Mitchell's Care Homes Limited

Nutbush Cottage

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?	Requires Improvement

Summary of findings

Overall summary

Nutbush is a residential home which provides care and accommodation for up to four adults with moderate learning disabilities, autistic spectrum disorders and behaviours that may challenge others. On the day of our inspection four people were living in the home. Some people were able to express themselves verbally using one or two words; others used body language to communicate their needs.

This inspection took place on 13 September 2016 and was unannounced.

The home was run by a registered manager. '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 and associated Regulations about how the service is run. The registered manager was on annual leave on the day of our inspection.

The provider did not have a robust process that had ensured people finances were managed appropriately which is subject to investigation.

People and their relatives gave positive feedback about the service they or their family member received. People were very happy.

People said that they felt safe and they appeared happy and at ease in the presence of staff. One person said; "The staff help me. I feel safe." We saw staff had written information about risks to people and how to manage these in order to keep people safe.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had received training in safeguarding adults and were able to tell us about the different types of abuse and signs a person may show if they were being harmed. Staff knew the procedures to follow to raise an alert should they have any concerns or suspect abuse may have occurred.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People who may harm themselves or displayed behaviour that challenged others were supported by staff who knew how to calm situations.

People received their medicines as they were prescribed and when they needed them. Processes were in place in relation to the correct storage, disposal and auditing of people's medicines.

Care was provided to people by a sufficient number of staff who were appropriately trained and deployed. People did not have to wait to be assisted.

Staff recruitment processes were robust and helped ensure the provider only employed suitable staff to care

for people.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The premises provided were safe to use for their intended purpose.

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals
People said that they consented to the care they received. The home was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People said that they were involved in making decisions about their care as much as they wanted to be.

People were cared for by staff that had the specialist training they needed in order to meet people's needs.

People were supported to have a meal of their choice. Facilities were available for staff to make or offer people snacks at any time during the day or night. Specialist diets to meet medical or religious or cultural needs were provided where necessary.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knew, understand and respond to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way.

Staff were proactive and made sure that people were able to maintain relationships that matter to them. People took part in community activities on a daily basis; for example regular clubs. The choice of activities had been in place for a number of years. The deputy manager discussed ways of improving this. We have made a recommendation regarding people's social activities.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. Staff knew how to respond to a complaint should one be received.

The provider had quality assurance systems in place, including regular audits on health and safety, medicines and support plans. The registered manager met CQC registration requirements by sending in notifications when appropriate. We have made a recommendation about this. We found both care and staff records were stored securely and confidentially.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

People received their medicines safely. Medicines were stored, managed and administered safely.

People received support from enough staff on duty to meet their needs. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people. There were robust processes for monitoring incidents and supporting people to reduce the risk of them happening again.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink according to their choice and plan of support.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families (where necessary) were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Support plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People felt there were regular opportunities to give feedback about the service

Is the service well-led?

Requires Improvement

The service was well led.

The registered manager undertook audits of medicines and health and safety issues.

The registered manager had a satisfactory system of recording the auditing processes that were in place to monitor the quality of the service provided.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Nutbush Cottage

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 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 inspection took place on 13 September 2016 and was unannounced. The inspection team consisted of one inspector who had experience of caring for people with autism and learning disabilities.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns. We asked the provider to complete 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 records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, three members of staff, a relative, the managing director, and the area manager. We spent time observing care and support being provided. We read three people's support plans and looked at other records which related to the management of the service such as training records, audits, staff rotas, recruitment documents and policies and procedures.

The last inspection was undertaken in May 2013 where no areas of concern were identified.

Good

Is the service safe?

Our findings

One staff member said "People are safe, we monitor everyone." Another staff member said "I personally believe people are safe, they are happy."

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. They said, "It's about preventing people from harm, abuse and modern slavery." We saw records that any concerns had been reported to the local authority and appropriate action taken.

Staff had sufficient guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed with input from specialist professionals, such as 'behaviour therapists'. We observed staff interactions with people during the day. Staff followed guidance as described in the people's support plans. One staff member described how they supported someone who had mobility issues to remain as safe an independent as possible to use the stairs.

Assessments of the risks to people's safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Support plans contained risk assessments in relation to individual risks such as walking to the shops, bathing, going in the minibus and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. The deputy manager said "One person when they came here was not able to go in the minibus without getting distressed, now they love going out."

Staff were able to describe risks and supporting care practices for people. For example, risks for people behavioural triggers and people at risk due to reduced mobility. Staff described that one person as part of their autistic spectrum disorder like to wear the same clothes e.g. shorts in all weathers. They explained how they have supported and educated the person in the most appropriate clothes to wear depending on the weather. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends and action taken to reduce this.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. One person regularly went to visit their friend for a social chat. Staff had supported this person to develop their independence.

People's medicines were well managed and they received them safely. The deputy manager said that they encouraged people to take their medicines when they needed them. There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. We were unable to see medicines being given to people as no one was due to receive them at lunchtime.

Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. People who were prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given. The provider had in place procedures for safe disposal of medicines. MAR charts showed us the provider had completed PRN protocols for people. Where the PRN protocol was completed records showed us how staff knew to give PRN medicines and which affects staff should observe and report upon for example if a person had pain relief, why it was given and whether the person's pain reduced after taking the medicines.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance. One person was going out and called staff to assist. Staff assisted promptly by putting the persons shoes on for them.

People's dependency levels were assessed and staffing allocated according to their individual needs. For example, one person received one to one support and supervision at all times. The deputy manager told us staffing levels were constantly reviewed to meet the changing needs of people, we were told that extra staff employed by the provider would be used if necessary. The deputy manager said that the staffing levels were two care staff on shift (during the day). We checked the rotas for a four week period which confirmed the staff levels described by the team leader were maintained.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The deputy manager told us the home had an emergency plan in place should events stop the running of the service. They explained that the provider owned other properties and that should the need arise people would be taken there. Staff confirmed to us what they were to do in an emergency.

Good

Is the service effective?

Our findings

People were encouraged and supported to be involved in the planning of their meals. For example to go out for lunch, have sandwiches or staff supported them to cook snacks for example toast and cereals. During the Inspection some people went out for lunch and others stayed at the home.

One person who had difficulties in eating was supported in their nutrition with a specialist liquid food which was given via a tube, this was essential to keep the person healthy and for them to receive the appropriate nutrition. Staff were trained in best practice for supporting the person to receive the appropriate nutrition via this method.

We observed one person asking for a cup of tea and a biscuit staff quickly attended to the person's request. Another person chose a sandwich for lunch which they ate in the garden. The person wanted a drink and staff member came out and showed the person two different types of juice, the person was able to choose which one they wanted.

People's weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. Although staff had not needed to refer anyone to a dietician they explained to us that if a person had lost or gained an excessive amount of weight they would refer them for support to the GP or dietician for advice. All the weekly menus for the evening meal were agreed by people at the house meetings. People who were unable to communicate verbally were supported to make their choice by using picture cards.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had met the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were followed. Assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. However we noted that all these documents had the same descriptions for all people which showed a lack of personalisation to people's needs and may lead to incorrect assessment of someone's ability to make a specific decision.

Where people did not have capacity, the registered manager had not ensured they held information about who held the appropriate legal authority to make health related decisions for them.. As such there is a risk that decisions could be made on people's behalf that may not be in their best interests.

Staff had an understanding of the MCA on a daily basis. One staff member said, "People have a choice daily."

Staff were seen to ask for peoples consent before giving care throughout the inspection. One staff member said "Sometimes people change their mind and they don't want to go out, that's fine."

Staff received a training programme which included how to support people who may harm themselves or others in a safe and dignified manner. Staff had access to a range of other training which included MCA, DoLS, manual handling and other specific training relating to people's individual needs such as catheter care, insulin administration and positive behaviour support. The training plan showed that all staff were up to date with training. One staff member told us "We always discuss training at the end of our monthly team meeting."

Staff also had regularly competency assessment undertaken by the registered manager in areas such as medicines and care planning as well as on-going supervisions and annual appraisals. This ensured staff were helped to develop essential skills to provide the appropriate support in a positive and constructive way to meet people's needs.

Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. One person's care plan identified they had complex physical health needs. We saw that the support plan showed involvement from district nurses, occupational therapist and a dietician every six weeks. Guidance from these external professionals had been followed by staff to ensure people's current health needs were met.

Good

Is the service caring?

Our findings

Relatives told us "Staff are really kind, my relative is very content. "Staff said "We really care about the people here."

We observed staff interact with people. We saw companionable, relaxed relationships evident during the day. Staff were attentive, caring and supportive towards people. Care staff were able to describe to us each person's needs and they clearly knew people well. One of the care staff described how one person liked to wash up and helped load and unload the dishwasher at certain times of the day and different aspects of their routine. The staff member described that due to the nature of their health condition it was important to follow routines as it "helped the person be less anxious." The deputy manager said people were encouraged to be independent. For example, clean their room, do their own washing and helping prepare meals when they wanted to.

Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors and giving people privacy to talk. We observed staff calling people by their preferred names and knocking on bedroom doors before entering. On the day of the inspection the service was undergoing some building work to a walk in bathroom. We noted there was no lock on the bathroom door. We mentioned this to the deputy manager, and by the end of the day a lock had been fitted to the door to protect people's dignity when the bathroom was in use.

People who had been assessed as requiring one to one support had this provided with consistency as the same member of staff was assigned to the person throughout the day. We heard the staff regularly ask people how they were. People's support plans contained a document called My life now and what I want to achieve. Staff were able to describe to us people hopes and dreams. One staff member said "My client wants to see their family more." They told us that they had worked toward this happening and more regular visits took place.

Staff told us they reviewed peoples' support plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Support plans had been signed by people who lived at the home. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings. A staff member confirmed "We update relatives every month."

The staff explained how they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person's body language. We saw pictorial support plans in place, and picture symbols in the kitchen describing different items.

