Broadoak Group of Care Homes

Cockington House

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?	Requires improvement

Overall summary

This inspection took place on 19 May 2015 and was unannounced. Cockington House provides accommodation and personal care for up to six people with a learning disability. On the day of our inspection five people were using the service.

The service has not had a registered manager since May 2014. 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.

People told us they felt safe living at the care home. Staff understood their responsibilities to protect people from the risk of abuse and had taken action following any incidents to try and reduce the risks of incidents happening again. People received their medicines as prescribed and they were safely stored.

Summary of findings

People were supported by a sufficient number of staff and staffing levels were flexible to meet people's needs. Effective recruitment procedures were operated to ensure staff were safe to work with vulnerable adults.

Staff were provided with the knowledge and skills to care for people effectively and staff felt supported by the manager. People received support from health care professionals when needed.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people.

People had access to sufficient quantities of food and drink and were able to choose the food they wanted. People told us they enjoyed the food and there were different choices available.

Positive and caring relationships had been developed between people and staff. People were able to be involved in making choices about their care and told us they were able to make day to day decisions. People were treated with dignity and respect by staff and their privacy was respected.

People were provided with care that was responsive to their changing needs and personal preferences. Staff encouraged people to be as independent as possible. People's hobbies and interests were catered for and further work was on-going to improve the way in which people's social needs were met. People felt able to make a complaint and told us they knew how to do so.

Records relating to people who used the service and staff were not always accurate or fully up to date. The manager could not demonstrate that people and their relatives were given the opportunity to provide their opinions about the quality of the service.

There were systems in place to monitor the quality of the service and the manager was aware of where improvements to the service were required. There was an open and honest culture in the home.

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.

People received the support required to keep them safe and reduce risks to their safety.

People received their medication when required and it was stored and recorded appropriately.

There were sufficient numbers of staff to meet people's needs.

Good

Is the service effective?
The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People had access to sufficient food and drink and access to healthcare professionals such as their GP and dentist when needed.

Good

Is the service caring?
The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were supported to be involved in their care planning and making decisions about their care in a way that suited their needs.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People received the care and support they required and were encouraged to develop their independence.

People knew how to make a complaint and felt able to do so.

Good

Is the service well-led?
The service was not always well led.

Accurate and up to date records were not always maintained. Different methods of obtaining people's feedback were not fully utilised.

There was an open, positive culture in the home.

Requires improvement

Cockington House

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.

We visited the service on 19 May 2015, this was an unannounced inspection. The inspection team consisted of one inspector. Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with four people who were using the service, one relative, two members of care staff, a representative of the provider and the manager. We also observed the way staff cared for and interacted with service users in the communal areas of the building. We looked at the care plans of three people and any associated records such as incident records. We looked at two staff files as well as a range of records relating to the running of the service, such as audits, maintenance records and three medication administration records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the care home. One person said, "I feel very safe here." Another person said, "The staff make sure I am safe." The relative we spoke with felt their loved one was safe living at the home. We observed that the atmosphere in the home was calm and relaxed and staff supported people in an inclusive way.

The staff we spoke with were aware of different techniques they could use to support people to stay safe and reduce the risk of harm. For example, there were occasions where some people did not always get along very well with each other. Staff told us they recognised this and tried to distract people in order to prevent an incident from happening. This was backed up by information in people's care plans about how to support them to stay safe. When incidents had occurred, the manager worked with staff to understand why it had happened and what could be done differently next time. This had led to alterations to the staffing rota at certain times of day when incidents appeared more likely to happen.

People and staff had access to information about safeguarding which was displayed in the home in prominent places. The staff we spoke with described how they kept people safe and told us they had access to appropriate information and training to help people stay safe. Staff were able to describe the different types of abuse which can occur and how they would report it. Information had been shared with the local authority about any incidents which had occurred in the home.

People felt that risks to their health and safety were well managed without having their freedom restricted. One person said, "I like to go out with a member of staff as I feel safer then. Someone will always take me out." The relative we spoke with felt that any risks to their loved one's health and safety were appropriately managed.

