Community Integrated Care

Moss 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

The inspection took place on 18 and 25 May 2018 and was announced.

Moss Cottage is registered to provide accommodation for up to four people who have a complex learning disability and a physical disability. At the time of our inspection there were four people living in the service. There are two floors in the building which is in a suburban area of Liss. A car was provided to transport people living in the home.

At our last inspection we rated the service as good overall, and requires improvement in well-led. At this inspection we found the evidence continued to support the rating of good and required improvements had been made to achieve a rating of good in well-led. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
The service had a registered manager. A registered manager is a person who has registered with the 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.

Systems were in place to protect people from avoidable harm and abuse. Staff were aware of their responsibilities and had received the required safeguarding training. There were sufficient numbers of staff to support people's needs and keep them safe. There were safe recruitment processes in place to make sure the provider only employed staff who were suitable to work in a care setting. Risks to people were assessed and recorded in their care plans. Records showed that these were managed safely

There were arrangements in place to store, record and administer medicines safely. People received care from skilled staff who had received the appropriate supervision and training to help develop their knowledge. People were protected from the risk of acquiring an infection. The registered manager recorded accidents and incidents and supported staff to reflect on these to prevent recurrences.

Staff were aware of the legal protections in place to protect people who lacked mental capacity to make decisions about their care and support and implemented them in their practice.

People were supported to maintain a balanced diet. They prepared meals and made choices about food they wished to eat.

People had access to care from relevant health and social care professionals.

Staff had respectful, caring relationships with the people they provided support to. Staff encouraged people to express themselves and promoted their independence, privacy and dignity. Care plans were written in

partnership with people and their families where appropriate. They reflected care and support that people required and were regularly updated.

The provider had processes in place for investigating and responding to complaints and concerns. A complaints policy was available to people in an easy read format. People and their relatives told us they knew how to raise a complaint.

People who lived in the home were not receiving end of life care, however, staff had held sensitive discussions with people and their relatives about what they would like to happen as they approached the end of their lives and after they passed away.

Robust systems were in place for monitoring the quality within the service to drive improvements.

Staff worked effectively in partnership with health and social care professionals to improve the service drive improvements in the service and meet people's needs.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service had improved to Good.

The registered manager displayed a person-centred ethos and strong leadership. Their positive values were shared by the staff team.

Robust systems were in place for monitoring the quality of the service.

The provider sought contributions from people, relatives and staff when making decisions about the service.

Staff worked effectively in partnership with professionals to provide care which met people's needs.

Moss 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 checked 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.

The inspection took place on 18 and 25 May 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for adults who were not accustomed to having strangers enter their home. We needed to be sure that we would not cause them any unnecessary distress.

The inspection team consisted of an inspector 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. The expert had experience of caring for a person with a learning disability.

Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We reviewed records which included three people's care plans, daily notes and associated records, four staff recruitment and supervision records and records of training. We also looked at records relating to the management of the service such as the Service Improvement Plan (SIP), quality assurance audits, resident meeting minutes, staff rotas and policies including infection control, medicines management and safeguarding.

We observed people receiving care and support in Moss Cottage. We also spoke with the registered manager, three people who lived at the service, three people's relatives, and four members of staff.

After the inspection the registered manager sent us further evidence to review including staff meeting

minutes, a customer satisfaction survey, records of conversations with professionals about procuring specialist mobility equipment and the provider's statement of purpose.

Good

Is the service safe?

Our findings

People continued to receive safe care. Staff had received safeguarding of adults training which was updated every three years. They were able to identify different types of abuse and describe actions they would take if they suspected or observed abuse. Staff knew how to use the provider's whistleblowing policy to escalate concerns.

People's care plans included risk assessments and support plans to help people maintain their safety whilst retaining their independence. These included risk assessments with specific guidance to instruct staff on managing an epileptic seizure. Staff had signed these to demonstrate that they were reviewed regularly. People's needs were met as staff were able to use specific guidance contained within their care plans.

The registered manager deployed suitable numbers of staff to meet people's needs safely. People experienced continuity of care from staff who were suitably skilled and qualified to support people with a learning disability Staff recruitment files contained appropriate checks such as references and a criminal record check from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.