People looked relaxed and comfortable with the care provided and the support received from staff. One person was heard talking to staff throughout the morning, seeking advice and support. We heard staff reply cheerfully and with kindness to their requests.

Good

Is the service responsive?

Our findings

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported. One staff member spoke about the person they key worked with in a compassionate way "They understand everything I say, and I know all about what they like, dislike and when they are happy or sad."

Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities to access the community although choices were limited to long standing activities. The deputy manager showed us copies of minutes that included issues people had discussed at the monthly house meetings such as menu's and trips out. We saw in one of the records that people had discussed what colour they would like their bedrooms painted.

Records we viewed and discussions with the staff demonstrated a full assessment of people's needs had been carried out before people had moved into the service. People's daily care notes recorded the care and support they had received and described how they spent their days. This included activities they had been involved in and any visitors they had received. One person's daily records detailed they regularly spent time at the day centre with friends. Another person's daily records detailed how they had attended a sensory group and the positive impact this had on them.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example the staff on shift used pictures so everyone could see who would be supporting them. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave the correct information to people.

People's support plans comprised various sections which recorded their choices, needs and preferences in areas such as nutrition, healthcare and social activities. Support plans contained information on a person's personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had been reviewed at regular intervals to ensure it was up to date and relevant.

Staff ensured that people's preferences about their care were met. One staff member told us, there was always a handover and the first thing they did was to read the communications book. They had written daily notes about people and would highlight any changes to the needs of the person to the registered manager so that the care plan could be reviewed.

There were activities on offer each day and an individualised activity schedule for each person. On the day of our visit two people were attending a sensory group whilst the other people stayed at home. Activity logs listed a selection of activities people had taken part. However people's activity logs listed a range of activities that had not been reviewed regularly. There was no evidence to show that the activities were being used to develop people's individual skills, talents or choices on a regular basis. Staff explained that this was

partly due to the routines that needed to be in place for people with autistic spectrum disorders.

We recommend that people activities and choices are reviewed more frequently to ensure they are personalised.

People's health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

People were aware of how to make a complaint; one person said "I haven't had to make a complaint." There had been no formal complaints received since the service opened. The team leader showed us the complaints policy and explained how they would deal with a complaint if one arose. The senior manager told us they would ensure the outcome of complaints was fed back to the person concerned and actions implemented if necessary. The complaints process was also available in a pictorial format for people to easily understand. The deputy manager said that informal complaints were dealt with as they arose.

We looked at satisfaction questionnaires that people had completed all of which showed positive comments. They explained to us that the care staff had supported peoples' individually to fill them in. Relatives and external professionals were also being sent questionnaires for their views on how the service runs and any improvements that might be needed.

Requires Improvement

Is the service well-led?

Our findings

The service had a positive culture that was person-centred and open. The registered manager was not present on the day of inspection as they were on annual leave, another senior manager arrived to assist with the inspection.

Relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One relative said "They listen to everything I have to say." Staff were also positive about the management of Nutbush. One staff member told us, "The manager is very supportive."

We observed members of staff approach the senior manager during our inspection to ask questions and observed the senior manager respond in an open and supportive way. The home had a relaxed atmosphere. Staff expressed their confidence in being able to approach all levels of management.

The provider did not have a robust process that had ensured people finances were managed appropriately which is subject to investigation. However the registered manager was fully aware of the processes to follow in house. The system in place protected people from any potential financial abuse.

Staff told us they had been supported through their employment and were guided and enabled to fulfil their roles and responsibilities in a safe and effective manner. One member of staff said "Yes, I have monthly supervision." And "It's a chance to talk about my role what's going well and what I may need to improve on."

The senior manager explained that regular management and staff meetings were held. The minutes of the meetings were recorded and made available to all staff. We saw the minutes of the last meeting in which issues such as bringing in the use of technology to assist people's choice was discussed and developing more effective pictorial care plans. Staff told us they had meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers, these meetings also acted as group supervisions. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care.

One of the senior managers told us about the systems they used to ensure the delivery of high quality care. We saw the quality assurance systems in place were robust. We saw evidence of audits for health and safety; care planning, medication and training. This enabled the registered manager to identify deficits in best practice and rectify these. Actions we saw that had been implemented was for staff to introduce food satisfaction surveys for people and the registered manager to introduce a system of competency assessment in relation to caring attributes of staff within their role.

Their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. One of the improvements highlighted was to set up a 'care champion' system where a designated member of staff is responsible for assessing the quality of the care plans. This would ensure information reflects the current needs of the person. The information provided matched what we

found on the day of inspection. This showed that the registered manager was continually assessing the quality of the home and driving improvements.

The registered manager gained daily feedback from people about their choice and preferences by constantly talking to people. People had been supported to complete satisfaction surveys. The registered manager had sent surveys to family members and professionals and the responses returned included comments such as "Staff are very helpful." And "Staff are good at communicating." The feedback did not contain any negative comments where actions would need to be implemented.

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required. Care records were kept securely throughout the home.