

Mr & Mrs M Scott

Two School Cottages

Inspection report

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Tel: 01603262479

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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:

Two School Cottages is a residential care home registered to provide accommodation and personal care for people with a learning disability. It is registered to provide support for a maximum of two people. At the time of our inspection, two people were using the service. The service is run by a provider who are a married couple, one of whom is the registered manager, in their own home. They are the only paid employed staff, however, people also receive support from volunteer staff who receive the same training and support as paid staff.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen ' Registering the Right Support' CQC policy.

People's experience of using this service:

People continued to receive care that was safe, effective, caring, responsive to their needs and well-led. People told us they felt safe and were very happy living at Two School Cottages. People were supported to take their medicines in a safe way.

Staff had received appropriate training and support to enable them to carry out their role safely. People's health was well managed and staff had positive links with professionals, which promoted well-being for them.

Staff were very kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team and their extended family within the domestic setting the service was in. Staff actively ensured people maintained links with their friends and family.

People's records clearly identified their preferences. Staff provided effective care for people, which met their needs through person-centred care planning. People enjoyed an extensive programme of activities both in the service and the local community. Complaints were managed within the providers stated process.

Rating at last inspection: Good (Published June 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

Two School Cottages

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Two School Cottages is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of our inspection because the service is small and people living there are often out and being supported by the registered manager, we needed to be sure that they were in. Inspection site visit activity took place on Friday 8 March 2019.

What we did:

- ☐ We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.
- ☐ We spoke with two people who used the service.
- ☐ We also spoke with two members of staff including the registered manager during our site visit. Following our site visit we spoke by telephone to a relative of one person. We also requested and received written feedback from a community health professional that supports a person living at Two School Cottages.

- We observed how people received their care in communal areas of the service.
- We looked at records in relation to people who used the service.
- We also looked at records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Two School Cottages. One person told us, "Yes I feel safe, I'm not worried about anything here." A relative we spoke with confirmed this telling us, "[Registered manager] always makes sure [name] is safe, she makes sure of that."
- People were protected from the risk of abuse and avoidable harm. Staff and volunteer staff attended safeguarding training and demonstrated understanding of how to keep people safe and who they should report concerns to. The manager was aware of their responsibility to report any concerns to the local authority safeguarding team.
- People living at the home were provided with information so they knew how they could report concerns, and how they could expect to be kept safe from the risks of abuse by systems and processes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from the risk of harm. We found risks such as those associated with people's health needs and the environment had been assessed and were being managed safely. For example, each person had in place a comprehensive risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed.
- Risk assessments allowed for positive risk taking and enabled people to stay independent. One person told us that they had been encouraged and supported to prepare food for themselves. Where potential risks in the environment made the person nervous, the registered manager had found solutions to reduce this risk which reduced their anxiety. People frequently used facilities in the local and wider community, systems were in place for any potential risk to be identified and assessed.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff and volunteers knew how to assist people in an evacuation. The home had a contingency plan in place, in the event that the home could not be used, for example if the home was flooded.
- We received feedback from a community professional who supported a person with a specific healthcare need. They told us, "Yes the care is safe, I write care plans with the staff which incorporates risk and safety measures."
- The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after incidents to ensure that the measures in place were effective.

Staffing and recruitment

- People were protected by safe recruitment processes. Systems were in place to ensure staff and volunteers were recruited safely, and were suitable to be supporting people who were potentially vulnerable.

- Staffing levels were organised around each person's specific support needs. We saw that these were provided and people confirmed they received the support they needed when they needed it. The home used volunteers to provide additional support to people both in the home and the local community.

Using medicines safely

- People told us they received their medicines safely.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Staff had received training in the safe administration of medicines.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning took place. The home was very clean. People were encouraged to help keep communal areas, as well as their own personal spaces clean.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care needs assessments identified people's needs and provided staff with guidance about how best to meet these needs in line with best practice guidance and people's preferences.
- People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. The registered manager was very proactive in seeking input from a person GP and community nursing services when they noticed a change in people's health. People had opportunities to see a dentist or optician regularly.
- Staff and volunteers staff working at the service were long standing and knew people well. Staff and volunteers could promptly identify when people's needs changed and seek professional advice. A community health professional fed back to us, "The staff will contact me as soon as there is a change in patterns or if they have any concerns."
- Staff and volunteers worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest. Where people needed support with their health, prescribed by a clinician, the registered manager had ensured that copies of best practice guidance from bodies like the national institute for clinical excellence, were in place for staff to refer to.

Staff support: induction, training, skills and experience

- People told us that staff and volunteer staff were competent, well trained and knew how to support them.
- Staff and volunteer staff had opportunities for appraisal of their work performance. The manager had systems in place to monitor which staff needed their training to be refreshed.
- The services training matrix showed staff had received training in a variety of subjects. For example, safeguarding adults, physical intervention, medication administration, first aid, health and safety and infection control. Community health professionals told us that staff were well trained and experienced in supporting people with specific healthcare needs for example epilepsy.

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

- People were supported to maintain a balanced healthy diet and were encouraged to be involved in choosing, planning and preparing their own meals. People told us they could make decisions about what they ate and drank and when.
- Staff knew people's food preferences well, were knowledgeable and sensitive about the extra support that some people might need, and understood how this might affect a person's physical health. For example, staff had supported one person to lose weight by giving advice on healthier options.

- People could help themselves freely to food, and snacks including fruit throughout the day and night and we saw the kitchen was well stocked with tea, coffee, and soft drinks.

