

Mr & Mrs M Scott

Two School Cottages

Inspection report

Two School Cottages
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NR8 6TD

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

This was an announced inspection that took place on 28 April 2016

2 School Cottages provides accommodation and residential care for up to two people with learning disabilities. There were two people living at the home at the time of our inspection.

There was a registered manager at the home. 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.

People living at the home felt safe and were happy living there. The registered manager and staff demonstrated a good understanding of the needs of the people they supported. Staff spoke to and treated people in a respectful and caring manner, and interactions between people, staff and volunteers were relaxed and friendly. They knew the people they cared for well. People had the freedom to make their own choices, and staff promoted and encouraged people to be independent. People had a busy and varied lifestyle, and enjoyed activities that were home and community based.

Systems were in place to protect people from the risk of harm and to keep them safe. The premises were well maintained and staff were well trained. There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people.

There were safe recruitment practices in place and appropriate checks were conducted before people started work ensuring that staff were suitable for their role. There were processes in place to ensure new staff and volunteers were inducted into the home appropriately. Staff and volunteers received regular training, supervision and annual appraisals.

Staff and volunteers were aware of the importance of gaining consent for the support they offered people. The registered manager and staff were able to demonstrate a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required, and their nutritional needs and preferences were met. People received their medicines when they needed them, and there were enough staff to help them when they needed assistance.

People received care and treatment in accordance with their identified needs and wishes, care plans documented information about people's personal history, choices and preferences, preferred activities and how people communicated.

There were systems and processes in place to monitor and evaluate the quality of the service provided. There was a complaints policy and procedure in place, and information about how to make a complaint was displayed.

The atmosphere in the home was open, friendly and welcoming. People and staff found the registered manager to be friendly, open and welcoming and felt able to raise concerns. Staff and volunteers were happy in their job and felt valued by the registered manager.

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 systems in place to protect people from the risk of abuse and harm.

There were enough staff to provide people with support when it was required and to keep them safe.

People received their medicines when they needed them and the premises where people lived was homely and well maintained.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to provide people with good quality safe care.

Staff asked for people's consent before providing them with care.

People received enough food and drink to meet their needs. They were supported by the staff to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff and volunteers were kind and compassionate.

People were listened to and treated with dignity and respect.

People's independence was promoted and encouraged.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were regularly assessed and these were being met.

People had access to a range of community based activities, and

were encouraged to maintain their hobbies and interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The registered manager had promoted an open culture where people and staff felt comfortable to ask for change or raise a concern.

People, staff and volunteers felt listened to and valued.

The quality and safety of the care provided was monitored and people were regularly asked for their opinions on this.

Two School Cottages

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 28 April 2016 and was announced. The provider was given 24 hours' notice before we visited the home. This was because we wanted to make sure that the people who lived there would be available to speak with us during the inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the service, we spoke with the two people who lived at the home, one staff member and the registered manager who was also the provider. We also spoke with one person who worked as a volunteer at the home.

We observed how care and support was provided to people and looked at the records relating to their care, the maintenance of the premises and the training of staff.

Is the service safe?

Our findings

The home had systems in place to protect people from the risk of abuse. We spoke with both of the people living at the home who told us that they felt safe living there. One person we spoke with told us, "I feel safe, happy, I would talk to [registered manager] if I wasn't." Another person told us, "I feel safe, no one would hurt me here. I talk to [registered manager] if I am worried, she is a good listener."

The member of staff and the volunteer we spoke with had a good understanding of the different types of abuse that people could experience. They described the actions that they should take if any concerns arose, this included reporting them to outside organisations such as the local authority or the Care Quality Commission (CQC). Staff told us that they were confident that the registered manager would deal with any concerns appropriately. We saw that the home had a policy in place that gave staff guidance and details of who to contact if they had concerns.

