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Loreto Cottage

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

About the service

Loreto Cottage is a residential care home providing personal care and support for up to 16 people with learning disabilities or autistic spectrum disorders. The care home accommodates people in one adapted building and one person in a small self-contained flat onsite. 12 people were using the service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of this thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No inappropriate restrictive intervention practices were used.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a healthy balanced diet. Health and social care professionals and advocates were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff treated people with dignity and respect when helping them with daily living tasks. The service ensured people led meaningful and fulfilled lives.

There were effective staff recruitment and selection processes in place. People received effective care and support from an established management and staff team who were well trained and competent and who knew people well.

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

Rating at last inspection

The last rating for this service was Good (published 1st February 2018).

Why we inspected

The inspection was prompted in part due to a complaint received about medicines and a specific incident relating to a person using the service which was investigated by the local authority adult safeguarding team. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Responsive and Well Led sections of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive section below.

Good ●

Is the service well-led?

The service was Well-Led

Details are in our Well-Led findings below.

Good ●

Loreto 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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, a Specialist Advisor, with experience of working with people who use this type of care service and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Loreto Cottage is a care home which provides accommodation and personal care for up to 16 people with a learning disability or Autism. People in care homes receive accommodation and 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, relevant health services, Nottinghamshire Fire & Rescue Service and professionals who work with the service. We contacted Healthwatch for feedback on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. We discussed

with the provider what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people living at the service. We spent time talking with people and observing the interactions between them and staff.

We spoke with six members of staff including the provider, registered manager, deputy manager and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policy documentation.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Most people were not able to comment directly on whether they felt safe. One person told us, "Yes, staff make me feel safe." Another person told us, "I was living away in a bungalow before, I feel much safer here." We spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. We saw that staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy.
- Staff demonstrated an understanding of what may constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as to the local authority, police and us. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding responsibilities. They explained the importance of working closely with the local authority and relevant health and social care professionals on an on-going basis. There were clear safeguarding policies for staff to follow.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and risk assessment reviews were carried out to identify appropriate ways to keep people safe. For example, risk assessments for behaviour management, eating and drinking and accessing the local community safely.
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others may find challenging.

Staffing and recruitment

- Staff confirmed that people's needs were met promptly, and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community. The registered manager explained that during the daytime people received varying levels of support in line with their individual needs. One person told us, "There are lots of staff, someone is always on duty and I have one to one." Another person said, "Staff know what they are doing, they are well trained."

- In addition, staffing levels increased dependent on what activities people had planned, or when a person had been identified as requiring a higher level of support.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

Using medicines safely

- People's medicines were managed so they received them safely. One person told us, "Staff give me my medicines in the morning and at night, everything's' alright."
- Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine practice whilst working with alongside staff and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- We found all areas of the home to be clean, fresh and free of malodours.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments had been updated. Where incidents had taken place, involvement of other health and social care professionals was requested where needed. This learning was shared amongst the staff team.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The building is showing some signs of needing modernisation to meet the requirements for all people living at the service as they age. We saw that adaptations were provided for people living at the service on an 'as required' basis. A fully accessible lift had been added to provide access for all people to the first floor. Bathrooms had been converted to wet rooms to enable access for hoisting equipment for showering. We recommended to the registered manager the need for further signage and lighting may be required to enable people to navigate the upstairs area effectively as they age. The registered manager assured us they would implement these measures as required.
- We discussed with the registered manager that people living with epilepsy or other health conditions may benefit from sensor equipment in their rooms to alert staff when they required attention, along with the regular monitoring and checks already being carried out by staff. They assured us they would refer people to the relevant occupational therapy team involved to arrange the provision of any equipment which could better support their needs.
- Communal areas and bedrooms had been personalised to meet people's individual tastes and support needs.

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

- People's needs and choices were assessed before they moved into the service to ensure appropriate support was available.
- Staff were knowledgeable about national guidance and best practice and used this to deliver effective support for people. We saw evidence of this in people's care plans.

Staff support: induction, training, skills and experience

- Staff received training which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including; safeguarding vulnerable adults, the Mental Capacity Act (2005) and moving and handling. In addition, staff received training in topics specific to people's individual needs. For example, epilepsy, autism awareness and learning disability awareness.
- The provider had a clear and effective induction process for new staff. This included training and shadowing shifts with more experienced members of staff.

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

- People's eating and drinking preferences and support needs were monitored to ensure they maintained a balanced diet. People spoke positively about eating and drinking at the service. One person told us, "Yes the food is good, I can make a drink when I want. I used to make my own meals, the staff help me make cheese on toast." Another person told us, "I like coffee but if it is too hot it gives me a headache, I also like drinking chocolate. We are having toad in the hole tonight, sausages are my favourite. We have baked potatoes on Thursday, we have meetings to talk about food."
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff had consulted with appropriate health professionals.
- We observed that staff treated people who required support with eating and drinking in a dignified and respectful way and showed patience and care during meal times.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were crucial in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical or mental health. One person told us, "Staff would ring and make an appointment for me."
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP and learning disability practitioners. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved.
- People had hospital passports. Hospital passports are used to provide important information to hospital staff about a person living with a learning disability, if the person is admitted to hospital.

