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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

We carried out an unannounced inspection at Freehold Cottage Residential Care Home on the 7 and 8 July 2016.

Freehold Cottage is registered to provide accommodation, care and support for up to 6 people with a mental illness. The home is a large detached cottage with a garden area to the rear of the property. The service is located near to the towns of Rochdale, Bury and Bacup.

The service was last inspected in September 2013 and was found compliant in all areas inspected.

At the time of this inspection the registered manager had left the service. 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. However; the provider had ensured an acting manager was in post with oversight from the area manager, until a new registered manager was recruited.

During this inspection we received positive feedback from people who used the service. People expressed satisfaction with the service provided and spoke positively about the staff team supporting them, referring to them as, "Family." People told us they, "Loved" living at Freehold Cottage and felt they had the freedom to independently live their lives and access the community whenever they wished. We saw evidence of people leaving the service without any restrictions placed on them.

We noted the service had processes and procedures in place to maintain a safe environment for people using the service and for staff and visitors. The service had daily 'housekeeping' and health and safety checks which covered areas such as fire exits, electrical/ gas appliances and temperature checks.

Fire audits were in date and compliant. Fire safety checks and fire exercises were carried out monthly and staff had received fire training. The service had clear procedures to follow in case of an emergency.

People using the service told us they felt safe living at the home. Staff showed a good understanding around the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Training in safeguarding and whistle blowing had been completed by all staff; training was reinforced with the services procedural guidance.

At the time of the inspection we found the service had adequate staffing levels. People we spoke with confirmed this by telling us there was always a staff member present and they were supported when needed. Staff referred to the service as their second home and had time to bake cakes and cook fresh meals. Staff also felt they had adequate time to support people effectively and safely. We observed a good level of staff interaction to support what people were telling us. We looked at a month's staff rotas which showed a

sufficient level of staffing was maintained.

The service operated safe and robust recruitment systems and took appropriate steps to verify people's previous employment and conduct, identity and any criminal record before being successfully appointed. Thorough induction processes were implemented to ensure the correct amount of training and support was given to new staff. Disciplinary procedures were also in place to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures.

The service had processes in place for appropriate and safe administration of medicines. Staff were adequately trained in administering medicines. Medicines were stored safely and in line with current National Institute for Health and Care Excellence (NICE) guidance. NICE provides national guidance and advice to improve health and social care.

Care plans were in date and regularly reviewed. They gave clear information about people's needs, wishes, feelings and health conditions. The person had also been involved in the care plan and review process.

Appropriate training was provided. The training records we saw were in date. Staff felt they received an appropriate amount of training to equip them to safely and knowledgably support people living at the service.

We assessed if the service was working within the principles of the Mental Capacity Act and whether any conditions or authorisations to deprive a person of their liberty were being met. These provide legal safeguards for people who may be unable to make their own decisions. At the time of inspection these safeguards were not required due to the high independence of all the people using the service. However the acting manager and staff we spoke with were aware of the steps to take should somebody require having restrictions placed upon them.

Meal times were very relaxed and people could choose what they wished to eat. People freely used the kitchen area to prepare meals, snacks and drinks with the support of staff when required. Weight management and dietary care plans were in situ when required and appropriate referrals had been made to health professionals.

During the inspection we noted positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner and the service had a calm and warm atmosphere. We observed people enjoying each other's company, conversing, playing games and accessing the community.

We had positive feedback from people using the service, relatives and staff about the acting manager and the area manager. People told us they were happy to approach either manager with any concerns or questions.

We found the acting manager to be very approachable and assisted us professionally with our inspection by providing us with any requested documentation without delay.

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.

People told us they felt safe. They were supported by care staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

The service had appropriate processes in place to assess and monitor any environmental risks.

Staff showed a good understanding of their duty and responsibility to protect people from abuse. They were aware of procedures to follow if they suspected any abusive or neglectful practice.

Is the service effective?

Good

The service was effective.

A good amount of training was offered which was appropriate to the needs and requirements of the people using the service.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff supervision and appraisal was carried out effectively and in line with the service policy requirements.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good

The service was caring.

People told us they were treated well and their privacy and dignity was respected by staff. People were supported to be as independent as possible.

People's care and support was delivered to reflect their wishes

and preferences. Staff were knowledgeable about people's individual needs.

People made positive comments about the caring attitude and kindness of staff and referred to them as family. During the inspection visit we observed friendly, respectful and compassionate interactions between people using the service and staff.

Is the service responsive?

Good

The service was responsive.

