

## Blue Mountain Homes Limited

# The Cottage

### Inspection report

The Cottage  
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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 

#### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The Cottage provides accommodation and personal care to two people. This inspection was unannounced which

meant the staff and people who used the service did not know we were coming. At the last inspection in June 2013 the provider was compliant with the Regulations we looked at.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. There were clear management

# Summary of findings

structures offering support and leadership. Records showed that CQC had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

People told us the staff understood them; they confirmed the staff were kind and thoughtful and treated them with respect. People spoke positively about the care and support offered to them.

People who used the service were encouraged to manage their independence. Where people's needs changed, the provider responded and reviewed the care provided to ensure people were safe.

There were enough staff to support people safely and meet their needs. The staffing was managed flexibly to ensure people received their agreed care. This meant the provider was responsive to individual people's support needs.

People using the service were consulted about the management of the service and could influence the service delivery.

There were systems and processes in place to protect people from the risk of harm. People were protected against the risk of restraint because the provider had made suitable arrangements for staff to respond appropriately to people whose behaviour may challenge others.

People were supported to take risks when they had the capacity to do so. The Mental Capacity Act (MCA) 2005 was being adhered to, to ensure staff made decisions based on people's best interests. The Act was introduced to protect people who lack capacity to make certain decisions because of illness or disability.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were therefore properly recognised, respected and promoted.

The staff were kind and respectful to people when they were supporting them. There were policies, procedures and training in place to support staff to respect people's privacy and dignity. Staff were able to describe examples of where they had responded to what was important to individuals living in the home. People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to concerns.

There were effective systems in place to monitor and improve the quality of the service provided. Action plans, in response to audits and incidents were followed up and ensured continuous improvement. Staff were supported to challenge practice when they felt there could be improvements meaning there was an open and transparent culture in the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People were involved in the decisions about their care and support. We found that staff responded appropriately to people if they became agitated or distressed.

The staff knew how to recognise and respond to abuse correctly. Staff were trained and knew about the provisions of the Mental Capacity Act (2005). Where necessary an application under the Deprivation of Liberties provisions was in place.

Individual risks to people had been identified and assessed. Control measures had been put in place to manage any risks in a safe and consistent manner.

The provider took people's care needs into account when making decisions about the staff numbers, qualifications, skills and experience required. This helped to ensure people's needs were met.

Good



### Is the service effective?

The service was effective. We found staff were consistently following the care records to ensure that people's health needs were met.

The staff had up to date training and supervision and told us they were well supported.

Health and social care professionals told us that the support people living at The Cottage had received had led to significant positive changes in their abilities and lifestyle.

People enjoyed the food and had a choice about what and where to eat. They were supported to eat and drink enough to maintain their health.

Good



### Is the service caring?

People were treated with dignity and respect. Observations and discussions with people, other professionals and family members showed that staff were caring and compassionate.

People received the care and support they needed in a professional, calm and unhurried manner.

People were encouraged to maintain and develop relationships. Family members and friends felt welcomed to the home. People were supported to take risks but these were well documented and understood.

People individual choices and preferences were recorded and supported. People had access to advocacy services to represent them if needed.

Good



### Is the service responsive?

The service took account of people's needs. People were supported to choose and take part in a range of activities and regularly went out into the local community, with support if required.

The staff worked closely with health and social care professionals to provide people with care that met their needs and promoted their rights.

Care staff knew how each person communicated their wishes so their views were included in their plans of care. Plans were reviewed and up dated when people's needs changed.

Good



# Summary of findings

## Is the service well-led?

The service was well led and continually strived to improve and develop. The registered manager was leading by example. They kept up to date with current good practice and research.

They spent time working alongside staff, provided learning through supervision and involved staff through regular staff discussions. There was an open culture where staff's views were welcomed and taken into account in planning the service.

A range of audits and checks were completed on an on going basis to monitor the quality of the service provided to people. The registered manager took action to address any shortfalls. There were plans to further develop the service. The provider listened and acted upon advice offered by other professionals.

