

Lothlorien Community Limited

Rose Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 September 2018. The inspection was unannounced.

Rose Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rose Cottage is registered to accommodate up to seven people with a learning disability. It is a chalet bungalow arranged over two floors, set in a small residential area on the outskirts of New Romney. At the time of our inspection five people were living at the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Rose Cottage was last inspected on 9 February 2018. At that inspection the service was rated as Requires Improvement overall and for each of the five key domain areas, except for Well Led, which was rated as Inadequate. At that inspection, there were not always enough staff to provide the care and support people wanted; people were not consistently protected from the risks of unsafe medicines management and staff had not always acted to monitor people's health. People were not supported to participate in a variety of activities at the service or in the community; one complaint had not been identified or resolved and people were not supported to plan the care they preferred at the end of their life. Significantly, at the last inspection a registered manager was not in post and effective management checks had not been completed on the quality of the service. Staff were not supported to provide service to the standard the provider had set out in their vision of the service. The views of people, their relatives, staff and others had not been reviewed or used to improve the service. The provider did not have processes in operation to work in partnership with other agencies to ensure people's needs were met.

At this inspection on 27 September 2018, a registered manager was in post and had been in place since July 2018. Although significant improvement had been made, further embedding was needed to ensure change was effective, sustained and fully established as daily practice. For example, some management checks did not identify missing information and, while people had opportunities to pursue their hobbies and interests, reviews of people's goals and aspirations required further development. We have identified these as areas requiring improvement.

Care was delivered in a way designed to promote positive outcomes for people and staff had the knowledge and skills they needed to provide appropriate support. People were supported to eat and drink enough and to have a balanced diet. Suitable steps were taken to ensure people received coordinated care when they used or moved between different services. People had been supported to access healthcare services they needed.

People were supported to have choice and control of their lives. They had been helped to avoid preventable accidents, balanced with promotion of their freedom and choice. The registered manager had taken the steps necessary to ensure people only received lawful care in the least restrictive way possible.

People were safeguarded from situations in which they may experience abuse, including financial mistreatment. Medicines were managed safely. Background checks had been completed before new staff were appointed. Arrangements were suitable to keep the service clean and prevent and control infection risks. The accommodation was adapted and decorated to meet people's needs and expectations. Accidents and incidents were reviewed and analysed by managers which helped reduce the chance of recurrence.

People were treated with kindness and had been given emotional support when needed. They had been helped to express their views and, as far as possible and be actively involved in making decisions about their care. This included access to advocates when needed. The service had not supported anyone at the end of their life, although end of life care planning was in place.

Person-centred care promoted people's independence, including having access to information presented in an accessible way. The registered manager and care staff recognised the importance of promoting equality and diversity. Suitable arrangements were in place to resolve complaints to improve the quality of care. Private information was kept confidential.

The registered manager had promoted a person-centred culture. The views of people, their relatives and members of staff were used in developing the service. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

Services providing health and social care to people are required to inform CQC of important events that happen in the service, this is so checks can be made that appropriate action had been taken. The manager was aware that they needed to inform CQC of important events in a timely manner and had done so.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Environment, equipment and fire safety checks had been regularly undertaken.

Medicines were managed and stored safely.

There were sufficient staff to meet people's needs and proper checks were in place to recruit staff safely.

Accidents and incidents were recorded and investigated; learning took place to reduce risks of future occurrences.

People were protected from abuse and discrimination.

People were protected from the risk of infection.□□

Is the service effective?

Good ●

The service was effective.

Staff had received training and support to so they could carry out their roles effectively.

People's health was monitored and staff helped people have access to external healthcare professionals when they needed it.

Staff understood the importance of gaining consent and giving people choice.

People were provided with a range of nutritious food and drinks.

The premises were designed and decorated to meet people's needs and wishes.□

Is the service caring?

Good ●

The service was caring.

People were complimentary about the staff who supported them, finding them kind and caring.

