us, "I'm free to do what I want, when I want," and "We get to do what we want, we can stay up late or have a lie-in."
- People were able to exercise control over how they spent their time. One relative told us, "Activities are always offered to them [person who used the service] but they're not always taking it. It's not the staff's fault, things are being offered on a regular basis, they respect their choice." One person told us, "They do a really good job of supporting me in the way that I need."
- There were weekly timetables for people that were specific to them. They engaged in activities that were important to their wellbeing.
- People were supported to maintain their relationships and to take part in meaningful activities. They were supported to attend social clubs in the community and to go on holiday. Some examples of holidays included trips to York and Blackpool as well as hot tub breaks.
- Maintaining relationships was promoted. Relatives told us that that they were able to visit the service whenever they wished and that they received regular updates.
- People were going out independently in the local community on a daily basis. They told us that this meant a lot to them and that people in the area knew them well. People in the community understood people's needs and ensured that they were catered for when attending clubs and cafes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in the care plans and staff were knowledgeable about how to facilitate two-way communication. A person told us, "Obviously I have a lot going on in my life. Instead of chatting to my mates, I talk to staff and we will have a good laugh. I love it."
- People's behavioural cues that showed when they were getting upset ??were outlined in their care plans. This helped staff to identify when someone might be distressed and how to respond appropriately.
- During the inspection we saw evidence of different methods of communication including noticeboards, easy-read materials and pictorial guides.

Improving care quality in response to complaints or concerns

- The service had not received any complaints or concerns but there was a system for managing these as and when they arise.
- Relatives spoke highly of the care that was being provided. They said, "I have no concerns at all" and "I've never had a problem with anything."
- People had access to a complaints form that was suitable for them and knew how to raise a complaint. One person said, "I would talk straight to [registered manager] but I don't have any complaints."

End of life care and support

- The provider was not currently supporting anyone at the end of their life.
- There were systems and processes in place to support people with end of life care should it be needed. The registered manager told us that if a person was diagnosed with an illness that might limit their life expectancy, they would work with the multidisciplinary teams to discuss their future care needs and how best to support them.

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 we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and supportive culture embedded in the service .
- Staff spoke positively about the working atmosphere. They said, "Everything about it is great. The residents are lovely, the staff all get on, it's like a little family" and "It's a brilliant team, we all work together."
- People told us that they received support that was specific to their needs and the staff understood the importance of person-centred care. A staff member told us, "It's all about their [people who used the service] needs, what they want, to be there for them, to take their needs into consideration and not your own." People told us about how they enjoyed living at the service. One person told us, "I really enjoy living here because all the service users get on well with each other."
- Relatives spoke positively of the registered manager. One relative told us, "They're [registered manager] brilliant and fantastic with [person who used the service]. Just in general, she's there when [person] needs someone to talk to, she's just lovely." A person told us, "[Registered manager] is amazing. She understands so much about my mental health and the disabilities I have. We need more people like her looking after people like me. She has a different perspective that most adults don't have and she could help anyone."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role well. They were aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required. They attended lead meetings with the senior leadership team and registered manager network meetings in the community.
- Quality assurance audits were taking place frequently for medicines, infection control and health and safety. Actions arising had been completed and the registered manager was receiving monthly supervisions and oversight from the provider.
- Staff understood their roles and felt supported by management. A staff member told us, "I feel 100% supported. I am so grateful that my manager helped me to do a qualification in health and social care, she gave me a step in a different career. I am forever grateful to her." Staff members described the registered manager as "approachable," "supportive" and "easy to talk to."
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Relatives told us of the registered managers open and honest approach. One relative said, "If there's any

problems they will ring me, they [person who used the service] had a bit of an accident a few years ago and they informed me right away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively engaged in developing the care they received. There were monthly resident meetings and annual satisfaction surveys for people and their relatives. Relatives said, "I have been to meetings and I get a letter now and again with a review on what's happening at Freehold Cottage" and "They do write to me and invite me to things."
- Staff were engaged and involved in the service and felt their views and opinions mattered. Staff told us there was good communication at all levels and staff meetings were occurring regularly.

Continuous learning and improving care; Working in partnership with others

- The provider was responsive to people's developing needs and care was updated and improved accordingly.
- There was a strong emphasis and embedded culture of people receiving care from a multi-disciplinary approach. The service had strong links with the local psychiatrist and referrals had been made to the occupational therapist and local health teams in response to peoples changing needs.
- People had access to health and social care professionals when needed and the service worked with other provider locations to facilitate training and development of staff.