There was evidence that learning from incidents took place. We saw changes had been made as a result of the outcome of safeguarding events.

Good



# The Cottage

## Detailed findings

### Background to this inspection

The inspection team consisted of one inspector. At the time of our inspection The Cottage provided accommodation and personal care to two people. We spoke with both people using the service, three staff, two healthcare professionals, a police officer, a family member, a paid representative (advocate) for a person who used the service, and the registered manager.

Through a process called pathway tracking, we looked at one person's care records, spoke with two staff about the care the person received and observed the staff on duty when they provided support. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about the service.

We corresponded with the inspector who had carried out the previous visit, and we checked the information we held about the service and the provider. We saw that no concerns had been raised recently and we had received notifications as required, for example, where safeguarding referrals had been made to the local authority to investigate and for serious injuries.

We reviewed all the information we held about the service which, told us about what had happened at the service since our last inspection. We also looked at the provider information return. This was information the provider had completed for us before our inspection. This helped us to decide what areas to focus on during our inspection. We looked at policies, care records and auditing processes. This was to gauge how the provider led and monitored the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People using the service told us they felt safe. One person said, “I do feel safe here, I class the staff as another family.” A police officer who was visiting the service told us, “The staff take time to engage, there is a genuine concern for safety and development.”

We spent time with people and the staff and observed daily life in the home. We saw the staff were sensitive and considerate to people’s needs. All staff spoken with confirmed there were a sufficient number of staff on duty to ensure people could be supported as necessary both in the house and in the community.

We spoke with a family member over the telephone who told us their relative was safe and well cared for in the home. They said, “I have no concerns, I know my relative is happy and content.”

We discussed safeguarding procedures with two members of staff. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The staff spoken with had a sound understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. All staff had received training on safeguarding vulnerable adults within the last year. Staff had access to detailed policies and procedures, this meant the staff had the necessary information to ensure people were protected from abuse.

Staff had received training on the Mental Capacity Act 2005 (MCA 2005), its associated code of practice and the Deprivation of Liberty Safeguards. All staff spoken with had an understanding of the MCA 2005 and one staff member described how they had been involved in a best interest meeting for one person. The deputy manager also explained other best interest meetings had been held. On each occasion the person’s capacity had been tested to check their ability to make decisions about their care. The best interest decisions had been made by multi-disciplinary teams on behalf of people if needed. We saw applications to the local authority for a deprivation of

liberty safeguard had been made and we had been notified as required. We spoke with the paid representative of one person. This is a person who acts as ‘a voice’ to ensure the person using the service is listened to in an independent manner. They told us, “They empower [person] I have seen no unsafe things and they encourage relationships and inclusion.” This meant the provider ensured people using the service were suitably supported to make decisions.

Staff were aware of maintaining and respecting people’s rights and dignity and we noted positive interactions between them and people who used the service throughout our visit. The staff had received training on managing behaviour that challenged others. There was also detailed information in people’s support plans to help staff recognise any changes in behaviour so they could intervene before the behaviour escalated. We observed the staff managing people’s behaviours that challenged in a sensitive and appropriate manner. We saw the person was offered suitable distractions and reassurance, and other people around them were also supported to remain calm and feel safe.

The ethos of the home promoted person centred approaches and positive risk taking. Individual risks had been assessed and recorded in people’s support plans. Control measures had also been drawn up to ensure staff managed any identified risks in a safe and consistent manner. General risk assessments had also been carried out to cover activities and health and safety issues. All risk assessments were reviewed at least every six months or more frequently if people’s needs or circumstances changed. This meant people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

People who used the service told us there were always enough staff on duty to meet their needs. One person said, “There are always staff about to talk to and if I ever need someone they come straight away.” We saw there were three staff on duty and the registered manager, this meant the two people using the service could both receive individualised care and support as and when required.

