

Canterbury Oast Trust

Rosemary Cottage

Inspection report

Highlands Farm
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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 4 June 2015, and was an unannounced inspection. The previous inspection on 8 January 2014 found no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to six people who have a learning disability. This may include people who also have a significant physical disability. There were five people living at the service at the time of the inspection. The service is a purpose built property and accommodation is provided

on one level. It is set in a rural area on the outskirts of Woodchurch village on Highlands Farm, which is a tourist attraction and where the provider has other registered services located. Each person has a single room and there is a communal bathroom, separate wet room, kitchen, lounge/diner and sensory room. There is an accessible garden with a paved seating area at the back of the house.

At the time of the inspection people had varied communication needs and abilities. Some people were

Summary of findings

able to express themselves verbally; others used body language to communicate their needs. Each person had a learning disability; complex health needs and most also had significant physical disabilities.

There was an established registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had lived in the service for many years and were involved in the planning of their care and support. Care plans contained individual detailed information about people's wishes and preferences and used pictures and photographs to make them more meaningful to people. They detailed people's skills in relation to tasks and what help they may require from staff, in order that their independence was fully promoted. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations. Risks assessments were centred on the needs of the individual and processes were in place to keep people safe and promote their independence.

People benefited from living in an environment and using equipment that was well maintained and met their needs. People's needs were such that they required specialist equipment, such as powered wheelchairs, height adjustable beds and baths and specialist easy chairs. There were records to show that equipment and the premises received regular checks and servicing. The environment was well maintained and work was on-going to maintain the environment both inside and out. People freely accessed the service and spent time where they chose.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included specific induction around people's individual support and health needs and shadowing experienced staff, until staff were competent to work on their own. Staff training included courses relevant to the needs of people supported by the service and specialist training had been delivered by health care professionals. Staff had gained qualifications in health and social care.

People felt safe in the service. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns.

People had their needs met by sufficient numbers of staff. Rotas were based on people's needs, activities and health appointments. People received care and support from a dedicated team of staff that put people first and were able to spend time with people in a meaningful way.

People were very happy with the service they received. They felt staff had the right skills and experience to meet their needs. People felt staff were very caring and kind. Staff had opportunities for one to one meetings, staff meetings and appraisals, to enable them to carry out their duties effectively.

People told us their consent was gained through discussions with staff. People were supported to make their own decisions and choices and these were respected by staff. Staff understood their responsibility under the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make specific decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People had complex health needs and were supported to attend appointments and check-ups, such as doctors, dentist and opticians. People's health needs were kept under constant review and appropriate referrals were made when required. Recently assessments had been undertaken by physiotherapists and an occupational therapist.

People planned their meals and had adequate food and drink. They liked the food and enjoyed their meals. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet. Special diets were well catered for and people were supported by staff with eating and drinking whenever they needed this help.

People felt staff were very caring. People were relaxed in staff's company and staff listened and acted on what they

Summary of findings

said. People said they were treated with dignity and respect and their privacy was respected. Staff were individual and kind in their approach and knew people and their support needs very well.

People had a varied programme of suitable activities in place, which they had chosen. People participated in work based activities, such as horticulture and art and craft, which they enjoyed as well as leisure activities. People talked animatedly about social events they had done or were planning. People's family and friends were very important to them and contact was well supported by staff.

People were put at the heart of the service. They told us they received person centred care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves. People's individual religious needs were met.

People felt comfortable in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been very positive.

People felt the service was well-led. The registered manager was approachable and sometimes worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly. Staff felt the registered manager motivated them and the staff team.

The provider had a vision, to be a leading organisation providing quality care and support for adults with learning disability. Their mission was to provide a safe and fulfilling life for adults with learning disabilities. Staff were very aware of these and they were followed through into practice.

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?

The service was safe.

Staff were trained to protect people from abuse and harm and knew how to report any concerns.

Risk assessments were centred on the needs of the individuals and guidance was in place to keep people safe.

There was sufficient staff on duty to meet the needs of people and support their activities and health appointments.

Good



Is the service effective?

The service was effective.

Staff received induction and training relevant to their role. Health professionals had delivered training, so staff understood and could meet the specific health needs of people.

People received care and support from a dedicated team of staff who knew people well. People were supported to maintain good health and attended regular health appointments. People were referred to healthcare professionals promptly when needed.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Good



Is the service caring?