We saw that risks pertaining to the care of people was well managed by the staff team, and risk assessments and detailed risk management plans were in place. We saw that for one person a very detailed analysis of their behaviour had been collated. This included the incident, any triggers that may have caused the behaviour and any outcomes from this recorded. Learning from the incident was shared with the relevant professionals and amendments were made to the persons care plan. Staff we spoke with were clear that management of risks should include positive risk-taking so that people's independence would be encouraged. One staff member told us, "We do practical solutions and don't take independence away." Staff were able to describe to us how their detailed knowledge of people helped them to keep people safe and reduce everyday risks. One member of staff told us about how they supported a person to go shopping, but knew the triggers that caused the person to become anxious. In order to avoid these triggers, they told us that they always had a 'plan B' in place that could be implemented quickly. We found that people's risks to themselves and others were managed effectively.

Potential risks to people identified by the home were shared with other providers of services to people living at the home. Where people had complex health needs, risks were mitigated by communicating with day centres. The home supported people's independence by mitigating risks through giving them a communication card about the person's condition that had been put together by the person and the registered manager.

Assessment and management of risk were regularly reviewed by the registered manager. Records were comprehensive and took into account when the level of risk may fluctuate due to a person's current state of mental health. Management of risks included using the least restrictive methods, such as de-escalation techniques, and ensured any restrictions needed to keep someone safe was time limited. One person had been involved in writing a risk assessment regarding this and agreed with the course of action that we observed the staff taking.

Both the people living in the home told us that they felt their freedom was supported and respected. One person told us, "I can do what I want, when I want."

There were arrangements in place to deal with emergencies such as for fire. People had detailed plans in place which identified the support they needed if they were required to evacuate the building. Staff we spoke with knew what to do in the event of a fire. The registered manager told us that careful planning had been needed when identifying alternative accommodation for one person should the building become unusable for any reason as a change in their routine could have a detrimental effect on their wellbeing. The registered manager had identified a suitable location that could be used if required that the person was happy with which reduced their anxiety.

There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw certified evidence that showed equipment was routinely serviced and maintenance checks were carried out. The premises were well maintained, and people were able to move around the home and gardens safely and independently.

There were safe staff recruitment practices in place and we saw appropriate recruitment checks were conducted before staff and volunteers started work. This was to ensure that people were supported by staff that were deemed as being suitable by the provider for their role. Records we looked at confirmed that pre-employment and criminal record checks were carried out before staff and volunteers started work. We observed that the staffing levels were sufficient on the day of our inspection to assist people promptly when they needed support. One person living at the home told us, "There is always someone around if you need them." Another person told us, "There are enough staff to do what you want when you want."

We saw that medicines were managed and administered safely. Medicines were stored securely and records we looked at showed that they were given as prescribed and at the right time. We asked people living at the home about their medicines, one person told us, "I get my medicines on time, I'm not worried about my medication." Another person told us, "I get my medicines at the right time, [registered manager] does this. Sometimes I am in pain, they [staff] get me pain relief for this when I need it." Both people living at the home had chosen to have their medicines managed on their behalf by the registered manager. They told us that this was their choice and that they were happy with this arrangement.

Is the service effective?

Our findings

At this inspection, we found the registered manager ensured people received effective care. We saw that the registered manager and staff had the skills and knowledge required to support the people living at the home. One person told us, "They do a good job, they know what I need, they know what to do."

From our discussions with staff, volunteers and our review of the records we found that they had the knowledge and skills required to meet the needs of people living in the home. Training records evidenced that all staff had completed an induction and training programme that the registered manager considered essential. The training programme included food hygiene, fire safety, manual handling, first aid, administration of medicines, safeguarding adults, health and safety, infection control, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff and volunteers told us they received supervision two to three times a year. They told us this provided them with a useful support mechanism that helped them work more effectively with people. Identification of their training needs and the provision of effective training, they said, meant that they remained knowledgeable and skilled in the areas they required for their work. Records we looked at evidenced this. We saw there was a wide range of topics discussed in supervision sessions. This included discussion about key working with people, individual training needs and other important issues to do with the running and management of the home. We saw evidence documented in files that showed staff and volunteers had all had an annual appraisal in 2015.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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 living at the home said that they were always asked to consent to their care before it was given. One person told us, "Staff check with me first before helping me." Another person said, "I am happy with what staff do for me, [registered manager] talks to me about it before they do it." Throughout the inspection we saw staff and volunteers asking people for their consent before providing support to them.