# Is the service effective?

## Our findings

People who used the service were involved as much as possible in the planning and review of their care needs. This enabled people to have input into the delivery of care. An emphasis was placed on recognising and celebrating people's small achievements in order to build confidence and heighten their self-esteem. Photographs and pictures were routinely used as part of reviews to help people understand and participate in the process.

Each person had a keyworker team who worked closely with them and their families, as well as other professionals involved in their care. Keyworker meetings were held once a month to ensure the person was receiving coordinated, effective care. We saw minutes of the meetings and saw the person's care and support had been discussed and agreed by the person who used the service. A healthcare professional told us, "They offer a very consistent approach, there is a very regular and stable staff team." This meant the needs of the people who used the service were recognised and managed well.

We spoke with the staff on duty to help us understand if they knew the needs of people who used the service. We found they offered consistent information about people and this was supported by the information we read in people's care records. One member of staff said, "We have handover and regular meetings. The manager makes sure we are kept up to date. When an incident has occurred we always have a debrief. These help us to look and learn what worked well and what we could do better. I find these invaluable."

We looked at the training records and saw that the staff were supported to undertake training that met the needs of people who used the service. For example managing nutrition and healthy eating. We spoke with the person who used the service who was being supported to manage their diet and learn about healthy eating. They said, "The staff use colour codes to help me understand whether or not the food is good for me. I really like it, I feel involved and I understand." A healthcare professional we spoke with told us, "They are working through this transition very well. The differences they have made for this individual are unrecognisable. It is really really good, and I see good interactions with the staff team."

We observed people were asked to make a choice of food at lunchtime which meant the food provided reflected people's preferences. People were given assistance as appropriate to prepare their meals. They were offered and supported to make drinks throughout the day to ensure good hydration. People we spoke with who used the service told us they were happy with the variety and quantity of food provided. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal.

Staff we spoke with and records we looked at confirmed the staff received regular supervision and team meetings were also held regularly. One member of staff said, "Supervision is our time, we discuss things in detail and always look at how to improve. The provider is great, if we identify any training needs they will always try and arrange the training for us." This meant the staff were offered the support they needed to meet the needs of people who used the service.

# Is the service caring?

## Our findings

The staff were friendly and professional in their approach and interacted confidently with people. We observed the staff as they supported the people they cared for. We saw there was a relaxed atmosphere in the home and people were comfortable with the staff. The staff spoke with people using the service in a calm, dignified and adult manner. We saw the relationships between people using the service and the staff were strong. One person told us, "The staff care about me."

People told us they were happy and content and there was evidence to demonstrate people were well cared for. A relative told us, "I am really pleased with the care at The Cottage."

People had free movement around the home and could choose where to sit and spend their recreational time. The premises were clean, homely and spacious and allowed people to spend time on their own if they wished. This meant people had access to privacy when they needed to be alone. We observed people going to their bedrooms, sitting in different areas of the home and using the garden during our inspection.

We looked at one person's care records and saw they offered detailed information. This information covered all aspects of their needs and provided clear guidance for staff on how to meet these needs. This included a profile about their preferences and personal histories. The profile set out what was important to the person and how they could best be supported.

Staff spoken with had an in depth knowledge and understanding of people's needs and were observed to show kindness and compassion in their care for people living in the home. Through discussion we found that the registered manager and deputy manager were aware the information contained in the care records, and from observations and listening to the staff we could see that they all knew people well. We spoke with a visiting police officer who told us, "They encourage and care, our professional engagement with the service works really well. I have seen a vast improvement in a person's temperament and the way they react to the police."

We saw staff knocked on people's doors and wait to be invited in before entering to ensure privacy and dignity were maintained. People who used the service confirmed the staff always checked and knocked before entering their bedrooms.

The staff recognised the importance of ensuring people's independence was increased and life skills were developed. They were able to give us good examples of how this had been achieved. For example the staff encouraged people to manage their own shopping and budgets.