The service was caring.

People and their relatives spoke very highly of the staff and the registered manager. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded quickly to their requests for support.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Outstanding



Is the service responsive?

The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Care plans were reviewed and updated when needs changed.

People were at the heart of the service. They were able to take part in a wide range of activities of their choosing. The arrangements for social activities met people's social needs and enhanced their sense of wellbeing.

Good



Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. Complaints and small concerns were addressed promptly and appropriately.

Is the service well-led?

The service was well-led.

There was an open and positive culture which focussed on people. The registered manager listened to people and staff, acting on their suggestions for improvement.

Staff were aware of the provider's vision and this was followed through into their practice.

There were systems in place to monitor the quality of care people received. The registered manager and senior staff worked alongside staff, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

Good



Rosemary Cottage

Detailed findings

Background to this inspection

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

This inspection took place on 4 June 2015 and was unannounced. The inspection was carried out by one inspector as only five people were living at the service. Due to the small size of the service it was not appropriate for the inspection to include more people on the inspection team.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with four people who used the service, the registered manager and five members of staff.

We observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people who could not talk with us. We reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, medicine administration records, the staff training and supervision records, staff rotas and quality assurance surveys and audits.

We contacted two health and social care professionals who had had recent contact with the service and received feedback from them both. In addition we used feedback from another two health and social care professionals had recently given directly to the service.

We contacted three relatives of people living at Rosemary Cottage by telephone to gain their views and feedback on the service provided.

Is the service safe?

Our findings

People told us they received their medicines when they should and felt staff handled their medicines safely. Relatives felt medicines were handled safely. Where people were prescribed medicines on a 'when required' basis, for example, to manage pain or constipation, there was guidance for staff on the circumstances in which these medicines were to be used and when staff should seek professional advice for their continued use. This helped ensure people received these medicines safely and consistently.

Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. Staff told us that two staff always checked the medicines when they arrived into the service and these checks were recorded on the MAR chart. There were systems in place for returning unused medicines to the pharmacist and for when people made overnight visits to their families.

All medicines were stored securely for the protection of people. Temperature checks were taken daily and recorded to ensure the quality of medicines used. Individual medicine cabinets had been installed in each person's bedroom since the last inspection to enhance people's privacy when taking their medicines.

There had been six medicine errors within the last 12 months. These had been investigated and procedures had been strengthened, which included staff closing the door of people's bedroom to reduce distractions when administering medicines. Further observations of administration and increased medicine audits had also been completed. The prescribing pharmacist had undertaken an audit in November 2014 and staff told us all actions had been addressed.

Staff had received training in medicine administration, which was refreshed every three years. This was followed by a competency test to check staffs knowledge and understanding of the training.

People told us they felt safe living at Rosemary Cottage and would speak with a staff member if they were unhappy. Relatives also confirmed that they felt their family members were safe living at Rosemary Cottage. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people, often with good

humour, and people were relaxed in the company of staff. Staff were patient and people were able to make their needs known, either verbally or by using facial expressions, noises and gestures. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. Staff were familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People benefited from living in an environment and using equipment that was well maintained. People had access to equipment that met their needs. For example, overhead tracking hoists, powered wheelchairs, adjustable height beds and bath and Symmetrikit chairs (adjustable chairs providing good posture and comfort). There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, hoists, wheelchairs and electric beds. Staff talked about how one person's mobility needs had been reassessed, which had resulted in them now having a powered wheelchair. This had given them much more freedom both within the service and outside. Relatives told us that equipment and the premises were well maintained and always in good working order. Repairs and maintenance were dealt with by the Estates department and staff told us when there was a problem things were fixed fairly quickly. All the communal areas of the service had been redecorated in the last 12 months, with people choosing the colours. One person was having their bedroom redecorated at the time of the inspection and talked about how they loved the new colour, which they had chosen. Window baskets were also being hung on the day of the inspection as people wanted to fill these with plants.

Accidents and incidents were reported and clearly recorded. Senior staff then reviewed these, to help ensure appropriate action was taken to reduce the risk of further similar occurrences. The registered manager told us that any accident and incident reports were sent to senior management and their health and safety department for review and they monitored events for trends and learning. They were able to give an example, such as recent falls and the medicines errors; where senior management had

Is the service safe?

visited the service to ensure all appropriate action had been taken. In the case of one person having several falls we saw that action was being taken to reduce the risk of further occurrences. For example, the person's medicines had been reviewed and changed and then changed again, they had worn a monitor for a period of time and were awaiting the results.