People told us they enjoyed living at the service.

Care records were detailed and tailored to meet people's individual needs and requirements. Processes were in place to monitor, review and respond to people's changing needs and preferences.

People felt able to raise concerns and had confidence in the acting manager to address their concerns appropriately.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of the service, which included feedback from people living in the home and house meetings.

Staff told us they felt well supported by the management team and felt able to approach them with any issues.

The acting manager was approachable and responsive throughout the inspection and dealt with any requests from the inspector without delay.

Freehold Cottage Residential Home

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 was planned to check whether the provider was 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 inspection took place on 7 and 8 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 5 people receiving care at the service.

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 reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed any information we held about the service and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with four people who used the service, three support workers and the acting manager. We also spoke with the area manager via the telephone. The acting manager also provided us with a contact number for a relative; however we were unable to successfully contact them via the telephone.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring

and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent service user and relative satisfaction survey.

Good

Is the service safe?

Our findings

People we spoke with told us they, "Loved" living at the service and indicated they had the freedom to independently live their lives as they chose to. We saw evidence of this during the inspection. We observed people freely leaving the house alone to pursue hobbies and activities and arrive back without any time restrictions placed on them. The acting manager told us that there was an agreement with people around safe times to return home and a risk assessment to support this with actions to follow in the case of somebody not returning. This ensured security and protection for all people using the service.

People told us they felt safe and spoke positively about the staff team. During the inspection we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction with people which was caring and patient. People appeared comfortable and happy in staff presence.

We looked at what processes the service had in place to maintain a safe environment and protect people using the service, visitors and staff from harm. Housekeeping and health and safety checks were done on a daily basis and covered areas such as, checking all fire exits, stairways and corridors were free from obstruction, emergency lighting and all electrical and gas fittings were undamaged. These checks were completed and in date. All electrical and gas certification were in date and relevant checks on water and fridge/freezer temperatures were also carried out and kept up to date.

Fire audits were in date and fire safety checks and drills were carried out on a monthly basis. Appropriate fire signage and extinguishers were seen around the home. All bedroom doors were numbered. We noted training had been given to staff to deal with emergencies such as fire evacuation and personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate the premises in the event of an emergency.

Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. The service also had policies to support these procedures.

We looked at how the service protected people from abuse and the risk of abuse. Safeguarding training was in date and there were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. Staff spoken with demonstrated they were aware of the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. People we spoke with told us how they would raise any concerns and indicated they felt confident in doing so.

We found individual assessments and strategies were in place to guide staff how to safely respond when people behaved in a way that challenged the service. We looked at three people care files and noted in most cases suitable risk assessments were in place which recognised and perceived risk behaviours and strategies on how to manage this and promote positive risk taking. Changes in people's behaviour was

being recorded and monitored. However, in one file we found a risk assessment which had not been updated to recognise a recent incident from the person. Although this was not updated we saw the service had implemented strategies to reduce this behaviour. We spoke with the acting manager about this who informed the risk assessment would be updated as a matter of priority.

The service had sufficient staffing levels. People living at the service confirmed this. We noted from the staffing rota and by talking to staff that there was always one person and or the acting manager on duty at the service and extra staff were rostered in for one to one sessions on most days to assist people using the service with appointments or life skills such as cooking. The acting manager told us there was always someone on call to attend should any assistance be required during the night. The staff team was consistent with many of the staff members being employed at the service for over 15 years.

We looked at how the services recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at three staff recruitments files. We saw evidence that appropriate checks had been carried out prior to employment and references and application forms had been completed appropriately. The three files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

We looked at how the service managed people's medicines. People told us they received their medicines daily. We observed medicines being administered and noted this was done safely and in line with procedural guidance.

There were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

Medicines were kept securely and only handled by trained staff support workers. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medicines records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. Where appropriate, staff had clearly recorded the reason why medicines had not been given.

Good

Is the service effective?

Our findings

People living at the service told us they liked the staff and felt they were good at their job. They felt they had the support they needed and when they needed. One person said, "Oh yes [the staff members name] is very good. All the staff know us all very well and what we like to do. It's like they are my family."

We looked at how the service trained and supported their staff. The service had a training matrix which was kept up to date. Staff members we spoke with indicated they had a suitable amount of training and felt the training contributed to their understanding around working with people with a mental health diagnosis and/or learning disability. Staff also told us they valued the training for their own professional development. We saw the service offered a good range of training which was appropriate to the people using the service and in line with their procedural guidance. Training included equality and diversity, dealing with behaviour which challenges, moving and handling, safeguarding and first aid.

