

Mr Roy Bellhouse

The Cottage Residential Care 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 of this service in March 2016 and found that the service required improvement and we made a recommendation that the service sought advice and guidance from a reputable source on up to date best practice regarding supporting people with autism and learning difficulties. We carried out a comprehensive inspection in December 2017 and January 2018 to check that the service had made the required improvements and found there were eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated 'Inadequate' and placed into special measures.

The management team were working closely with the Clinical Commissioning Group, and the local commissioner's safeguarding and quality improvement teams which mitigated the risk to people living at the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Cottage Residential Home on our website at www.cqc.org.uk

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

We undertook this comprehensive inspection to check that the registered provider had made the required improvements and to confirm they now met legal requirements. The management team had made significant progress to address the previous concerns and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The Cottage Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 10 people who have a learning disability or autistic spectrum disorder. People who use the service may also have mental health needs, a physical disability or dementia.

The Cottage is situated in a residential area, close to the seafront and the town centre. The premises are on two floors with each person having their own individual bedroom and communal areas are available throughout. At the time of our inspection, eight people were using the service.

There was a registered manager in post. 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.

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

Safe processes were in place for the administration of medicines and there were procedures in place to ensure the safety of the people who used the service. There were systems in place to safeguard people from abuse. There were adequate numbers of staff who had been recruited safely and were trained and supported to meet people's needs. Staff were aware of their responsibilities and knew how to report any concerns.

Staff demonstrated an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. People were supported to eat and drink enough and to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of those living at the service.

People and their relatives were involved in the planning and review of their care. People were supported to follow their interests and participate in social activities. A complaints policy was in place.

Risk assessments and care plans provided detailed and relevant guidance for staff in the home. People were supported effectively with their nutritional needs and received personalised care from a staff team who were kind and caring, respected their privacy and dignity and promoted their independence.

Systems and quality assurance processes had been improved. The management team were more pro-active and committed to continuous development which had led to improvement in the managerial oversight of the service.

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.

Risks to people had been assessed and measures were in place to manage these risks. Checks were made on equipment and on the environment to ensure it did not place people at risk.

Staffing levels were sufficient to support people as required.

Staff were knowledgeable about abuse and knew how to keep people safe.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Training and development had improved and provided staff with the skills and knowledge to carry out their roles.

People were supported effectively with their nutritional needs.

Staff had a good understanding of the Mental Capacity Act 2005 and decisions were made in people's best interests where appropriate.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected and their independence was promoted. People were included in how the service was run.

The staff were kind and caring.

People's preferences were documented and support was provided according to their wishes.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to support people effectively.

People accessed the community and took part in social activities to ensure their wellbeing.

A complaints policy was in place.

Is the service well-led?

Good ●

The service was well-led.

Managerial oversight had improved and the management team were pro-active.

Audit and monitoring systems were in place to ensure that the quality and safety of care was consistently assessed and monitored

People, staff and relatives were positive about the service.

The Cottage Residential Care 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 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 unannounced inspection took place between the 31 October and the 16 November 2018. The first day was a visit to the service and was undertaken by one inspector and one assistant inspector. Following this we made telephone calls to staff and relatives.

Before our inspection a Provider Information Return (PIR) was submitted by the registered manager. 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 had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority.

During our inspection, we looked at the care records of four people, recruitment records of three staff members and records relating to staff training and the management of the service and quality monitoring. We spoke with one person living at the service and three people's relatives. Where people were unable to speak with us directly, we observed how staff interacted with people and used informal observations to evaluate their experiences and help us assess how their needs were being met. We spoke with six staff including the registered manager and the deputy manager.

Is the service safe?

Our findings

Safe was rated as 'Inadequate' at our last inspection in December 2017 and January 2018 and we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, including a breach of Regulation 12, Regulation 13, and Regulation 19. This was due to concerns with risk management, staffing, record keeping and medicines management. At this inspection, we found that the required improvements had been made and the rating has improved to 'Good'.

There were now safe systems in place to identify and act on potential risks to people's safety and well-being. Staff had received training in safeguarding and could identify the different types of abuse and the actions they would take if they had any concerns someone may be at risk. Staff understanding of safeguarding and the process to follow if they had concerns had been discussed in supervisions and in team meetings to ensure that people had up to date knowledge. There was information displayed within the service regarding who to contact if people, staff or relatives had concerns.

The service was family run and relatives often worked on the same shifts together. A risk assessment was in place and measures outlined to ensure that people using the service were protected as much as possible. Action had now been taken to protect people from financial mismanagement and people had independent appointees to oversee their finances.