The provider continually reviewed its practice to make sure that people's individual needs were suitably managed, and people were empowered to take control of their lives. The provider worked well with other professionals and the local community to ensure the correct levels of support were in place at all times.



# Is the service responsive?

## Our findings

People who used the service told us they felt listened to. One person said, “The staff listen to me and help me when I need it, I feel they respond.”

People had detailed care plans relating to all aspects of their care and support needs. They contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. A healthcare professional told us, “ They respond to the individual and us very well. The communication they have is excellent and they will always seek advice.”

Staff timetables were based around supporting people appropriately. We saw evidence the provider had a flexible approach to ensuring people could undertake the activities they wanted to on a particular day. This included going out into the community as well as undertaking activities in the home. People using the service offered positive comments which included, “I go out into the community and the staff encourage me to do this.”

We found that there was a complaints policy and procedure in place at the service. This outlined a clear

procedure for people to follow should they need to complain. The procedure gave information on how people could complain, and timeframes for how and when these complaints would be responded to. They gave information to people on where they could go if they were not happy with the response from the service. The complaints procedure was displayed in the communal hallway and this information was readily available to people who used the service.

We saw records to demonstrate people’s views had been listened to and their concerns were investigated and responded to. The provider ensured people were aware of advocacy services and promoted their use. A person who used the service confirmed they were presently using an advocate. We saw literature was available in the home which offered support and advice.

The staff were trained in the Mental Capacity Act 2005 This meant they were aware of how to support people who could not make decisions for themselves when required. People using the service were regularly consulted about their care and their views and opinions were listened to. People were involved in reviewing their plan of care and were involved in the delivery of their care on a daily basis.

# Is the service well-led?

## Our findings

The provider had systems in place for regular checks of the quality and safety of the care people received. They included care planning, medicines systems, cleanliness and infection control, staffing and maintenance arrangements. A paid representative said, “I have no concerns and when I suggest something they are very keen to implement it.” We saw that the suggestions made had been introduced which included a memory book. This meant the provider ensured improvements were continually sought and considered.

We saw policies and procedures were reviewed and updated. This meant that the registered manager and provider had an effective system in place to ensure information was current and up to date.

Records showed that people’s well being and any known risks to their health and welfare were checked and analysed monthly. These included risks from falls, weight loss or gain and nutrition. Accidents, incidents and near misses were checked and analysed to see whether changes or improvements were needed. This demonstrated there were suitable and sufficient systems in place to monitor the care and support provided. Where any actions were needed plans were in place which showed a timescale for their achievement and who would be responsible. Progress was also being monitored by the provider to check whether actions were met. A healthcare professional said, “The manager is very helpful, I have seen lots of positive interactions and they have made sure the person’s needs are met. They will always seek advice support and listen.”

We found that people using the service, their representatives and staff were regularly asked for their

views about their care and treatment and their comments were acted on. Formal satisfaction survey questionnaires were regularly circulated to each of these groups of people, seeking their views about their care and services provided at the home. The collated results showed that people were very satisfied with the care and support provided.

People told us about meetings that were regularly held in the home. Minutes of these meetings showed people’s views were recorded. This meant the provider responded to how people wanted the service to be managed. A healthcare professional said, “We have constant interaction with the staff team and the manager leads really well.”

Staff we spoke with said they received the support they needed, which included formal supervision. Staff said they were often asked for their views about people’s care and received feedback about any changes or learning from incidents or investigations. One staff member said, “We are so well supported, I can’t tell you how good the manager is.” We saw a comment in the communication book that said, ‘As a member of staff I have never felt so valued as I do here.’

There was an ‘open door’ policy with people using the service were able to enter the office freely and at any time. Relatives told us they were always made welcome and were contacted regularly. The healthcare professionals we spoke with said the staff empowered people using the service by listening and responding to their comments.

There was evidence of continual monitoring of the service detailing any meetings, complaints, incidents and key risks which had emerged. This meant the provider ensured learning and improvements were regularly reviewed and considered.