Measures were in place to manage risks but also to support people to develop the skills to live independently and be able to assess risks themselves. For example, some people were learning how to cook and to use laundry equipment with staff support. There were risk assessments in people's care plans which detailed the support people required to maintain their safety. These measures were being used and staff were aware of them.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. The building had undergone renovation prior to its opening and the environment had been maintained to an appropriate standard. Routine safety checks of the building were carried out such as testing of the fire alarm.

People told us they felt there were enough staff to meet everybody's needs at all times of day. One person said, "I think there are enough staff, they put extra on if someone wants to go out." Another person told us, "There seem to be plenty of staff from what I've seen."

People were cared for by sufficient numbers of suitable staff and staffing levels were flexible dependant on the support people required. We saw that staff responded quickly to requests people made and there was a consistent presence of staff in the communal areas of the home. The staff we spoke with told us that they felt there were always enough staff at all times of day. We looked at the staff rota and saw that staffing levels were flexible dependant on the changing needs of people. The manager took into account any planned activities and appointments when deciding the required staffing levels each day.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with were satisfied with how their medicines were managed and said they were given at the correct times. We observed staff following correct procedures when administering people's medicines. Some people took their medicines with them if they were going out of the home for an extended period. Staff checked that people had taken their medicines on their return.

Medicines were stored and recorded safely. The medicines administration records we looked at confirmed whether or not people had received their medicines. If a person had not taken their medicines the reason for this had been recorded by staff. Medicines were securely stored in locked cabinets and kept at an appropriate temperature.

Good

Is the service effective?

Our findings

People were cared for by staff who were provided with the required skills and support. One person said, "I think the staff are very good." The other people we spoke with also felt that the staff were competent. The relative we spoke with told us they felt staff had the appropriate skills to care for their loved one.

The staff we spoke with told us they received all the training and support they needed to carry out their duties competently. Staff told us that training was provided in a way which suited them and this encouraged them to apply their training in practice. Training records confirmed that staff received training relevant to their role as well as training that was specific to the needs of people living at the home. The manager also assessed the competency of staff and their knowledge of key subjects.

Staff received regular supervision and felt fully supported by the manager to carry out their role. New staff received an induction into their role which ensured they were familiar with the requirements of working at Cockington House as well as the needs of the people living at the home.

People were supported to make decisions about their care and were asked to provide consent. One person said, "Staff always check it's OK before doing anything." We observed that staff asked people's consent before providing any care and support.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). The staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. Staff had been provided with training in understanding the importance of the MCA. When people had been deemed to lack capacity to make a decision there were completed MCA assessments and best interest decision assessments in place. These clearly showed the nature of the decision that was being assessed.

The majority of people were free to come and go and we observed there were no restrictions on those people's freedom. The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and had followed appropriate procedures to restrict a person's freedom to access a particular area of the home. This person was provided with the support and resources they required without needing to access this area of the home.

People told us they enjoyed the food and that they were given as much to eat and drink as they wanted. One person said, "The choice of food is good and we get a lot too." Another person said, "The food is very good, ten out of ten." The relative we spoke with confirmed their loved one was given sufficient quantities of food and drink.

We observed that people were provided with plentiful food and drink throughout the day. There was a menu of food choices which people had contributed to. However, individual requirements and requests for different food and drinks were catered for as well. People were offered additional food at mealtimes and snacks and drinks in between meals. Staff were aware of people's individual dietary requirements, such as a low salt diet, and ensured these were catered for.

People told us they had access to the relevant healthcare professionals when required. One person told us they wanted to see a particular healthcare professional more often as they felt they needed more support. Staff were aware of this and were in the process of trying to arrange the additional support. The relative we spoke with also confirmed their loved one had access to the services they required, and they were kept informed of appointments.

People received support from healthcare professionals when required, such their GP and dentist. Access was also provided to more specialist services, such as a consultant psychiatrist and music therapy to assist with management of anxiety. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Good

Is the service caring?