Risks associated with people's health and welfare had been assessed and procedures were in place to keep people safe. For example, risks associated with falls and management of people's diabetes or epilepsy. Risk assessments were in place to support people's mobility using overhead tracking hoists and specialist equipment. These were very detailed to help ensure people were moved consistently and felt safe at the same time. Pictures and guidance from the moving and handling training organisation were used to enhance these. Records showed that health professionals had been involved in mobility assessments and we saw that during the inspection their advice and guidance had been followed through into practice. For example, an occupation therapist had recently suggested due to a person's balance that staff walk on the opposite side of the person than they used to and we saw this was happening during the inspection. A health professional had said in feedback, "The staff demonstrate safe working practices, such as manual handling and risk assessment". Risk assessments enabled people to be as independent as possible and access the community. For example, having privacy alone in the bath, using a powered wheelchair around the farm and helping with household chores.

People had their needs met by sufficient numbers of staff. People felt there were enough staff on duty. The registered

manager kept staffing levels under constant review and was working with one local authority to fund increased staffing due to the deterioration in one person's health. People told us that staff responded when they needed them and we saw this to be the case during the inspection. Staff were not rushed in their responses when responding to people's needs. There was a staffing rota, which was based around people's needs, activities and health appointments. There was a minimum of two staff on duty during the day, which could rise to four and one member of staff at night plus a member of staff slept on the premises at night. The staff were supported by the registered manager and two assistant managers who were surplus to the above numbers, but supported people both in the house and to attend health appointments, this support was confirmed by staff. There was an on-call system covered by senior management. At the time of the inspection there was 1 vacancy and the service used existing part time staff or the provider's bank staff to fill any gaps in the rota, if they were unavailable they used familiar staff from an outside agency.

People were protected by safe recruitment procedures. No staff had been recruited for some years. Recruitment records included all the required information. This included evidence of an application form, Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity and evidence of their conduct in previous employments. Staff undertook an induction programme and were on probation for the first three months.

Is the service effective?

Our findings

People told us they were “Happy” and “Liked” living at Rosemary Cottage. One person said, “I like living here, everything about it, we all get on”. This was reflected in quality assurance surveys people had completed. Relatives were very happy with the care and support their family member received. One relative said, “We are more than satisfied, we are very very happy”. Relatives described the atmosphere within Rosemary Cottage as “Pleasant, very happy, relaxed and warm and friendly”. One relative said, “There is always something going on there”. Health and social care professional told us that the staff had an in depth of knowledge and understanding of the people they supported.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, what to eat or drink what they would like to wear and what they wanted to do.

Care plans were put together using pictures and photographs. They contained clear detailed information about how each person communicated and we saw this was followed during the inspection. Staff were patient and not only responded to people's verbal communication, but their facial expressions, noises and gestures. Staff told us they also used pictures and photographs to enable people to make informed choices, such as during menu planning. Photographs were used to show people which staff would be on duty and when.

Staff understood their roles and responsibilities. Staff had completed an induction programme, part of which had been developed to include specific training about supporting each individual who lived in the service. The induction also included reading, orientation, shadowing experienced staff and attending training courses. Staff also completed a common induction standards booklet and had a six month probation period to assess their skills and performance in the role. A common induction standards booklet is competency based and in line with the recognised government training standards (Skills for Care). There was a rolling programme of training in place and staff received regular refresher training. This included moving and handling, health and safety, fire safety awareness, emergency first aid, infection control and basic food hygiene.

Some specialist training had been provided, such as training on autism and Asperger, diabetes and insulin administration and managing epilepsy and Buccal Midazolam administration (**Buccal Midazolam** is an emergency rescue prescribed medicine). The registered manager had invited professionals to come and deliver training at team meetings, to discuss specific issues relating to individual people and their needs, so people could receive quality care based on their individual needs. An occupational therapist had attended a staff meeting and delivered training on specialised seating and mobility, the speech and language team had delivered a session on special diets, nutrition, dysphagia (difficulty in swallowing) and eating and drinking and a physiotherapist had undertaken a session on people's individual physiotherapy exercises. A health professional had said, “I was asked to attend a staff meeting where we discussed the postural needs of all the residents and this offered a good forum for all the staff team to discuss the residents' needs and we were able to problem solve some solutions to ensure their needs were met”. The Kent Association for the Blind (KAB) were booked to attend a staff meeting and deliver training. Staff felt the training they received was delivered well and gave them the confidence to ensure they were able to meet people's needs.