Improvements had been made to the management of medicines. Medicines were now managed safely and people received their medicines as prescribed. Where people were prescribed medicines 'as and when required', guidance was in place for staff regarding the purpose of the medicine and the time required between doses. Staff received training and had their competency checked before they could administer medicines and had also received specific training in the administration of an emergency medicine in the event that one person had prolonged seizures. We checked the medicines administration records and completed a stock count and found that these were correct. Individual care plans provided information about how to give people their medicines in a way they preferred and to ensure these were given consistently and appropriately.

At our last inspection, risk management required improvement. Risk assessments were now in place which provided clear guidance for staff. They covered a wide range of areas and included risks associated with epilepsy, using the kitchen, eating and drinking and mobility. However, there was no risk assessment for one person with bed rails and there were gaps between the bedrail and the mattress. The use of bed rails had not been risk assessed and the risk of entrapment had not been identified by the registered manager. Following inspection, the registered manager took immediate action and a risk assessment was completed and action was taken to address the risk of entrapment.

Risk assessments were regularly reviewed and updated when people's needs changed. Where one person became anxious or upset, assessments were in place which provided guidance to staff on how to effectively and safely support people and included possible triggers and de-escalation techniques. Where one person was at risk of having a seizure in the bath, guidance was now available for staff on the actions to take to

keep the person safe. People were now supported with their mobility appropriately and given the time, patience and encouragement they needed to mobilise independently.

Improvements had been made to the environment and issues with damp had been resolved, furniture was safe and fit for purpose and the garden was tidy and free from rubbish. Checks were completed and recorded on equipment including hoists, slings and window restrictors. However, where one person used a walking frame to support them with their mobility, the rubber feet [ferrules] on the frame were worn which placed the person at risk of slipping as the ferrules had no grip. The deputy manager assured us that this would be addressed and checks carried out on the frame in the future. Legionella management systems were now in place including water temperature checks and weekly shower head descaling.

Previous shortfalls regarding infection control had mostly been addressed and people were supported in a mostly clean and hygienic environment. However, one bedroom smelt of urine and two carpets required cleaning and the toilet and bathroom required some maintenance where the sealant had come away from the bath. The registered manager acknowledged this and contacted us after the inspection to confirm that new carpets had been ordered and the maintenance work had been completed.

Cleaning schedules were in place, audits were completed and we observed cleaning being carried out. Dirty laundry was now dealt with using safe procedures and people had their own towels and Personal Protective Equipment (PPE), paper towels and liquid soap were available throughout the service. Handwashing guidelines were also on display and staff had received training in infection control.

Concerns from the previous inspection regarding fire management had now been addressed and risks to people's safety in the event of a fire had been identified and managed. An evacuation plan and fire risk assessment were in place and people had personal emergency evacuation plans in place to guide staff on how to support them in the event of an emergency. Following a visit from the fire service, recommended actions had been addressed. Doors were no longer wedged open and there was appropriate signage in place, although there were some additional signs that were required. The registered manager took immediate action and ordered more signs.

The recruitment of new staff was now managed safely. Checks including references and applications to the Disclosure and Barring Service (DBS) were undertaken before a new staff member commenced in their role to ensure that staff were of a good character and suitable to work with those living at the service. People continued to benefit from a stable staff team who knew them well. The atmosphere was relaxed and staff were well organised. A dependency tool was now in place and staffing levels were arranged flexibly to meet people's needs. Staff had time to engage with people, were always present within the communal areas and provided support to people as required. However, the rota did not reflect how vacant hours at the service had been covered. The deputy manager told us that vacant hours had been covered between the staff team and will be recorded accurately on the rota going forward.

Accidents and incidents were reviewed and any action taken fully recorded. One person who was at high risk of falls had been identified and their falls were monitored, analysed and action taken to reduce re-occurrence where possible.

Is the service effective?

Our findings

Effective was rated as 'Requires Improvement' at our last inspection in December 2017 and January 2018 and we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, including a breach of Regulation 14 and Regulation 18. This was due to concerns with training and monitoring of nutritional intake. At this inspection, we found that the required improvements had been made and the rating has improved to 'Good'.

Previous shortfalls with staff training had been addressed. Staff and the management team had the skills, knowledge and support to carry out their roles and responsibilities safely and to meet people's needs. Staff completed mandatory training in subjects including safeguarding and first aid. Mandatory training is training the provider thinks is necessary to support people safely. One staff member said, "We have done a lot of training recently including manual handling, food hygiene, medication and falls prevention." Another staff member commented, "I have been doing training since I started working at The Cottage. I have done first aid and practical fire safety." Staff also received training specific to the needs to those living at the service including. One staff member told us, "I have done a course on autism and have had dementia training." They explained that the training had helped them to learn additional strategies to support someone when they were upset. Staff had received training in dementia awareness and had taken part in a dementia virtual tour to understand how it feels to live with dementia.