People and their relatives were involved in their assessment and care planning process.

The care people received was person centred and met their most up to date needs.

People experienced care from staff who respected their privacy, dignity and independence. □

Is the service responsive?

The service was not always responsive.

Goals and aspirations were not well managed and most had not been reviewed or progressed

People told us they enjoyed activities that were important to them.

Changes in people's needs were responded to quickly and appropriately.

The provider had a complaints procedure and people told us they felt able to complain if they needed to. □

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Regular audits and checks required further embedding to ensure the service was safe and running effectively.

There was a registered manager and all statutory notifications were submitted as needed.

People, their relatives and staff were positive about the registered manager. Staff felt they were approachable.

The service worked effectively in partnership with other organisations and agencies. □

Requires Improvement ●

Rose 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 27 September 2018 and was unannounced. As Rose Cottage was a smaller service, the inspection was carried out by one inspector to ensure it was the least intrusive as possible for the people living there.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including previous inspection reports. We looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

People were unable to verbally tell us about their experiences, so we observed care and support in communal areas and staff interactions with people. We spoke with four staff, which included support workers, the deputy manager, the registered manager and a director. We also telephoned one relative to gain their feedback about the service.

We requested information by email from local authority care managers and commissioners who were health and social care professionals involved in the service and considered responses received.

We looked at the provider's records. These included three person's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at three staff files, a range of audits, satisfaction surveys, staff rotas and training records, and policies and procedures.

Is the service safe?

Our findings

People were relaxed and happy in the company of the staff and each other. One person told us, "It's a good place to live, I am like living here and I like the staff." Throughout the inspection people and staff interacted well, people approached staff when they wanted something and staff responded to their needs.

At our last inspection, the service was not always safe. This was because there were not always enough staff to provide the care and support people wanted, in addition, medicines were not always managed safely. At this inspection, improvement had been made.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there were three support workers, including a senior support worker and the registered manager on duty. In addition, two extra members of staff supported people at specific times during the day. Staffing was planned around people's activities and appointments so the staffing levels were adjusted depending on what people were doing. We saw staffing was due to increase to four support workers during the day from early October to accommodate a planned increase in people's needs. Overnight there were two staff to support people, one on a sleep night and on call, the other awake all night. The registered manager worked a variety of shifts throughout the week, this included both office based hours and time supervising and working with people on shift. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. Staff rotas and attendance records showed the anticipated number of staff had been on duty in the two months leading up to the inspection. Established plans covered any unexpected staff shortfalls, for example, sickness. On the day of inspection, staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe.

Policies and procedures were in place to make sure people received medicines safely and at the right time. Records showed people received the medicines they were supposed to when they needed them. The records were up to date and had no gaps, showing all medicines administered had been correctly signed for. There was clear guidance for people who took medicines prescribed 'as and when required' (PRN). All medicines were stored securely in locked cabinets and appropriate arrangements were in place for ordering, recording, administering and disposing of medicines.

Regular medicine audits were carried out by the registered manager or senior staff and medicines were checked at the end of each shift. There were clear records of the checks which had taken place. Medicines in bottles or blister packs were dated on opening, in line with good practice. Topical medicines, such as creams or ointments applied to the skin, were recorded on separate Medication Administration Records. These detailed what the creams were for, how much and where it should be applied. Staff responsible for administering medicines received regular competency checks. This helped to ensure people received all their medicines safely. However, medicines subject to special storage requirements needed to be signed by two members of staff when they were removed from secure storage and administered. This had not happened on one occasion, however, the quantities held reconciled with the audit checks completed. Discussion with the registered manager and administering staff found they were aware of this requirement

and our checks found it was unusual to have not happened in this instance.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. Clear individual guidelines told staff what action to take to minimise risks to people and about the action they needed to take to make sure that people were protected from harm in given situations. Potential risks were also assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. This reduced potential risks to the person and others.