Our findings

People felt they were supported by staff who were caring and compassionate. People were also positive about the relationships that staff had formed with them. One person said, "I think it is excellent here." Another person told us, "We can have a laugh with the staff, I think they are good." The relative we spoke with told us they felt that staff were genuinely caring and had a good relationship with their loved one.

We observed staff had positive relationships with people and thought of them as their peers rather than people they cared for. One member of staff said, "Just because somebody has a learning disability doesn't mean they should be treated differently. I treat everybody the same as I would want to be treated." During our visit we observed staff engaged in conversations with people about varying subjects and also enjoyed jokes told by a person who used the service.

Staff responded quickly when one person became anxious and showed understanding in trying to provide support and comfort. Whilst nobody expressed any particular religious or cultural requirements, staff told us of the importance of understanding people's diverse needs and backgrounds. Staff were in the process of compiling more detailed information about people's likes and dislikes and would be using this information to further improve the support provided.

Staff knew about the needs of the people they were supporting and could describe the different ways people preferred to be cared for. Staff spoke about people in a caring way and told us they enjoyed working at the care home. The care plans we looked at described people's needs in an individual way.

People were able to be involved in making decisions and planning their own care. One person told us, "I told them how I want to be supported when I moved here." People told us they were given choices on a day to day basis about how they wished to spend their time. One person said, "I am able to decide what I want to do each day." The relative we spoke with confirmed they had been involved in providing information for their loved one's care plan and were kept up to date when any changes needed to be made.

We observed people made choices such as what they wished to eat and whether wanted to go out anywhere. Staff encouraged people to go into the community or access some fresh air each day, however respected people's wishes if they chose not to. The staff we spoke with also told us they involved people in making decisions about their care and support. There had been an assessment of people's needs, likes and dislikes upon admission to the home. This information was used to form their care plans and people's wishes were taken into account in the way they were cared for.

Staff used different techniques to aid communication with people in their preferred style. For example, one person communicated using their own hand gestures rather than verbally. Staff understood the different gestures this person used to communicate what they wanted and how they were feeling. Staff had also received training in how to communicate using Makaton, which is a recognised form of sign language. People had access to an advocacy service and were provided with information about how to access it. An advocate is an independent person who can help to provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect by staff. One person said, "Staff are all very nice." Another person told us, "The staff are excellent." A relative told us they felt all staff treated people with dignity and respect, commenting, "I visit at different times of day and unannounced and the staff always welcome me."

We observed staff treating people in a respectful manner and also engaging in banter in a way which showed they understood each person's personality and sense of humour. People had access to a smaller, quiet lounge and their bedroom should they require some private time. Visitors were able to come to the home at any time and this was confirmed by the relative we spoke with. Staff told us that they considered themselves to be visitors in the home and treated the home and people with the same respect they would expect in their own home. One staff member said, "This is their home and we respect that." The staff we spoke with told us that people who used the service were treated with dignity and respect by all staff. One staff member said, "I have not witnessed any staff treat people badly, but I would report it straight away if I did."

Good

Is the service responsive?

Our findings

The people we spoke with felt they received the support they needed and that staff responded to any changes in their needs. One person said, “The staff have been very supportive since I moved here.” Another person said, “I receive very good care.” The relative we spoke with felt their loved one received the care and support they required.

People received the support they required from staff who were aware of their current needs. Staff were supporting some people to develop independent living skills to enable them to move into their own accommodation. Staff also supported people to maintain their own personal hygiene independently where this was possible, otherwise staff provided this care to people. The staff we spoke with were aware of people’s current needs and told us the manager ensured they were informed when a person’s needs had changed. People had care plans which were reviewed on a regular basis and changes and additions were made when required.

Staff provided different levels of support to people depending on their wishes and assessed levels of independence. For example, some people carried out tasks and left the home on their own. Other people had requested a member of staff to support them to carry out various tasks and this support was provided.