Seventeen staff had obtained a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they attended appraisals and had one to one meetings with their manager where their learning and development was discussed. Records showed all staff had received a one to one meeting in the last three months. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures. Staff said they felt well supported.

People told us their consent was gained, by themselves and staff talking through their care and support. People were offered choices, such as what to eat or drink what clothes to wear and how to spend their time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had received training to help enable them to understand

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their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. No DoLS authorisations were in place and people had consented to live and receive support at the service. Staff talked about when best interest decisions had been made regarding a person's deteriorating health and their future care and support arrangements. Decisions had involved the individual, their family, staff, the care manager and the health professionals.

People had access to adequate food and drink and told us they "Liked" the food and this was confirmed during the last quality assurance questionnaire people had completed. People said they were involved in helping to plan their meals. There was a varied menu, which was planned each week and staff told us this was done with the aid of pictures and recipe books. Most people had their main meal in the evening and a light meal or sandwich at lunch time. People's weight was monitored monthly and staff talked about how they encouraged healthy eating. One person talked about how they grew vegetables and salads as part of their horticulture workshop and then brought them home to use as part of their meals. People were protected from the risk of poor nutrition and some people required support to eat. Special diets were catered for, such as diabetic, high fibre, celiac and a soft diet. Staff had researched one person's condition and they had introduced finger foods, using different colour foods on a contrasting plate to help encourage the person to eat and continue eating independently. Other people used equipment to aid independence such as, beakers with lids, plates with raised edges, special shaped bowls and adapted cutlery. Health professionals had been involved in the assessment of people's nutritional needs. Recommendations they had made had been followed through into practice. For example, one person had been involved in the decision to change to a soft diet and have their main meal at lunch time as their swallowing was better when they were not so tired. They also had their drinks thickened to reduce the risk of choking.

People's health care needs were met. Relatives told us that any health concerns were "Immediately" acted on and "They never waste any time in getting (family member) to the doctor" and "They always tell us what's going on". People had on-going complex health care needs and this resulted in attending many health appointments and assessments. People told us they had access to appointments and check-ups with dentists, doctors, orthotics, the nurse and opticians. People attended clinics for health checks, as a proactive way of maintaining good health. People told us that if they were not well staff supported them to go to the doctor. Care plans contained the signs people may display if they were unwell or in pain, such as no eye contact or chewing lips or other items. Staff told us they knew people and their needs very well and would know if someone was not well. They kept people's health needs under constant review and made appropriate referrals to health professionals. The registered manager had introduced 'DisDAT' (Disability Distress Assessment Tool). This was intended to help identify distress cues in people who because of cognitive impairment or physical illness had limited communication. Any health appointments were detailed clearly including outcomes and any recommendations to ensure all staff were up to date with people's current health needs. Staff talked about how one person's health had been deteriorating and they were working with health professionals to identify the cause. On the day of the inspection they had attended a hospital appointment to see the epilepsy nurse. One person had been assessed by the speech and language team who had highlighted a problem with their dentures and on the day of the inspection the person had a dentist appointment booked for the afternoon. Another person had a daily programme of physiotherapy exercises; they told us they didn't always like doing them; however they said staff always encouraged them. Staff demonstrated in discussions they understood people's health conditions and needs and how these impacted on the individual and their activities. For example, people's activities had been changed to the morning as they became tired in the afternoon. A health professional had said, "The staff are proactive in contacting me if they feel that there is a need for occupational therapy for a resident". A social care professional had said, "Staff communicate clearly and always work collaboratively" and "Incorporated any advice into care plans".



Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they “Liked” all the staff, they told us staff were very kind and caring. People had confirmed, during the last quality assurance questionnaire they had completed in May 2015, that they were ‘happy with the way staff supported them’. During the inspection staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or noises and gestures. Different approaches were used to suit people’s personalities, at times there was plenty of laughter and other times staff sat with people and spoke quietly, conversations were always inclusive of people. Relatives were very complimentary about the staff. Comments included, “They are perceptive, caring and thoughtful”. They chat and have a laugh with (family member)”. “We can’t praise them enough, they have the patience to work with (family member) and they really push for things to improve their quality of life”. “I am absolutely 100% behind the staff and manager. They do a fantastic job and I can’t speak highly enough about them”. “They let him be who he is”. “She loves going back, enough said”.