People had communication plans explaining how they communicated or behaved if they were anxious or worried about something. The plans also told staff the way in which they could best support people to reduce anxiety or worries. Staff knew people well and were able to respond appropriately if became anxious or worried. For example, by managing people's expectations about the timings of outings and events and as far as possible ensuring these happened when they were supposed to.

There were clear policies and procedures for safeguarding people from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. People were protected from financial abuse. There were clear systems in place and these were regularly audited. Staff had received training on safeguarding people and were able to tell us the correct procedures to follow if they suspected abuse. Staff understood the importance of keeping people safe. Staff were confident any concerns raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy, they knew they could take concerns to agencies outside of the service if they thought they were not being dealt with properly.

Recruitment practices ensured staff were suitable to work with people who needed care and support. Checks had been completed before staff started work, these included obtaining suitable references, identity checks, a Disclose and Baring Service (DBS) background check and checking full employment histories. These records were held in staff files together with application forms and interview notes.

The premises were clean, tidy and well maintained. Decoration was by people's choice and gave the service a homely feel. Staff had completed infection control training and had access to personal protective equipment (PPE) such as gloves and aprons. Staff confirmed there was always enough PPE available.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of completed maintenance work. Portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks of the fire alarm and emergency lighting made sure it was in good working order. Health and Safety audits were completed monthly and reviewed by management to see if any action was required. However, hot water temperature checks had lapsed for three months, but had since been reinstated and a member of staff nominated to ensure checks took place consistently.

Each person had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication needs each person has to ensure they can be safely evacuated from the service in the event of an emergency. Accidents and incidents were recorded and the management team reviewed these reports to ensure appropriate action was taken following any event to reduce the risk of it happening again. A contingency plan ensured provision was in place for people to receive care and support in emergency situations. An on call arrangement allowed people and staff could access the management team in an emergency.

Is the service effective?

Our findings

People were satisfied with the care and support they received. One person indicated they were happy by giving a thumbs up sign. Another person told us, "I like the food and we can choose what we have to eat." People told us staff knew how they liked to be supported and explained what they were doing when they supported people.

At our last inspection, people's weights had not been monitored. One person had lost significant weight in a short space of time as this had gone unnoticed. As the result, no referral had been made to the person's GP or a dietician so they could receive the necessary support. At this inspection people's weight had been routinely monitored and their weights remained relatively stable. Records monitoring what people had eaten and drunk were up to date. Where prescribed, people received nutritional supplement drinks. Choking risks had been identified and staff supervised some people eating in case urgent support was needed. Where recommended by specialists, pureed meals and thickened drinks helped to reduce the risks of some people choking or inhaling food.

At this inspection people were happy with the times they received their meals and they said they could ask for snacks at any time. People enjoyed their meals and a choice was available at lunch and dinner. People were helped to decide what they wanted to eat by being shown a prepared meal and pictures of foods. People were given the time and support they needed to eat. Staff were aware of people's different dietary needs, any dislikes and favourite meals. Sugar free drinks and jelly were available for people who needed a lower sugar intake. People were involved in food shopping and deciding what to eat; some people helped with meal preparation. People were supported to eat and drink enough to maintain a balanced diet.

People were supported to live healthier lives, with support to access healthcare services and receive ongoing support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

A holistic approach to assessing, planning and delivering care and support underpinned care delivery at the service. Comprehensive assessments of people's needs were completed prior to moving into the service. These identified expected outcomes for people and were regularly reviewed and updated. Records showed assessments had considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the registered persons establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

The registered manager described the transition work they had been doing with one person over a period of several months to support their move into the service. This included familiarisation visits to the service and the person's family members meeting staff. This helped staff understand and tailor care specifically to individual needs.

New staff completed an induction programme that included online and face to face training, followed by

competency assessments, shadowing experienced staff and office-based tasks such as reviewing care files. Staff also completed an ongoing programme of training designed to enable them to support people's specific needs. A matrix set out who had received which training and when refresher training was due. Staff felt the training delivered was good quality and felt confident they could meet people's support needs.