Staff encouraged people to develop relationships and avoid social isolation. Staff engaged people in various activities in the home, for example a movie night had been arranged which people were looking forward to. People had contributed to creating a plan of activities they would like to take part in and the manager was in the process of arranging for these to take place. One person had requested a visit to a theme park which the manager was arranging.

People told us they felt they could raise concerns and make a complaint and were aware of how to locate the complaints procedure. One person said, “I often sit in the manager’s office and talk about things, she is happy for me to do that.” The relative we spoke with told us they felt comfortable speaking with the manager about any concerns they may have. We observed people speaking with the manager during our inspection and it was apparent that people felt comfortable speaking with her.

People had been provided with accessible information about how to make a complaint and the complaints procedure was displayed in a prominent place. There had not been any complaints about the service, so we could not assess how complaints had been responded to. On the day of our inspection one person asked if the home could obtain a DVD player and provide them with instructions on how to use it. The manager immediately responded to this request to the person’s satisfaction.

Requires improvement

Is the service well-led?

Our findings

The people we spoke with told us they felt the service was of a good quality and that they were asked for their opinions. One person said, "Everything has been good so far." Another person told us, "We have meetings sometimes where staff ask us if we are happy and if there's anything else we need." The relative we spoke with also told us they felt the service was of a good quality and that the manager asked if they were happy with the service.

The manager told us there were regular meetings for people who used the service, however these were not being recorded. Therefore we could not see how the meetings were being used to listen to people's opinions or make improvements to the service. The provider told us they thought that satisfaction surveys had been distributed to people and their relatives. However, there was no evidence to show that these had been sent out. The people we spoke with were not aware of having received a survey. This meant that the opportunities for people to provide feedback about the service had been restricted and the provider may not be fully aware of people's views. Other records we viewed were not always fully up to date. People had not been offered the opportunity to sign their care plan to confirm they were happy with the contents. Staff induction records had not been fully completed. Whilst there was no impact of this on people's care, it is important to maintain accurate and up to date records.

There was a programme of audits being completed in areas such as medication, cleaning standards and a manager's monthly audit of the home. The manager told us she was catching up with a programme of audits which had not all been completed before she started work at the home. The audits we saw had highlighted areas for improvement and ensured that actions were taken. For example, the manager's monthly audit had highlighted that people's social needs could be better met and this had resulted in a review of the provision of activities. The manager was already aware of the shortcomings in record keeping.

The service has not had a registered manager since May 2014. The manager we have referred to in this report told us they were in the process of completing their application to register. People told us the manager was visible and managed the service well. One person said, "She is a good manager, things have got better since she came." People also commented that a representative of the provider visited the home often to check the quality of the service. One person said, "He comes to the home most weeks and asks us if we are OK."

There were regular meetings which all staff were encouraged to attend. Staff told us they felt able to speak up in meetings and regularly did so, records of staff meetings confirmed that this was the case. Staff told us that the manager demonstrated good leadership and led by example by spending time in the communal areas of the service. There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and food. Resources were provided to enable staff to meet people's needs, for example the provider had made a company car available so that staff could take people out.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People we spoke with told us the manager and provider were approachable. One person said, "I can see the manager any time." Another person said, "The manager is usually available to talk to." The relative we spoke with told us they felt the culture of the home was open and had found the manager to be receptive to any comments they had made. During our inspection the manager and provider's representative were visible in the communal areas of the home and spent time talking to people who used the service and staff. When the manager was working in the office they left the door open and we saw that people and staff were comfortable approaching the manager.

The staff we spoke with told us there was an open and honest culture in the home. One member of staff said, "It is important to be honest about any mistakes we make and we can be honest here and we learn from that." Whilst the staff we spoke with had not had cause to raise any concerns about the practice of other staff, they were aware of how to do so. There was a procedure in place to support staff who may wish to raise concerns in a confidential manner.

The manager encouraged links with the local community by supporting people to access local shops, the library and to use public transport. The manager was working on ways of developing further links with local the local community.