Staff told us that they had an induction when they first started at the service. One staff member said, "I had an induction which lasted about a week and I shadowed different staff members on day and night shifts to see what to do." New staff who had no previous experience in a care related role were working on the Care Certificate. The Care Certificate identifies a set of care standards and skills that health and social care workers should adhere to and includes assessments of competence.

A training plan was now in place and additional training in mental health awareness was due to take place. Observations of practice were undertaken in areas including lunch preparation, use of PPE and supporting people with daily living skills such as dressing and personal care. Feedback was provided to the staff member to ensure their continuous development.

Staff received regular supervision sessions and were also informally supported on a day-to-day basis, with any concerns that arose by the management team. Supervisions give staff the opportunity to talk through any issues, seek advice and receive feedback about their work practice. Annual appraisals took place and provided an opportunity for the management team to look at staff performance and to support them in their continued professional development.

People's needs were now met by the design and decoration of the premises. People's bedrooms were personalised and had been decorated according to their preferences and included a photograph of themselves on their bedroom door. One person was planning to paint their bedroom pink and another person had many pictures of the navy on their bedroom walls. Signs were in place to help orientate people to the toilets or to the bathroom and handrails had been installed to assist people with their mobility. Call

bells were in place for use in the event of an emergency. Some areas of the service had been recently decorated and ongoing plans were in place to decorate other areas to further improve the environment.

Shortfalls in the monitoring of food and fluid intake had significantly improved and people were supported appropriately with food and drink. Where staff had identified that one person was finding it more difficult to eat and drink, a referral had been made for additional input from the Speech and Language Therapy team [SALT]. Recommendations had been put in place and we saw that staff supported the person in line with these recommendations. However, this information had not been added to the person's care plan. The deputy manager assured us that this information would be added.

People were encouraged to be involved in the planning and preparation of meals. People living at the service discussed what meals they wanted to add to the menu but other choices were always available. On the day of inspection, people were offered a choice of breakfast options and chose different meals which were provided. Where one person often wanted a different meal, this had been prepared in advance and frozen so was always available if requested. Photographs showed that one person enjoyed helping in the kitchen which was encouraged. People were encouraged to eat healthily and this had been discussed in a staff meeting.

People had their health effectively monitored and action was taken if further input from other professionals was required. For example, one person had been referred for a wheelchair assessment and another person had seen the GP after an increase in falls.

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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager had made applications to the local authority as required. Where people lacked capacity, the appropriate best interest processes had been followed and mental capacity assessments were specific to the decision to be made, for example, the management of finances and the administration of medicines.

Staff had received training in the MCA, had a good understanding of the legislation and understood the importance of giving people choice and gaining their consent. Where one person was unable to give consent, and did not have any family or friends to speak on their behalf, an advocate had been involved. An advocate is someone who supports another person to express their views and wishes.

The MCA had been discussed in a residents' meeting and explained in a simple way so that people using the service were aware of their rights under the act.

Is the service caring?

Our findings

Caring was rated as 'Requires Improvement' at our last inspection in December 2017 and January 2018 and we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due to the provider not being up to date with best practice and concerns with privacy and dignity not being respected. At this inspection we found that improvements had been made and the rating has improved to 'Good.'

The registered manager had made improvements to ensure that they were up to date with best practice and providing support in line with the principles of Registering the Right Support. Guidance was available in the service to ensure that the staff and management team were focused on these principles and that these were central to the provision of care.

Relatives told us staff were very kind and caring and felt the care at The Cottage Residential Home was good and had improved. One relative said, "It's extraordinary. It's very personal and staff are very very caring and always have been." Another relative commented, "A lot of the staff have known people a long time which is quite nice. They are kind and caring."

Shortfalls from the previous inspection had been addressed and people's privacy and dignity was now respected and promoted. People had their own toiletries, hairbrushes and toothbrushes. Staff tried to support people to maintain their independence as much as possible and care plans included what people could do for themselves and what they required support with. Where people required support with their personal care needs, for example, to change their clothes, they were asked if they wanted support discreetly to protect their privacy and respect their dignity. Staff asked for people's consent and explained what they were doing throughout our visit.

Staff had developed positive relationships with people and there was a friendly, relaxed atmosphere within the service. Staff knew people well including how they wished to be supported and their personal histories. One staff member said, "I really like the people. I know them really well, their likes and their dislikes." Another staff member said, "It's a really nice atmosphere and a nice place to work."

People and their relatives were involved in the planning of their care and support needs. People had a keyworker who worked closely with them to keep all their care needs relevant to them and up to date. Every month the keyworker summarised with the person what they had done during that month so they could see what had been achieved.

