

# ROCCS Residential Community Care Services Limited

## Brent Cottage

### Inspection report

Admirals Walk  
Hoddesdon  
Hertfordshire  
EN11 8AB

Tel: 01992467450

Date of inspection visit:  
28 May 2019

Date of publication:  
28 June 2019

### 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:

Brent Cottage is a residential care home that provides personal care to five adults all of whom have a learning disability.

People's experience of using this service:

People showed they were happy living at Brent Cottage, they felt safe and comfortable with the staff team.

Staff were kind and caring and knew each person well. Staff enjoyed working at the service and felt they received good support. There were enough staff to support people in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's privacy and dignity and encouraged independence wherever possible.

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. People were supported to be as active as possible. The staff looked for ways to continually make improvements, worked well with external professionals and ensured that people were part of their local community.

Staff supported people 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 supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence and inclusion. People's support focused on them having as fulfilling and enjoyable a life as they chose to lead.

Rating at last inspection:

At the last inspection we rated this service Good (report published on 2 December 2016).

Why we inspected:

This was a planned inspection based on the 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 we receive any concerning information we might inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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.

# Brent Cottage

## **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. We planned this inspection 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 and an assistant inspector carried out the inspection.

Service and service type:

Brent Cottage 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 we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Although the registered manager had resigned from their post two weeks prior to the inspection. We have not yet received a notification or an application to cancel their registration. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We carried out the inspection visit, unannounced, on 28 May 2019.

What we did:

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on

important events that happen in the home that the provider must let us know about. In April 2019 the provider had sent us a completed provider information return (PIR). The PIR 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.

During our inspection we saw how the staff interacted with people who lived at the home. We spoke with all five people who lived there. We spoke with three members of staff and a registered manager of another service of this provider.

We looked at three people's care records as well as other records relating to the management of the home, such as medicine administration records, internal audits and the local authority's contract monitoring audit.

# 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.

- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns.

Assessing risk, safety monitoring and management.

- Systems were in place to protect people from avoidable harm. Risk assessments were in place which detailed what actions staff needed to take to minimise the risk.
- Risk assessments relating to the environment had been completed and these clearly stated what steps were needed to manage these risks.
- Regular servicing of the gas supply, electrical items and fire safety equipment was undertaken.
- Staff undertook regular checks of all equipment and systems in the home, such as the fire safety monitoring system, to make sure people, staff and visitors to the home would be safe. Staff had completed a personal emergency evacuation plan (PEEP) for each person so that emergency services would know how to support them in the event of a fire.

Staffing and recruitment.

- Staff were satisfied that there were enough staff to support people with their personal care and to do what they wanted to do. Staff told us that additional staff are provided if needed to meet peoples care and support needs
- There were safe recruitment practices in place. Staff records confirmed appropriate background checks with the Disclosure and Barring Service and references being obtained prior to staff commencing their employment.

Using medicines safely.

- Staff managed medicines safely and gave people their medicines as prescribed.
- Medicine storage was secure, and staff audited medicines weekly. Staff had an annual competency check to ensure they administered medicines in line with the prescribed instruction and the providers policy.
- One person was supported to take their own medicines and sign the appropriate record to show that they had taken them.

Preventing and controlling infection.

- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.
- There were safe practices around food hygiene. The kitchen was regularly cleaned, and the service had been awarded the highest rating of five out of five by the Food Standards Agency.

Learning lessons when things go wrong.

- Records showed accidents and incidents were recorded in detail and appropriate action had been taken as a result of all incidents.
- The registered manager reviewed all accidents and incidents and made recommendations for future practice.



# 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.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were fully assessed before a place at the home was offered. This was to make sure that the staff team could meet the person's needs and they were as compatible as possible with people already living at the home.
- Staff delivered up to date care in line with good practice and the home had equipment available that would enhance people's care and promote independence.

Staff skills, knowledge and experience.

- Staff said they felt they had received enough training so that they could do their job well and support people effectively. One member of staff said, "We get plenty of training and we can always ask for additional topics if they would support our jobs." The PIR stated: 'Currently working with the clinical psychologist to arrange a specific Positive Behaviour Support Training Course. This will help staff deal better with behaviours that challenge.'
- Staff felt well-supported especially by their peers. One member of staff said, "I like working here. (Staff) are very supportive and we can discuss anything."

Supporting people to eat and drink enough with choice in a balanced diet.