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

- The service provided care and support to people living in the registered managers family home. The home was a domestic setting that had been adapted to meet the needs of the two people living there. For example, it was identified that one person needed adaptations made to their bathroom, this had been completed.
- Each person living at the home had their own room and bathroom. There were multiple communal areas for people to use which they shared with the registered manager and their family. There were also living spaces for people to enjoy in the home that were for their sole use. People told us that they had been involved in choosing colour schemes or wall paints and new furniture. They told us the services communal spaces were now more calming and relaxing for people as a result.

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 Act 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 with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of the MCA and DoLS. People living at the service did not require any restrictions placed on them although usually chose to leave the home supported by a member of staff.
- The registered manager had assessed the capacity of people living at the home and where required and arranged for decisions to be made in their best interests. Where people were deemed to lack capacity for areas such as finance or welfare, the registered manager followed the requirements set by the Court of Protection.
- We saw staff asking for people's consent before providing them with support. People were offered choices and encouraged to express their wishes.

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

Good: 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

- Staff and volunteers staff knew people extremely well. The registered manager and staff supported people in all aspects of their life's both in the home and when accessing their community for activities. Staff knew how to understand a person's wellbeing or mood by observing body language or usual pattern of routine.
- The registered manager had provided support to the two people living at Two School Cottages for many years. The people were inclusively involved in all aspects of the registered managers family and network of friends. People benefitted from this involvement as it provided further genuine friendships, social opportunities and daily enrichment. For example, during the inspection we saw that people, staff and members of family had gathered to spend the evening watching Norwich City, their local team, play on TV and share a takeaway meal. We observed that everyone enjoyed being together, conversing and laughing.
- The registered manager strove to provide care and support so that both people living at Two School Cottages felt well cared for and felt valued. We observed that they were passionate in ensuring people had a quality of life that included feeling valued through the opportunity to work, have holidays and enjoy a family life and a network of friends. One person told us, "They [registered manager and their husband who was a main carer] are really nice, I get everything I need."
- People were supported by staff who were skilled in delivering care and support and had a good understanding of people's individual needs. A community health professional fed back to us, "Yes absolutely the staff are very kind and compassionate, they respect the rights of the people living there and will make sure all necessary reasonable adjustments are made."
- Relatives could visit the home at any time without undue restriction. The registered manager ensured that people could maintain long term friendships by arranging for them to visit people socially.
- Support plans contained information about people past, cultural and religious beliefs as well as their future aspirations. Staff used this information get to know and build positive relationships with people.

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

- When people had expressed their views about their preferences these were recorded and respected. People told us they were offered choices and felt in control of the care they received.
- Where people were not able to express their views, and could not be involved in decisions about their care, their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.

Respecting and promoting people's privacy, dignity and independence

- We observed the registered manager and staff were very respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. The registered manager told us that it was important to ensure they respected people and gave us examples

of how they promoted people's privacy.

- People were supported to maintain their independence. Staff took a positive approach in encouraging and supporting people to increase their independence whilst recognising when people needed additional support. For example, when preparing meals or planning activities. We saw that the registered manager had been innovative in motivating a person to be more independent in improving their health through swimming. As the person's swimming skills and confidence increased, the registered manager had created certificates to recognise this, such as for new distances achieved. They had also arranged for the person to swim in a private pool as they had anxiety around using a public pool which was busy. This promoted their privacy and dignity.
- People had control over their lives and enjoyed varying levels of independence. People's goals were central to the care and support provided. People were encouraged to play a part in the planning of their care and the running of the home. The registered manager described how they supported and encouraged people to develop their daily living skills by helping them to take part in household tasks such as shopping, meal preparation, washing their clothes or tidying up.
- People's personal records were kept secured and confidential and the registered manager understood the need to respect people's privacy including information held about them.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We spoke with the registered manager who was also one of the two primary carers for people. They could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- People's needs were assessed prior to admission and used to formulate plans of care. Care plans were appropriate with up to date detail of people's preferences for example, their food likes and dislikes.
- Care records were reviewed monthly or if people's needs changed. A relative told us the registered manager responded very promptly to changes in people's health and sought medical advice when this had been needed. Relatives told us they felt involved in care and regular reviews were held.
- People were encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. One person told us, "I'm getting everything I need, we just had a great holiday, we played bingo." They went on to tell us that they led a busy and active social life, of which they felt in control. The registered manager arranged for people to have regular holidays, usually three per year. Destinations and venues were planned and chosen by people living at the home, using the internet as a resource to find new opportunities.
- Each person's support plan included a list of their known interests and staff supported people daily to take part in things they liked to do. For example, playing football and working as a volunteer for a charity project. One person was supported to complete a training qualification in food hygiene, as they had expressed a wish to do so.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place.
- People who used the service and relatives told us they felt able to raise any concerns with the manager or the provider and felt assured that they would be dealt with.
- Systems were in place to monitor and respond to any concerns or complaints.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care. Care plans had a section for people to record their end of life wishes if they wished. People had been supported to purchase a funeral plan.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The home was well run. The registered manager was committed to providing high quality and person-centred care, we observed this being received by people. The Registered Manager had owned and operated the home since it opened and remained driven to provide kind, compassionate care in an environment where people enjoyed their lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.
- People and their relatives spoke positively about the home.
- The registered manager was clear about their role and responsibilities. There were clearly defined roles for staff and volunteer staff working in the home.
- The registered manager had an overarching governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement.
- There was an open culture in the home, people and their relatives told us the registered manager was approachable and visible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. The registered manager regularly asked people for their opinions and views.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. The registered manager analysed these results and used them to make improvements. We saw one persons relative had commented, "I am very satisfied with the quality of the placement and the care that is provided."