Staff received regular supervisions as a combination of formal one to one supervisions and competency observations, completed when the registered manager worked alongside them. Staff found the registered manager and organisation to be supportive and approachable. An additional, more in depth, staff appraisal took place annually.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Records showed people's capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager and staff had completed training about the MCA and Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about its application. All staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. Where these concerned decisions about medical treatment or more complex decisions, relatives, health professionals and social services and, where possible, family members were involved to make sure decisions were made in the best interest of the person.

Applications had been made to the Local Authority for deprivation of liberty safeguards (DoLS) authorisations where needed and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The service had been adapted to meet the specific needs of individuals. People knew where their rooms were and easily found communal areas such as the kitchen, lounge and toilets. People had personalised their rooms with pictures, ornaments and photographs. Rooms were decorated to people's individual tastes. Some people required adapted wheelchairs and, where this was the case, appropriate referrals were made to occupational therapists for specialist equipment. The garden was accessible to people, secure and well maintained.

Is the service caring?

Our findings

Care was planned around individual needs and there was a person centred culture at the service. Staff knew about people's background, their preferences, likes and dislikes and their goals and aspirations. Staff spent time with people to get to know them, supporting them in the way they preferred. One person told us, "The staff are kind and support me when I need it." Feedback received from relatives and visitors to the service was similarly positive about the care and support provided.

At our last inspection, due to staff deployment, people's preferences about the gender of staff supporting them could not always be met. At this inspection, people were happy with the support received and we found a mixture of male and female staff on duty. The registered manager explained they worked closely with a sister service, owned by the same provider. This offered further flexibility, if needed, regarding the deployment of staff as staff were familiar with the people living at Rose Cottage.

There were descriptions of what was important to people and how to care for them in their care plan. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood, so that they could make choices. People responded well to staff and looked comfortable in their company. Staff interacted with people in a way that demonstrated they understood their individual needs and had a good rapport with them. People were comfortable with staff, often smiling and reaching out towards them. Staff talked about and treated people respectfully.

People's privacy was respected. When in the service, people could choose if they wanted to spend time in communal areas, outside or in the privacy of their bedroom. People received discrete support with their personal care. People were supported to have as much contact with family and friends as they wanted to. People could have visitors when they wanted to and saw friends at other services and in social settings.

People were supported by their families or care manager, although information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it. An advocate helps people to make choices and take more control of their own life.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before supporting with personal care tasks. When people had to attend health care appointments, staff who knew them well supported them. This helped health care professionals understand people's communication needs and any concerns or anxieties about particular settings or treatments.

Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented on meeting a person's family and the insight they had gained about a person supported at the service.

Some people required additional support to communicate. Staff used pictures and objects of reference to help people's understanding where possible. Pictures were displayed of the staff at the service and people

took an interest in who was on duty to support them.

People were encouraged to be as independent as possible. Staff took the time to encourage people to participate in tasks with support, for example, doing laundry, cooking and cleaning.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.

Is the service responsive?

Our findings

At our last inspection people had not been supported to plan their end of life care or regularly take part in following interests and attending activities. In addition, complaints were not addressed effectively and in line with the provider's policy.

At this inspection end of life care plans were in place. These considered people's spiritual needs where known, where people wanted to receive support and any specific last wishes they may have. Activities had been reviewed for each person and some goals and aspirations recorded. People were supported to attend social activities such as discos, meeting up with friends and trips to the shops and local facilities, such as outings for lunch and places of individual interest. A wheelchair accessible minibus helped to facilitate access to events. People told us they were able to go for walks with staff frequently if they wanted to. All activities were recorded and reviewed by managers to gain an overview of people's engagement. Staff told us about different activities that a person had been gradually introduced to, as previously they had not participated in outings. There were many photos of people enjoying different activities both inside and outside of the service. People were satisfied with the activities available.