Regular residents' meetings were held to gather people's views and a recent meeting had included planning a visit to the caravan that the service owned and activities that people would like to do. Another meeting had involved discussing the principles of quality care and whether those living at the service felt they received this. People had signed the minutes to agree what had been discussed.

Is the service responsive?

Our findings

Responsive was rated as 'Requires Improvement' at our last inspection in December 2017 and January 2018 and we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due a lack of record keeping, opportunities to participate in meaningful activity and community access and poor end of life planning. At this inspection we found that improvements had been made and the rating has improved to 'Good.'

Opportunities to participate in activities had improved since the last inspection and people regularly accessed the community to use the local shops, go for meals out, walk down to the seafront or to watch films at the cinema. One person told us, "I am going to Pizza Hut today. I love pizza." Some people were enjoying a break away in a caravan and other people were going to spend time at the caravan that day. Activities that people participated in were now recorded. One relative said, "[Person] goes to the pub, cinema and does all sorts of different things. They also have a Chinese takeaway evening."

People now received care that was individual and personalised to their needs. People had detailed support plans in place which covered a range of subjects and included their views and wishes. This enabled staff to support them in the way they wished to be supported to live full and active lives. Support plans were regularly reviewed so that staff had the most up to date information to support people.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. An easy read guide to the AIS was available for people within the service and people had communication support plans detailing how best to meet their communication needs. Staff sought accessible ways to communicate with people, showed compassion and instinctively responded where people required support.

There was a complaints procedure in place which was also available in an easy read pictorial format and the process of making a complaint was discussed with people in a residents' meeting so that people understood that they could raise their views, that they would be listened to and action would be taken. The service had not received any complaints since the last inspection. Relatives knew how to raise a complaint and said they would feel comfortable doing so. One relative told us, "If there was anything wrong, I would feel confident to be able to say something."

People's care records detailed their basic preferences and choices for their end of life care, however these could be further developed to ensure that people's end of life wishes were fully explored, recorded and understood. There was no-one nearing the end of their life at the service currently. The deputy manager told us that people's end of life care needs would be met through careful planning involving the person if they were able, the family and the GP. They understood the importance of involving relevant agencies and seeking additional support.

Is the service well-led?

Our findings

Well-led was rated as 'Requires Improvement' at our last inspection in December 2017 and January 2018 and we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was due to a lack of managerial systems, oversight and knowledge of good practice. At this inspection we found that improvements had been made and the rating has improved to 'Good.'

The provider was also the registered manager at the service. A provider is a person who has registered with the Care Quality Commission. 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.

The deputy manager was responsible for the day to day running of the service. They now understood their role and responsibilities and were supported in their role by the provider and by seniors. The deputy manager explained how they kept up to date with changes in the care industry which included accessing the CQC website, attending meetings, training and networking with other services.

Shortfalls in the development of the service had been addressed and lessons had been learned. The deputy manager and the staff team had recognised areas of concern and had worked hard to address these and to make improvements. Systems were now in place to ensure effective oversight and each staff member had been given an area of responsibility. For example, one person was responsible for rota management and another was responsible for maintenance. There was now an ongoing plan in place for the maintenance of the service.

Throughout the inspection, the management team were receptive to the feedback given and proactive in addressing any areas for improvement. They had been working closely with other agencies and the local commissioner's quality improvement team had been providing support to the service as they were in failing to meet the terms of their contract and had been completing an action plan. This action plan had been achieved in June 2018.

Quality assurance processes had improved. People, relatives and staff were included in how the service was run and questionnaires were sent out for feedback on the service. Responses received had been positive and included comments from staff such as, "I have enjoyed working here and can't imagine working anywhere else." One relative had commented, "People always receive good quality care in a homely and safe environment."

Staff felt supported and said that the management team were approachable. Regular staff meetings were held but as the service was small, any concerns were also discussed and resolved daily. One staff member said, "We have regular team meetings and supervision. If I have any problems, we can talk to the seniors as they are very approachable." Another staff member commented, "I can approach them [management team] and ask anything but I haven't had any concerns to approach them about."

Audits were completed in areas including the environment and care plans. Where actions had been

identified, there was a clear plan in place identifying the timeframes for completion and who was responsible. Records were organised and action had been taken promptly to rectify any issues where these had been identified. The registered provider worked as part of the team to support people and completed their own audits of service provision to ensure that it was of a good standard.

The deputy manager understood their duties under the new general data protection regulations and we found people's information was kept secure and confidentiality was maintained.

Relatives were complimentary of the service provided at The Cottage. Comments included, "It is very good. [Person] is looked after well, goes out a lot and is always nicely dressed and clean." And, "We are very impressed with what the owners have done there. They have created a loving, caring family home which is what [person] needs. It is well managed."