People received enough food and drink and were supported to have a healthy and balanced diet. People told us that they enjoyed the food. One person said, "The food is really nice, there's enough food for me, and I can have snacks if I want them. The staff ask me what I want." Another person told us, "The food is good, especially the lasagne! Staff make my hot drinks for me because I struggle with the kettle." The registered manager told us that the people living at the home chose the menu, which was planned before a shopping trip each week. The registered manager said that a range of options including healthy options were suggested prior to this, and a menu planned. We saw that people were offered drinks regularly, or were supported to make them.

People were supported by the registered manager and staff to maintain good health. The registered manager told us that they worked directly with the community epilepsy nurse and local community mental health professionals to ensure that people's health was regularly reviewed and supported by the appropriate experts. One person we spoke with told us, "They [registered manager] help me out when I need to see my doctor." Records we reviewed showed us that the registered manager was proactive in supporting people to attend twice yearly health checks with their GP. We saw that the registered manager provided guidance to people living at the home to be proactive in checking themselves for potential changes in their health. We saw in people's daily records that detailed information obtained during appointments with healthcare professionals were added to people's care plans and changes made where required.

Is the service caring?

Our findings

During our inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person using the service said, "The staff are kind and caring, I can talk to them, staff respect me." Another person told us, "Staff listen to me, they do what I ask, I feel confident with them."

There was a homely and relaxed atmosphere in the home during our visit, and we observed that interactions between people, staff and volunteers were positive. People looked happy and comfortable in the company of staff, and we saw that one person reacted very positively to a volunteer who had come to visit and spend some time painting their nails.

People living at the home told us they were consulted about their care and support needs. We saw that people had an appropriate care plan in place that was regularly reviewed and which included some historical information about the person. Staff told us this helped them understand people better at the start when people had just moved in and before staff had a chance to get to know people properly. We saw from the records people had been involved in planning their own care. Those we saw had been signed by people to show they agreed with the content of their care plans. One person living at the home used picture symbols to communicate some of the time. Staff and volunteers knew how to use these symbols, and when the person may choose to use them. This meant that staff had a good understanding of this person's needs, which enabled them to communicate how they wanted to when they wanted to.

Staff had a detailed understanding of how people wanted to spend their daily lives. They knew what was important to people and could tell us how each person liked to spend their day, what was important to them, and what was essential for them to get the most from an activity. For example staff told us about how important it was for one person to plan their day so they knew what to expect. In another example, a member of staff told us about how important it was for the person to have 'banter' whilst being supported at a voluntary work placement, and as the person supporting them, that they joined in too. People living at the home told us that they felt listened to, and that their views were acted upon. One person told us that whenever they wanted to talk through something, the registered manager or a member of staff would always make time to listen to them, and try to help them with the problem they had.

We asked staff we spoke with how they tried to ensure people's dignity was preserved at all times and especially when giving personal care. Staff gave us appropriate examples of how they achieved this with people. We saw staff gave people time and space to do the things they wanted to do and to make their own choices. Some people preferred to spend time in their own rooms. A member of staff told us they tried to help people remain as independent as possible as well as making sure people's privacy and dignity was respected. We observed that staff always knocked on people's doors. We saw that people's information was kept confidential and secure. One person told us, "The staff keep things private." During our inspection we saw that people's privacy was maintained, and their dignity promoted. People living in the home were treated with respect.

Is the service responsive?

Our findings

People told us that they were given the care and treatment that they needed. They said that staff were responsive to them and asked how they wanted their care to be provided for them. One person told us, "I choose when I go to bed, and eat when and where I want." Another person told us that they sometimes decide to go shopping at short notice, and that the registered manager organised this and went with them to provide support.