Health and social care professionals told us the staff were very caring. One said, “They are excellent, they are 100% caring. (Person) has complex health needs and has required a lot of input recently for tests and appointments, but this has been no problem to the staff team. When the (person’s) health deteriorated one to one support was automatically provided to meet their needs and keep them safe”. Another professional said, “They do their utmost always”.

One staff member told us “It’s like a work family here and we all feel part of it. We appreciate and are interested in the service users and vice versus”.

Staff were attentive and responded quickly when they saw a person required support so they did not have to wait. Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. Staff were able to spend time with people. One person was having a house day when they tidied their

room and did their laundry. They were supported by a member of staff who was not rushed and they chatted happily, sometimes with roars of laughter, as they undertook the chores, at times sharing the task and other times the person was encouraged to do things independently.

Staff noticed and paid attention to small things, such as one person was not very tall so staff had brought a step for them to put their feet on whilst they sat at the table so their legs were not uncomfortable.

One person had recently been recommended a soft diet and staff knew how this person loved crisps, so they had purchased different types of crisps and tried them to see if they melted on their tongues and then came up with crisp type foods that were suitable, such as wotsits and quavers, so the person could still enjoy these, but remained safe whilst eating.

The service has embraced the new Care Certificate and senior staff were booked to undertake assessor training. The Care Certificate is the first time an agreed set of standards that define the minimum expectations of what care should look like across social care have been developed. It sets out the learning outcomes, competences and standards of care ensuring that support workers are caring, compassionate and provide quality care.

People confirmed that they were able to get up and go to bed as they wished. People were able to choose where they spent their time. During the inspection when people were home they accessed the bungalow as they chose, although in some cases this had to be supported by staff. For example, two people spent time in their rooms and one was involved in household chores. There were several areas where people were able to spend time, such as the garden, sensory room, lounge/diner or their own room. People’s bedrooms were decorated to their choice, were individual and reflected their hobbies and interests. One person talked about their bedroom, which was being decorated during the inspection and how they “Loved” the new colour, which they had chosen.

People’s care plans contained details of people who were important to them, such as family members and friends, so staff would know who people were talking about in conversations. This information included a brief summary of who they were and the interaction they had with the person. In addition there were dates and addresses so



Is the service caring?

people, if needed could be reminded to send a birthday card and/or buy a present. Daily reports made by staff showed that this information was used and someone had been supported to go to the local garden centre to buy a present for a family member for their birthday.

During the inspection it was apparent that people respected each other and close friendships had grown between them. One person talked to another, who was unable to communicate verbally, in a kind and friendly way about where they were going that afternoon, what they were going to be doing and what time they needed to leave. People's family and friends were able to visit at any time, which was confirmed by relatives. Relatives told us they were "Always made extremely welcome". They were confident people were well supported and cared for. One person told us they had a friend next door and they sometimes popped in with their relative when they were returning from a family visit. People were encouraged and supported to keep good contact with family and friends. For example, one person spoke to their family on the phone and the speakerphone was used in their bedroom to enable their privacy. People also used an iPad, email or Facebook to keep in contact. A relative told us how they had received a telephone call the previous evening from a very excited person telling them all about what a wonderful day they had had.

During the inspection staff talked about and treated people in a respectful manner. The staff team were knowledgeable and provided continuity and a consistent approach to support people. We saw staff supporting a person from their dining chair into their powered wheelchair. They were patient, went at the individuals own pace and explained clearly what was happening and what they needed the person to do independently so the transfer was undertaken safely. Care records were individual for each person to ensure confidentiality and held securely. Care plans promoted people's privacy and dignity. For example, during personal care routines people were left in private in the toilet or in the bath if they wanted to be. In the last quality assurance survey people said staff and other people gave them privacy when they wanted it. Relatives told us that people's privacy and dignity was always respected. A health care professional had said, "The staff team always show respect and compassion for the people that they work with and always work in their best interests". Health and social care professionals told us that people were "Absolutely" always treated with dignity and respect.