The service had a robust induction process for new staff. Staff indicated the induction process equipped them to undertake their roles effectively and safely. The induction lasted for 12 weeks and required staff to familiarise themselves with the services policies and ensured staff were familiar with people using the service by spending time with them and reading care files. A shadowing opportunity would then be required before the person was 'signed off' the induction process. It was recognised that people using the service were part of the induction process and were able to feedback any likes or dislikes about the person. A final review would then take place before the staff member would be able to work alone.

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. At the time of inspection there was no person subject to a DoLS. However the acting manager and staff all showed an understanding around the principles and when to submit an application to the local authority.

We noted good evidence of management support to staff. We looked at supervision records for three staff members. We found they were structured well and in line with procedural guidance. We saw records of supervision's held and noted plans were in place to schedule supervision and appraisal meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management

team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service.

People had been encouraged to personalise their bedrooms and had input into the décor of the house along with soft furnishings. We noted that the house was being decorated at time of inspection and people indicated they had been involved with this. Several people told us how they had gone on holiday as a group for two weeks whilst the house was being rewired. It was evident that on-going refurbishment work was being done to modernise the house. New windows had been fitted to the rear of the house and new flooring and carpets were being laid. The outside of the house was also being painted and the acting manager informed of further on-going work that was to be done such as additional toilet areas, as currently there was a communal one.

We noted people's consent and wishes had been recorded in areas such as the provision of care and medicines management. People told us they were actively involved in their support and were able to express their feelings to staff around their preferences. We noted these were listened to and staff would work with them to obtain a positive outcome.

Meal times were relaxed and people had the freedom to choose what they wanted to eat. We saw people freely using the kitchen to make themselves drinks and snacks and heard lots of discussion around food. People told us that they did not have a set menu as they would all choose on a daily basis.

We looked at how people were supported with their health. Records had been made of healthcare visits including, the mental health team. People had a 'physical health and wellbeing' care plan and 'weight management' plan in place. These provided detail to staff on how best to support the person to meet these goals. The plans had also been agreed with the person. Staff told us they had adapted healthy eating methodologies which people had agreed and were working towards.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Our observation confirmed this during the inspection. We observed a caring and friendly atmosphere where everybody appeared comfortable in each other's presence and in the presence of the staff. Staff walked around the house with slippers on and engaged people with baking cakes and playing dominoes. Comments from people indicated that they saw staff as their family and this was also reciprocated by staff comments. People told us staff were caring and respectful to their needs. We saw staff did not enter a person's personal space without asking their permission first or in case of an emergency.

We observed meaningful conversation between staff and people using the service that was respectful and understanding. Staff involved people in routine decisions and offered choices. People told us that staff always considered their feelings. Staff showed consideration to those who may be suffering from anxiety and appeared to know everyone using the service very well. Staff told us they, "Loved working for the service" and how they saw it as their second home. Staff looked happy and felt valued in their role. This was evidenced by the low staff turnover and the long periods of time staff had been employed.

People were able to express their views during day to day conversation, meetings and satisfaction surveys. House meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and kept up to date with any new issues. People told us they were a part of these meetings.

We noted each person had been given a handbook detailing essential information such as fundamental policies, and what to expect from the service and what the service expected from the person. A statement of purpose was also included which provided guidance and information on the standard of care the service provided.

We noted that there was a strong emphasis on daily living, domestic and social skills being promoted. Staff had a good understanding of people's personal values and needs and placed people at the heart of the service they provided. All activities were focussed on the person gaining their independence both in the house and in the community. Regular one to one sessions were offered to people to strengthen their skills in these areas. The acting manager told us of an example very recently where this had worked and because of the input had enabled a person to live independently in the community.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Good

Is the service responsive?

Our findings

People told us they felt listened to and were able to raise any concerns and issues they may have. One person said, "If I am not happy with something it always gets sorted." Most people living at the service had been there for many years, therefore knew each other very well. One person said, "We have our tiffs, like anyone would have who lives together but we sort them out and staff would help if we needed it."

The service had complaints leaflets located in the communal lounge offering details to people on how to 'make a comment or raise a concern'. We noted the service had received no formal concerns over the past year. The service had processes and policies to follow in the event of a formal complaint. This included timescales for responses. Contact details for external organisations including social services and the director of the service were also evident. Staff and people using the service were aware of how to make a formal complaint when required.