People's care needs and preferences had been assessed. These were recorded within their care plans and had been regularly reviewed to make sure the information contained within them was accurate. There was information in place that provided staff with clear guidance on people's individual daily routines and how they wanted to be cared for. The registered manager told us, "[People living at the home] write their care plans, I just put them together for them."

We saw that people living at the home had day time activity plans and records of what they did each day. Each person had met with the registered manager and planned goals for the future, which the registered manager then helped them plan for. For example we saw that one person wanted to join a local sports and activities club. They were supported to do this and attended regularly. Their key worker told us that they had recently won a competition at the club which they were very proud of. When we met with the person, they took us to their room to show us the trophy that they had won. We could see that this was very important to the person, and that this had been recognised by the registered manager, as they helped the person to celebrate with a trip to the pub.

People were actively involved in a range of activities within the community and at the home. People living at the home told us that they really enjoyed the activities they did. One person told us that they enjoyed helping maintain the home's very nice garden, and meeting a friend for lunch once a month. People were encouraged to partake in activities that were enjoyable and also beneficial to their wellbeing, such as swimming. People were supported to follow their hobbies, for example, one person liked to complete a jigsaw every month, they told us that the registered manager helped them to choose one. The registered manager arranged for people to go on holiday two to three times a year, either in the UK or abroad. Both the people living in the home told us how enjoyable and important to them that their holidays were. The registered manager told us that people living at the home chose the destination for the holiday, and that they usually provided them with a range of options, including holiday parks, or holiday cottages, so that there was variety.

Both people told us they did not have any complaints but that they felt confident to raise any concerns with the staff or the registered manager. One person told us, "I would talk to [staff] or [registered manager] if I'm not happy about something." No formal written complaints had been made since our last inspection. However, the registered manager told us that if any complaints were made, then these would be dealt with without delay. The home had a complaints policy and procedure in place.

Is the service well-led?

Our findings

The registered manager had promoted a positive culture that was person centred, open and empowering. They demonstrated good leadership. People told us that there was a relaxed atmosphere in the home and they felt their views and opinions were valued by the staff, volunteers and manager. One person told us, "I am happy here, they [registered manager] do a good job here, everything's great."

It was clear from our observations as well as from discussions we had with the registered manager, staff and volunteers and people living there, that the ethos of the home was to encourage people to maximise their independence.

The registered manager and staff were clearly passionate about providing people with care that met their individual needs and preferences and that encouraged people to live the lives they chose. When we spoke with people living at the home, they told us about how much they enjoyed their lives, and how in control of them they felt. People were very much involved in their local community, using facilities as well as contributing positively, for example volunteering at a community project. This connection was driven by the registered manager, who told us that a presence in the community was a priority for them, and how this in turn had benefitted people living at the home.

The staff and volunteer we spoke with told us that they felt supported in their role and that morale was good. They had a good understanding of their role and responsibilities and felt they received good guidance and support from the manager. The registered manager was very visible, and we observed that when the volunteer member of staff arrived, they went to speak to them to handover relevant information they needed.

The registered manager showed us records that demonstrated regular audits of the home's services, policies and procedures were being carried out. We saw that accidents and incidents were recorded and monitored. The registered manager also carried out an annual satisfaction survey that was completed by people living at the home and their families. The feedback we saw was very positive. In one case, we saw that a person had asked for new furniture, as a result of this an action plan was created, and a timescale planned along with the person. The registered manager and the person agreed a plan, with separate steps which included, buying the furniture, building the furniture and moving the old furniture.

The registered manager showed us their annual business development plan. The plan included arrangements for sourcing training that had been identified through supervisions and appraisals of staff and volunteers. The registered manager had a schedule for the review of policies and procedures, and ensuring that these were adapted to meet the requirements of the Care Act 2014. Environmental and premises upgrades were also identified and planned for. The registered manager often provided care for the two people living at the home and conducted daily checks of their care records and the safety and cleanliness of the environment. This meant that the registered manager regularly monitored the quality of care to ensure it was of high quality.