A health professional and staff felt the care and support provided was person centred and individual to each person. A health professional had said, "I have always found the staff to be very person centred in their care and are always able to give me the information I require when I visit. They have adapted to work with the residents as their needs have changed in relation to age and condition". A social care professional had said, "Staff demonstrated a clear understanding of care needs of people they support". People felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. Care plans contained details of people's life stories and preferences. For example, one person liked accessories in their hair. During the inspection the person had accessories in their hair. They had had their hair done a slightly different way and the registered manager noticed this and complimented them on how nice it looked and then spent time talking to the person about activities they were doing that day. Staff talked about people in a caring and meaningful way. Staff intervened during the inspection appropriately when we were speaking with people if they felt people had not fully understood what we were asking and gave them time to answer fully.

People were able to make choices about their care and support. Staff talked about and demonstrated during the inspection that they were respectful and encouraged people to always make their own choices and decisions. For example, what they wanted to eat, how they wanted to spend their afternoon, did they want their bath first or to have a rest and then have their bath later. One person was asked if they wanted a jacket when they went out and then staff went on to ask which jacket the person wanted to wear. Staff facilitated decisions making in some cases by offering a choice of two items, such as clothing or food and bringing items within reach so they could be touched. One staff member said, "People are speaking out a lot more now than they used to, they are asked what they would like to do". People were involved in discussions and review meetings to plan their care and support.

People's independence was promoted and maintained wherever possible. People's care plans detailed what people could do for themselves however small. For example, one care plan stated that a person could 'rub the shampoo/conditioner into my hair if prompted'. They could also help with rinsing their hair if staff gave them a jug. During the inspection staff enabled people's independence



Is the service caring?

wherever possible. For example, they were seen to fill a person's spoon each time so that the person was still able to eat independently. People said they choose meals they liked to have on the menus and helped with some preparation of meals. One person was hovering during the inspection. People were also involved in elements of doing their laundry and baking cakes. Staff talked about how two people had benefited from new powered wheelchairs giving them independence to access the bungalow as they wished and participate in household chores. One relative talked how their family member's independence had been really improved due to the motorised wheelchair they now

had. This included accessing the woods to take part in activities and being able to make a drink in the kitchen. Health and social care professionals felt staff maintained people's independence skills.

Staff told us at the time of the inspection that most people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was displayed within the service, should people need it.

Is the service responsive?

Our findings

When we walked into Rosemary Cottage it was apparent that the provider had created an environment where people were in the driving seat. Aspirations were encouraged and people made the decisions and choices, staff facilitated these wishes and preferences and this is what we found.

People were very happy with the care and support they received and felt it met their needs. People said they were involved in planning their care and had regular review meetings to discuss their aspirations and any concerns. Relatives told us they attended six monthly review meetings and that their family member and them were always listened to. At reviews people, their relatives and care manager usually completed a quality assurance survey to give their feedback about the service provided. This was confirmed by relatives. The surveys contained very positive comments and responses.

No one had moved into the service for some considerable years. Although at the time of the inspection there was a vacancy, but time was being taken to ensure the right person moved in who would fit in at Rosemary Cottage. Previous admissions had included the registered manager carrying out a pre-admission assessment and also obtained assessments from professionals involved in the person's care, to ensure that the staff were knowledgeable about the person and the service was able to meet their individual needs and wishes. Following this the person was able to 'test drive' the service by spending time, such as for meals or an overnight stay, getting to know people and staff. Care plans were then developed from discussions with people, observations and the assessments.

Care plans contained information about people's wishes and preferences. People had been involved in creating their care plan 'all about me' and were familiar with the content. They took into account their life histories and what was important to them. Symbols, pictures and photographs had been used to make them more meaningful. Care plans contained details of people's preferred morning and evening routines, such as an in-depth step by step guide to supporting the person with their personal care in a personalised way. This included what they could do for themselves and what support they required from staff. Health action plans were also in place detailing people's health care needs and involvement of health care

professionals. Care plans gave staff an in-depth understanding of the whole person and staff used this knowledge when supporting people. Care plans had recently been or were being reviewed and reflected the care provided to people during the inspection.

People's care was personalised. Where people's needs had changed or their health deteriorated we saw that their routines had been changed to reflect their changing needs. For example, one person did not like to get up early, so was not woken early unless they had an appointment that could not be changed and had their chosen activities planned for the afternoons. Another person who got tired in the afternoon undertook their chosen activities in the morning and had rest and relaxation planned into their afternoon. Care plans had been updated as people's needs changed to ensure they continued to receive continuity in their support. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. A social care professional wrote on a quality assurance survey "There is a person centred approach with the one client I have with a tailored support plan to his needs and activities".