We looked at the way the service assessed and planned for people's needs, choices and abilities. We saw the provider did not have a policy in place for admissions; however, had referral and self-referral forms in situ. The acting manager told us that during a person's admission the service did not take the lead but worked closely with the referring agencies such as the local authority and community mental health team who provided risk management and care plans to the service and a decision was also made into the length of the person's transition period. This information was then used to set up the services care plans and risk assessments. We spoke about the importance of having a policy in place to provide clear guidelines to all staff and professionals about what the service deems an acceptable referrals process. The acting manager told us she would look at this as a matter of priority.

Due to the nature of the service there was no activities co-ordinator employed. People who used the service pursued their own hobbies and accessed the community alone on a daily basis. Staff were employed on a support role to assist with essential living skills and support when required. We noted everybody had recently enjoyed a holiday and would arrange trips out together with staff which were discussed at the house meetings.

We looked at three people's care plans and other related records such as daily records detailing how each person had spent their day. These were written in a respectful way. We found adequate documentation to support the development of the care planning process and support the delivery of care. We saw that each of the plans gave a good picture of the person's likes, dislikes, health concerns and other matters relating to the person's individualised plan of care. People indicated they had been part of their care planning process and reviews. This ensured people received the care and support in a way they both wanted and needed.

We saw evidence of detailed information recorded when the service had liaised effectively with other agencies such as the community mental health team and the local authority. Liaison with health care professionals such as doctors and dentists was also evident. We also saw evidence that staff provide support to people to enable them to arrange appointments should they feel they needed to see a medical professional.

When people were admitted to hospital they were accompanied by a 'hospital passport' form containing a summary of their essential details, information about their medicines and accompanied by their key worker. This meant people's needs were known and taken into account when moving between services.

Good

Is the service well-led?

Our findings

At the time of inspection the registered manager had left the service. However the provider had assured an acting manager was in post until a new registered manager had been recruited. The acting manager was supported in her role by the area manager who provided support and advice on a daily basis. The acting manager told us, "My manager is very supportive and I have learned so much from her." Throughout our discussions with the acting manager we noted she had a thorough knowledge of people's current needs and circumstances and she was committed to the principles of person centred care.

Throughout the inspection we found the acting manager very approachable and all documents we requested to see were easily accessible and provided to us without delay.

People we spoke with made positive remarks about the acting manager. They indicated they were able to approach her with any questions or worries and that she would support them to alleviate the issue or answer the question. Due to the small nature of the property people told us they knew the staff whereabouts at all times so were easily accessible to help with any issues. Staff also told us that they felt able to approach the acting manager or higher management team day or night. Staff felt secure that any issues were dealt with effectively and appropriately; however acknowledged that any such issues were, "Very far and few between."

The service had a wide range of policies and procedures. These provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We found staff members we spoke with to be well informed of what was expected of them and they showed good working knowledge of their role, responsibilities and duty of care to the people they supported and each other. Staff indicated they had received relevant training to enable them to effectively undertake their roles as support staff.

The service had audit systems in place and these were kept up to date. The acting manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people and to seek people's views and opinions about the running of the home. This included feedback through quality assurance questionnaires from people using the service their relatives. The family and professional questionnaire covered areas such as, overall quality of service, communication, involvement in care, staff competency and any areas for improvement. We noted no negative comments in the questionnaires we saw. Everybody indicated they were happy with the service. Comments included, "It's always a pleasant place to visit," "My relative is happy and content" and "You provide an excellent service and a very caring environment for my relative."

People were encouraged to be involved in the running of the home. This was advocated through residents

meetings. The minutes of recent meetings showed a range of issues had been discussed, such as holidays, forthcoming events, activities and meals.

We saw evidence that staff meetings were held every three months. These meetings were used to discuss any issues and feedback any complaints or compliments. Good and bad practice was also noted and discussed in full. Staff told us their ideas were listened to and actioned if appropriate. Staff told us the meetings provided a good arena to discuss any practice issues and concerns. Comments from staff included, "We talk things through in team meetings and work things out between us such as Christmas cover. We are a very small team so it works well. We support each other."

Staff told us they were happy and felt supported in the support roles. Comments included, "I like it here, and I find it great. I love seeing people move on and develop its very rewarding" and "It is a very homely place. We all sit together and chat, people talk about any problems they have openly and if it is more of a private nature then one to one time is offered in the staff bedroom/office."

The philosophy of the service was very much to, "Provide a pleasant and secure home for six people who will benefit from an environment which ensures privacy, dignity, independence, choice, control, rights and fulfilment."