People's medicines were recorded, stored, administered and disposed of safely. Medicines administration records were completed accurately. Weekly medicines audits identified any gaps in recording. People's care plans contained specific information for staff about what their medicines were needed for. There were medicines administration records (MARs) in place for people's prescribed topical creams and ointments. One person did not have a MAR chart in place for a recently prescribed cream. We discussed this with the registered manager who put this in place immediately.

There was a policy in place for infection control which the registered manager told us had been read by all staff. Staff used protective equipment such as gloves and aprons when delivering personal care. Cleanliness was maintained throughout the home.

There was a secure electronic system in place for reporting incidents and accidents. The registered manager told us that following an incident, family members were informed and a manager's investigation was completed. Records confirmed outcomes following incidents such as injuries were discussed with staff and recorded in people's care plans to help prevent recurrences. This helped to ensure that people's safety was maintained.

Good

Is the service effective?

Our findings

People's care plans contained individualised risk assessments specific to their needs. Staff had signed these to confirm that they had reviewed these. Staff communicated changes in people's needs promptly. People's care plans included documents such as 'My life so far' and 'How I like to start my day' which provided detailed information for staff about people's preferences and needs and how they liked to receive their care.

Records demonstrated staff received appropriate training to meet people's individual needs. Staff received four yearly supervisions from the registered manager and senior support worker as well as competency observations to identify any areas for improvement.

People were supported to choose what they wanted to eat and drink to maintain a healthy diet. Staff supported people to do their own food shopping whenever possible. People were able to access drinks and snacks as desired.

Records showed that staff worked effectively in partnership with health and social care professionals to achieve positive outcomes for people.

The home was clean and decorated in neutral colours. The registered manager told us they had made requests to the provider for funds to have the home redecorated. People's rooms had been decorated to their own tastes and contained personal items and photos. People were observed using the communal lounge and kitchen to relax. There was a garden and staff told us it was used by the people living in the home, some of whom engaged in gardening activities.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005). The procedures for this in care homes are called the Deprivation of Liberty Safeguards . The registered manager had applied for authorisations under the safeguards for people where necessary. Staff had been trained in the Mental Capacity Act and were competent to apply its principles when caring for people. Records contained evidence of best interest meetings held specific to people's care and support, management of their finances and medical treatments.

Good

Is the service caring?

Our findings

Staff treated people in a caring and compassionate way. We observed staff supporting people and communicating in ways they could understand through using appropriate language and gestures. Staff spoke to people in a calm and unhurried manner and they were able to describe people's personalities and traits in detail and had developed bonds with people. One person was excited about a holiday they were being supported on by their preferred staff member taken on by staff. People told us that they had good relationships with the staff who cared for them. One person said, "I like them, they are kind". Relatives told us that staff treated their loved ones with care and compassion. One person told us, "They are very caring… very kind and mark special occasions that mean a lot."

Relatives told us that staff spoke with people to ensure that they were supported to express their views and maintain their independence. One person said, "They know [loved one] well…likes and dislikes and how [loved one] likes to spend [their] time. The registered manager told us that staff held daily conversations with people to plan activities and outings which met their preferences. Staff we spoke with identified people's preferences and described how they supported people to pursue their interests. They spoke confidently about people's individual characteristics and positive attributes.

During the inspection we observed staff maintaining people's privacy and dignity whilst providing sensitive, person-centred care. Staff sought permission before entering people's rooms and spoke about the importance of promoting people's dignity when providing personal care. Staff spoke to people in a respectful way whilst encouraging their independence.

Good

Is the service responsive?

Our findings

Relatives of people who lived at the home told us their loved ones received care which met their needs. One person said, "Goes to the day centre regularly...[loved one is] keeping… independence and choices."

Staff actively sought people's views when planning care and support. Staff had worked at the home for several years and had spent time getting to know the people in their care. Staff told us that they had adjusted people's care as they grew older and their needs and preferences changed. This meant that staff adapted care and support for people so that it remained person-centred. People talked to us about how staff supported their interests and family relationships. One person said, "I draw and I build models. I have lots of Lego, I do this all the time. I go to the shops. My [relative] comes here to visit."