People were at the heart of the service. Staff spent time chatting with each person and responding to their need for company. People had been asked about their personal histories and any interests or hobbies and efforts were made to support people to continue with these. People had a programme of varied activities in place, which they had chosen. They attended various interactive work sessions run by the provider both on Highlands Farm and other sites owned by the provider, such as horticulture, art and craft, sensory, computers and poulton wood (nature reserve with woodwork and craft). One person worked in a shop.

Part of Highlands Farm is a well-known tourist attraction open to the public each day 'The Rare Breeds Centre', a popular centre accommodating rare breeds of animals, which people helped to look after. This gave people the opportunity to meet and mix with people visiting the centre. The centre ran fund raising events and one person talked about a fete that was planned where they had decided to have a stall to help raise funds and staff said they were helping to make a poster and cards to sell on the stall. Staff told us that "(Person) is ideal to run a stall as no one passed them without being persuaded to buy something". Staff had supported people to organise an

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informal coffee morning and people had invited their friends and families to come. Family and friends were seen as an important part of people's social life and were encouraged to visit or call whenever possible. One person told us about how another person had recently celebrated their birthday and the wonderful birthday cake they had had. People were aware of their activity programme and talked enthusiastically about some of the sessions. Other leisure activities included manicures, therapeutic beads; shells and play dough, listening to music, iPad, DVD's, shopping, gardening, church and television. People talked about the window boxes that were being put up (at the right height for people in wheelchairs) and what plants they were going to put in them.

Although Highlands Farm was in a rural setting people were not isolated, in addition to the 'Rare Breeds Centre' Highlands Farm had two other care homes and supported living houses on site. People were also able to access the local and wider community. People's spiritual needs were met, one person was supported to attend church in the village and if they did not want to attend they always watched songs of praise that evening. Another person talked very excitedly about a recent holiday in Disneyland Paris they had just returned back from with their family and doing an off road 4x4 safari. Another person told staff all about a friend's wedding they had recently attended. People said in the last quality assurance survey that they liked their activities and received support to follow their personal hobbies and interests. Relatives talked about the "Varied and wide range of suitable activities" their family members "Thoroughly enjoyed". One relative said, "The activities are amazing, very very good and they have a full week". Another relative said, "(Family member) needs one to one support and they have an absolutely fantastic variety of activities, which they encourage her to do".

The service met the needs of people including those with complex health needs and physical disabilities. Rosemary Cottage benefited from being small and purpose built, but had a personal homely atmosphere. Accommodation was on one level and health professionals had been involved in assessments in relation to the premises and equipment to ensure it met people's complex physical and health needs. An extension to the service had given people another room, which they had chosen to use as a sensory/meeting/chilling room. People had chosen the colour of the room, special bean bags for seating and sensory equipment.

People had access to a garden, where they could spend time alone or with others. Paths from the extension had been created to assist people to be able to access the garden.

People's rooms had the equipment they needed to meet their needs and were decorated in their choice of colour and personalised with their own accessories. The bathrooms and toilets contained equipment that helped people to remain as independent as possible. At the time of the inspection people had been involved in discussions about upgrading the adapted bath and staff were consulting health professionals for their advice and guidance to ensure the one identified was the most suitable to meet people's needs. This ensured individual needs were met by the adaptation, design and decoration of the service.

People told us they would speak to a staff member if they were unhappy, but did not have any complaints. They felt staff would sort out any problems they had. In a quality assurance survey people said they felt staff would help if they had a problem. The registered manager told us there had been no complaints received since the last inspection. People's care plans contained information about how they could complain using photographs, pictures and words so people would be able to understand the process. The registered manager and senior staff were accessible so available if people wanted to speak with them. Staff told us that any concerns or complaints would be taken seriously and used to learn and improve the service. The registered manager told us that they had regular contact with people and relatives and this helped "Nip problems in the bud and resolve things quickly". Relatives told us they did not have any complaints, but felt comfortable in raising any concerns that might arise. Relatives said, "If we ever have any queries we can ring, they listen and we can discuss things".