- People chose what and when they wanted to eat and were supported by staff to prepare their meals.
- People's weight was monitored monthly to ensure they maintained a healthy weight.
- Staff knew each person's likes and dislikes and told us these could also be found in each person's support plan.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked closely with a number of other services so that people received effective care and support. These included healthcare services as well as colleges that people attended.

Supporting people to live healthier lives, access healthcare services and support.

- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, community nursing team, dietician, a chiropodist, dentist and optician as well as specialists relevant to the person's health condition.

- Advice given by healthcare professionals was recorded in people's care records and linked to people's care plans, staff adhered to, and followed, this well.

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

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted the room decorated and furnished.
- People also chose what they wanted for the shared areas of the house.
- The ground floor of the service was in need of re-decoration. Following the inspection, we received the annual development plan, whilst this highlighted areas for re-decoration they related to the upstairs flooring, staff office and the exterior of the home to be re-painted. This meant that the environment where people lived was not as homely.

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, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves.
- Where decisions had to be made in people's best interests, these were clearly documented and involved the person so they were informed of why staff made certain decisions for them.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.
- Staff had an understanding of the principles of the MCA and how it applied to the care they provided for people.

## 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.

- One person told us staff treated them well and said, "I feel listened to" they added, "Staff explain things in a way I understand."
- Our observations showed there was a relaxed and informal atmosphere in the home.
- Staff provided emotional support when needed. One person who displayed behaviour that challenged others was supported in a calm and patient way by staff and as per their detailed plan.
- Staff knew the care needs of the people they were caring for well. They were able to tell us about each person's preferences and diverse needs in detail.

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

- People were fully involved in making decisions about their care and support. They met with their keyworker each month to make plans for what they wanted to do and to talk about what they enjoyed.
- Where appropriate, people had access to advocacy services. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence.

- Staff encouraged and supported people to do as much as they could for themselves. People were supported to help with household chores and meal preparation.
- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home and provided transport for people to visit their relatives' homes. Staff supported people to speak with their relatives over the phone if visits were not possible.

# 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.

- Support plans detailed people's preferences about the way they wanted staff to give them care and support. The person and their keyworker reviewed their support plan at least monthly.
- People invited their relatives to annual reviews of their care and support. Support plans showed how each person had been involved in the plan.
- Staff supported people to play an active part in the community. Staff told us how one person was very well known at the local shops and was able to go and get their shopping whilst staff waited outside.
- There were no restrictions to when friends and family could visit people.
- Daily notes provided good detail about people's emotional and physical wellbeing and linked with their care plans.
- Staff supported people to do a range of activities. These included attending college and work placements. One person we met was very excited and enjoyed telling us what they were going to do.

Meeting people's communication needs.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the way each person understood best.

Improving care quality in response to complaints or concerns.

- The provider had a complaints process in place.
- Staff told us no formal complaints had been received about the service since our last inspection. Staff told us they discuss any concerns people have when they review their care and support plans.

End of life care and support.

- No one at the time of this inspection was receiving end of life care.
- However, people's end of life wishes had been recorded where people were happy to discuss this.
- All staff were provided with training and knowledge about end of life care.
- Staff said that people receiving end of life care could stay at the home if this was their wish and they were able to meet their needs.

# 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.

- There was a clear ethos at the service and that was to promote people's independence.
- Our conversations with the staff demonstrated they understood person-centred care and applied this to their practice.
- There were monthly quality audits across all areas of the service to monitor the level of service being delivered and helped ensure staff adhered to the provider's values.
- The provider had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- The registered manager had been fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.
- Staff felt they received good support from the registered manager. They had had regular supervision sessions prior to their departure. A registered manager, who we met at the end of our inspection from another of the providers services told us they would be applying to become the registered manager of Brent Cottage.
- The provider had a quality assurance system in place to ensure that staff continued to give high-quality care. Staff and the registered manager prior to resigning carried out weekly and monthly audits which fed into a monthly report sent to head office. They put action plans in place to address any shortfalls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Everyone living at Brent Cottage were encouraged to express their views on a day to day basis about the running of the home.
- People were very much part of the local community. For example, people went into town or to local shops and the pub with support. People accessed local colleges and clubs and attended local places of worship and GP surgeries.

Continuous learning and improving care.

- Staff told they were always trying to make things even better for people. One staff member said, "We are passionate about the people we support and encourage independence in everyone."
- Staff told us they kept up to date with current research and good practice, for example they referred to various guidance that had been produced by NICE (National Institute for Clinical Excellence).

Working in partnership with others.

- Staff worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.