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 when this is in their best interests and legally authorised under the MCA.

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.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. This was through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a residential care setting and to receive medicines. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The registered manager was aware that authorisations required regular review and had made applications in a timely manner.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw numerous examples of kind and caring support from staff. These included laughing and joking with people and reassuring them when they became anxious. It was clear that staff knew people well. Many people have lived at the service for a significant time period, and it was clear that meaningful and familiar relationships have developed between staff and people who live at the service, who are all described as 'the family'.
- People were encouraged to live as full and free a life as possible. This included supporting people to pursue their hobbies and interests and to develop and maintain relationships of importance to them. One person told us, "Yes, I like having a pint on a Friday, every week I go with some of the staff and people here. I like to listen to the radio; the staff will tune it in if I ask."
- We saw throughout the inspection that staff demonstrated how they were understanding of people's changing moods and responded appropriately, which showed how well they knew people. For example, we saw that one person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy.

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

- Staff adopted a positive approach in the way they involved people in their care needs whilst respecting their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. They did this skilfully through the use of people's preferred communication methods. This included signs, symbols and touch to enable people to choose what they wished to do.
- Feedback was regularly sought from people and relatives and acted on. This included at review meetings and through daily informal conversations.

Respecting and promoting people's privacy, dignity and independence

- People were completing a variety of activities and accessing the local community or a day centre during our inspection. Staff spoke fondly about people and were keen to ensure people had a good quality and meaningful life by thinking about other activities they could explore for people. One person we spoke with told us they had been out with two support workers for the majority of the day. They said, "I've had a great day so far, I've been swimming, to a garden centre, a park and I've seen some pigs." They went on to tell us, "I love it here, we are like a big family, I really enjoy baking and I'm going to bake a cake for someone's

birthday next week." We saw that this person had a personalised box of baking equipment and provisions in the well-stocked communal kitchen, that allowed them to enjoy this particular activity with support from staff.

- People's bedrooms gave them privacy and space to spend time on their own if they so wished. Bedrooms were personalised and reflected people's specific interests, such as pictures and posters on the walls. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example, by knocking on bedroom doors before entering and being discreet, closing the curtains and gaining consent from people before providing this care. One person told us, "I just go upstairs if I want to be quiet, staff respect that." Another person said, "If I'm not feeling at my best, staff would give me some peace or more time."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support based on their assessed needs and preferences.
- Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and behaviour support requirements. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.
- Staff showed a commitment to working in partnership with people. Staff told us about the importance of involving people in their care to ensure they felt consulted, listened to and valued. They explained that it was important people were at the heart of planning their care and support needs and how people were at the centre of everything.
- Effective systems were in place to ensure staff were updated on changes to people's support requirements, including regular handovers of information and reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication support needs and effective at communicating with them. Information was provided to people in the most accessible format for them.
- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access a wide range of activities based on their hobbies and interests. One person told us, "I like to go to church when there is a big event going off, staff would let me know."
- Activities formed an extremely important part of people's lives. People were engaged in a wide variety of activities and spent time in the local community going to places of interest. For example, parks, garden centres, churches and day centres. People were encouraged to maintain relationships with their friends and family. We saw that care plans documented the importance to people of seeing their family. One person told

us, "My relative takes me out on a Wednesday to play pool doubles."

Improving care quality in response to complaints or concerns

- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where required.

End of life care and support

- People's end of life preferences and choices were discussed where appropriate and documented. These included their cultural and spiritual needs.
- Policies and procedures were in place to provide end of life care where needed. These ensure the care reflected people's requirements for their palliative care wishes.
- Some people had decided they did not want to be resuscitated if they were to become very unwell. This was clearly recorded in their care plan and staff were all aware.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People said they were happy living at the service and with the support they received. One person told us, "Yes, I can't think how they could improve." People told us they felt supported, involved and listened to by staff.
- Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff confirmed they were kept informed of things affecting the overall service via team meetings and conversations on a regular basis. Meetings took place on a daily basis as part of the service's handover system which occurred at each shift change.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had notified CQC appropriately about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration. A complaints procedure was displayed in the service for people and their relatives to access.
- The provider and registered manager had effective quality assurance processes to monitor and improve standards. Audits were completed on a regular basis as part of monitoring the service provided. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up.

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

- People's equality, diversity and human rights were respected. The service's vision and values was centred around the people they supported. The service was focussed on encouraging independence and people having a sense of worth and value within the community.
- Regular staff meetings took place and staff said their feedback was valued and acted on.

Working in partnership with others

- The provider worked effectively with other health and social care professionals to meet people's specific needs. Staff told us that communication between other agencies was good and ensured people's needs were met. Care plans showed evidence of professionals working together. For example, GPs, occupational therapists and learning disability practitioners. Regular reviews took place to ensure people's current and changing needs were being met.
- The registered manager had sought training on specific health conditions for staff to ensure they could meet people's needs.