People had opportunities to provide feedback about the service provided. There were regular residents meetings held and records confirmed that people could discuss any issues and suggestions and plan activities they wanted to undertake and these were acted on. People had regular review meetings where they could give feedback about their care and support and the service provided. Following the review meeting people, their relatives and care managers were encouraged to complete questionnaires to give their feedback about the service provided. Those held

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on files in the office were very positive. There was also a suggestions box by the front door where people could post suggestions at any time, which was checked regularly by the registered manager.

Is the service well-led?

Our findings

There was an established registered manager in post who was supported by two assistant managers. The registered manager worked Monday to Friday 8am to 4pm and the assistant managers worked Monday to Friday plus a day at the weekend. People knew the registered manager and assistant managers and felt they were approachable and “Alright”. There was an open and positive culture within the service, which focussed on people. People and relatives spoke highly of managers. Relatives said they felt comfortable in approaching and speaking with managers. Comments about the registered manager included, they are “Very good” and “Supremely efficient and well respected”. Staff felt the registered manager motivated them and the staff team. Comments about the senior staff included, “If I have got an issue I can say”. “If I’ve got a problem I can talk to any of the senior staff and I can suggest any training”. “They see when someone has potential and help develop that or give them a project to put those skills to use”.

A social care professional told us they were “Very impressed” with the service and felt it was well-led. Health and social care professionals said, “The registered manager has been very professional and informative. They have worked brilliantly with me and responded when needed”.

Relative felt the service was well-led. Their comments included, “It’s efficient and professional” and “I think Rosemary Cottage is absolutely fantastic”.

Within the service the provider displayed their vision, mission and values. Staff told us that the chief executive and senior management held a communication meeting twice a year that all staff could attend. Staff said that the vision, mission and values were always on the agenda and discussed. Staff told us that these included supporting people to live life to their fullest potential, supporting people to be as independent as possible and providing a home and independence so people feel valued.

Staff talked about how they felt the provider listened to their opinions. Staff told us about the communication meetings and how the format had been changed and were organised so that a member of the senior management team sat on each staff table instead of all at the front, so the meeting was more interactive and staff felt more comfortable in speaking or asking questions. A meeting

had recently taken place in May 2015. Staff felt the provider was a listening organisation and that senior management were open and approachable. One staff member said, “They are very good, very flexible and listen to us”.

Staff said they understood their role and responsibilities and felt they were well supported. They had regular team meetings where they could raise any concerns and were kept informed about the service, people’s changing needs and any risks or concerns. Staff also used a daily handover to keep up to date.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines records to ensure that possible errors were recorded and any lessons had been learnt. Environmental checks were carried out to monitor repairs, and identify improvements that would benefit people.

Trustees and senior managers visited the service to check on the quality of care provided. People and staff told us that these visitors were approachable and always made time to speak with them and listen to what they had to say. A senior manager undertook quality monitoring visits and a report was produced. Staff said they “Didn’t see a lot of senior management, but they knew they were only a phone call away”. The registered manager attended regular managers meetings, which were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

People, their relatives and social workers all completed quality assurance questionnaires to give feedback about the services provided. Responses had all been positive.

The provider organised service user panel meetings where the business and future of the trust was discussed. Each service including Rosemary Cottage had a representative on the panel, which was a person that used the service. People had the opportunity in the meeting to shape things that were happening within the trust. For example, people had been involved in reviewing the care review meeting paperwork to make it more people friendly. People could access the provider’s website to see what had been discussed. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people’s routines and facilitated discussions between themselves, individual’s and the inspector.

Is the service well-led?

During 2014 the provider set up a group for siblings of people living within their services for support and to share experiences, learn from each other and build a network for membership. It was planned that the group would meet twice a year.

The provider produced a regular newsletter and 'in-touch' magazine to keep people and staff informed about news and events that were happening within the trust. This used to be produced quarterly and will now be produced bimonthly in paper copy and online for more effective communication.

During 2014 the provider was awarded a National Care Employer of the year award from the Great British Care Awards scheme. This award seeks to acknowledge and

celebrate employers' commitment to care and how this is achieving success in delivering an excellent service. Employers who are given this award are able to demonstrate considerable acumen and entrepreneurial flair whilst at the same time having a sustained track record of delivering high quality care and managing improvement.

Staff had access to policies and procedures via the provider's computer system or a folder was held within the service. These were reviewed and kept up to date by the provider's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service. Care plans and risk assessments had been reviewed regularly and were up to date.