The provider had a complaints policy in place. Relatives told us that they knew how to complain. One person said, "Issues are dealt with very quickly by the managers. They are efficient and we feel listened to." Relatives were regularly invited to the home to attend meetings and daily conversations were held with people living in the home, to identify areas for improvement.

At the time of inspection no one in the home was receiving end of life care. However, where appropriate, people and their families were consulted about their wishes regarding the care they wanted to receive as they approached the end of their life. Considerations had also been made for arrangements after people passed away. These were recorded in people's care plans. Staff sensitively supported people and family members to engage in conversations about end of life care.

Good

Is the service well-led?

Our findings

The registered manager had a vision to deliver person-centred, individualised care for people living in the home. They talked about moving the service forward and providing additional activities for people which suited their individual interests. This was confirmed by staff. One staff member told us, "We try to keep everything together, a vision of where we wanted to be…targets have been] set…we're making sure the care support plan for each resident is reviewed…and updated. We're keeping [people] active in the community… making sure we put in plans if someone wants to do something in particular. [People] need a quality of life."

The registered manager was responsible for three of the provider's homes. They split their time equally between homes to ensure that they maintained a detailed oversight of quality and required developments within each one. The registered manager told us that they were available to staff by phone when they were at a different location. They were supported by an experienced senior support worker as well as a regional manager. Staff told us that the registered manager provided strong leadership and support. One staff member said, "I've never had any problems...if you go to [registered manager] they will direct you...I do what I can but it needs that extra push from the senior manager. If [the registered manager] follows up you get things actioned quicker."

The registered manager ensured that staff roles were clear and defined. Regular supervisions and meetings were held with by the registered manager to ensure that staff were well supported and understood their responsibilities. This was confirmed by staff. One staff member said "It's clearer now. We try to get on with things and go to [the registered manager] to sort things out or chase things up. All the staff know what their roles and responsibilities are. We have supervisions but I can ask for one in the interim. We have our team meetings as well."

Robust systems were in place for monitoring quality within the service. Records confirmed the registered manager maintained a log of required improvements in the service with dates for completion. There was evidence that these were continually reviewed both by the registered manager and senior manager during their monthly quality assurance visits. Completed actions were then uploaded to the provider's electronic log to maintain an accurate record of improvements actioned. Outstanding actions were highlighted by the senior manager to prompt the registered manager to ensure that they were completed.

Full monthly audits were completed so that areas such as medicines, finances, events and incidents were monitored. Audits were used effectively to identify areas for improvement which were then incorporated into the overall service improvement plan. This was confirmed by records

Staff engaged people who lived in the service by encouraging them to talk about their desires and preferences. These were recorded in people's care plans. Relatives were invited to visit the home at any time and several people living there received regular visits from loved ones. For those relatives who were not able to visit the home, arrangements were made for support workers to either telephone or make home visits to seek their feedback and discuss decisions made in their loved ones best interests. The registered manager told us that conversations were sensitive and held with appropriately knowledgeable staff.

There was a culture of learning and reflection within the home. Staff told us that they reflected on the care and support they provided for people to ascertain if any changes needed to be made. One staff member said, "We will say if something was good or if it didn't work…we think what could we have done better?" Staff also took opportunities to share learning in team meetings. A staff member told us, "In a team meeting…they bring it up in conversation…they are meant to reflect and write down on their notes whether it worked." This meant that staff knew people's preferences well and were better equipped to deliver personalised care which reflected people's needs. The registered manager kept a record of accidents and incidents and encouraged staff to reflect on the actions needed to improve care for people and prevent incidents.

Staff at the home worked effectively in partnership with a range of professionals to support people's health and care needs. This included learning disabilities specialist nurses, social workers and GPs. Records we reviewed showed staff collaborated with social care professionals to hold regular reviews of people's care and support needs. This was documented in people's care plans. We also reviewed records relating to the equipment procured by staff to help a person with diminished mobility access the community. Staff advocated on behalf of people and liaised with professionals effectively to obtain the necessary equipment so that the person's quality of life could be enhanced.