However, while goals and aspirations were recorded for some people, this had not happened for each person. We discussed this with the registered manager who advised goal setting and reviews formed part of a recently established key worker system. The registered manager also explained further development was required and had formed an action plan to address this. However, goals and aspirations were not well managed and most had not been reviewed or progressed. This is an area identified as requiring improvement.

Appropriate arrangements were in place to ensure complaints were listened to and responses given. This included informing people in way they could understand about their right to make a complaint and how to go about it. There was also a procedure for the registered manager to follow to ensure that complainants were kept informed about how their concerns were being addressed. Since our last inspection the registered persons had not received any formal complaints.

Care plans contained detail about individual preferences and how people wanted to be supported, such as if a person preferred a shower or bath and the time of day they liked to take it. Guidance for staff provided a step by step basis of the support people needed and what they could do for themselves. In discussion with staff, they described what people's care preferences were and how they were met, making sure people had as much choice and control as possible. Care plans clearly detailed people's cultural needs as well as their care and support needs. People's care was reviewed regularly and when people's needs changed, it was reassessed. Care plans were reviewed with the person, their relatives and with any health and social care professionals as required.

When people displayed behaviour that challenged them or others, they had positive behaviour support plans in place. The plans provided guidance to staff on exactly how to support people. Each person had a single page summary that gave clear, specific detail about the person to help staff to get know them, their

likes and dislikes and key risks.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people to suit individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff told us how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Information provided was in easy read format, supplemented with pictorial prompts and facial expressions to help people form opinions about the support they received and how satisfied they were.

Is the service well-led?

Our findings

At the last inspection we reported that the provider did not have sufficient oversight of the service to ensure it remained compliant; this was made worse by the lack of permanent registered manager. At this inspection a new registered manager had been appointed in July 2018. We found there were systems and processes in place effective in identifying shortfalls. A management action plan had been introduced to drive forward improvement needed. A review of the action plan found work had been completed to address concerns identified following the previous inspection. However, some areas, such as goal setting and their associated reviews required further development to ensure processes became embedded into everyday actions and meaningful for the people supported. In addition, more frequent checks may have identified our concern about missing double signatures against the administration of some medicines. This is an area identified as requiring improvement.

The service was led by a registered manager who had good oversight of the day to day running of the service. Staff and people knew the registered manager well, found them supportive and focussed on improvement. Through conversations with the registered manager, it was evident they were passionate about ensuring that people received high quality, person centred care. Survey feedback from relatives, staff and health professionals also reflected this.

The registered manager had made sure staff were kept informed about people's care needs and the improvement of the service. Staff handovers, communication books, team meetings and information bulletins were used to update staff. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The registered manager had promoted a person-centred culture, resulting in the service improving significantly since the last inspection. Records showed registered persons had promptly told us about significant events that had occurred in the service. This was important so that we knew what was happening and the service and could promptly check that people were being kept safe if the need arose.

There were systems and processes to help staff to be clear about their responsibilities. Arrangements had also been made for a senior member of staff to be on call during out of office hours to give advice and assistance to staff should it be needed. Staff had been invited to attend regular meetings intended to develop their ability to work together as a team. This helped to ensure staff were suitably supported to care for people in the right way.

The management team kept up to date with good practice by attending provider and registered manager forums. The management team had attended local conferences and events to enable their learning and build relations with other providers and healthcare professionals.

People who lived in the service and their relatives had been invited to make suggestions about how the service could be improved. We saw that positive feedback had been received from relatives. The service

worked in partnership with other agencies and health care professionals, such as the mental health team, care managers and speech and language therapists.

The registered manager worked proactively to keep staff informed on equality and diversity issues. They had discussed wellbeing, equality and diversity with staff and training had taken place to ensure staff were sufficiently informed to uphold the diversity values expected of them.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service and a link to the latest report was on the provider's website in line with guidance.