

Mr & Mrs S Knight

Perry Cottage

Inspection report

Perry Cottage
Lower Cotley Farm, Fluxton
Ottery St Mary
Devon
EX11 1RJ

Tel: 01404814961

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10 June 2016

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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 10 June 2016 and was announced. We gave the provider short notice of the inspection as the home is small and we wanted to be sure someone was in when we visited the home.

Perry Cottage provides accommodation with personal care for a maximum of four adults who have a learning disability diagnosis.

The home is located in the rural hamlet of Fluxton, which is near Ottery Saint Mary in Devon. The house is situated on a farm. One of the providers is also the registered manager and both providers work at the home. 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.

The home had previously been inspected in November 2013 and had met all the standards inspected.

At the time of our inspection, four people were living at Perry Cottage, all of whom had been resident at the home for a number of years. One person living in the home was a relative of the provider.

The home was normally staffed by the two providers, although they had employed a relative to run an activity session for one morning a week. There was sufficient staffing to meet people's needs and promote their choices. The providers had a clear vision for the home and ensured they promoted independence and choice with all the people living there. There was strong evidence of very positive relationships between everyone in Perry Cottage with lots of laughter and banter going on through the inspection.

All four people living at Perry Cottage said they were happy and liked living in the home. The home had a very relaxed, homely feel. People moved freely around all parts of the home and had personalised their bedrooms to suit their own tastes. People and their relatives described the home as an extended family. Throughout the inspection it was obvious that not only did people know the providers, they also knew the provider's family. People had been invited to the provider's family celebrations including two weddings.

Each person had a detailed care record. Documents within the care records described the risks to people and how people were supported to minimise these risks. Both providers understood their responsibilities with respect to safeguarding vulnerable adults. Two people who had regular prescribed medicines administered the medicines themselves. The provider supported them to be as independent as possible with this, by checking that the administration had been carried out correctly.

Care records described appointments with health professionals and what the outcomes of these appointments were. There was evidence that the advice received was acted on.

The providers understood their responsibilities in relation to acting within the Mental Capacity Act 2005. People had been assessed in terms of their capacity to make certain decisions, but wherever possible the providers encouraged people to be independent. The provider said they planned to discuss with the local authorities whether it was necessary to apply for Deprivation of Liberty Safeguards authorisations for any of the people at Perry Cottage.

People were provided with a balanced diet and received sufficient food and drink to ensure their nutritional needs were met. People said they liked the food and also enjoyed getting involved in meal preparation.

People did a number of varied activities including working on the farm, going to clubs and social events as well as being involved in music, art and cooking sessions in the home. People clearly enjoyed these activities and were enthusiastic about them when describing what they did.

Checks to ensure the safety and quality of the home, equipment and the services provided were undertaken regularly. Where an issue was identified, this was addressed in a timely manner.

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.

People were protected from abuse by providers who understood how to safeguard vulnerable adults.

Risks to people had been assessed to support them to receive good care and support

The providers managed and ran the service themselves, which was sufficient to meet people's needs

Medicines were usually self-administered, although the providers ensured this was carried out safely.

Is the service effective?

Good ●

The service was effective.

Both the providers had the knowledge, skills and experience to support people to receive effective care.

The providers worked within the requirements of the Mental Capacity Act (2005). The provider was discussing with the local authority whether applications for Deprivation of Liberty Safeguards were needed for any of the people at Perry Cottage.

People were supported to have a balanced diet of their choice.

People were supported to access health services regularly.

Is the service caring?

Good ●

The service was very caring.

People in the service were considered, and considered themselves, to be part of an extended family.

People were encouraged to maintain close links with their families.

People's privacy and dignity was respected

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in the service.

There were systems in place for the provider to listen to people's concerns.

Is the service well-led?

Good ●

The service was well-led

The visions and values of the service were person-centred and inclusive.

The providers promoted and delivered this vision and the values.

There were systems in place to monitor the quality of the service and ensure it met standards

Perry 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 was undertaken by one inspector on 10 June 2016 and was announced.

Before the inspection, we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. The provider had spoken to us in January 2016 about the Provider Information Return (PIR) which they had tried to submit to the Care Quality Commission. We agreed that due to the problems they had experienced, we would review the PIR when we inspected the service. We were given a copy of the PIR at the start of inspection and reviewed the information at that time.

At the time of this inspection there were four people living at the home. We met and talked with all four people. We also talked with both providers. We met and spoke with one visitor to the home.

After the inspection we contacted four health and social care professionals who worked with people at Perry Cottage and received responses from two of them. We also contacted two relatives; both of whom responded.

We looked at a sample of records relating to the running of the home and to the care of people. This included three people's care records including their risk assessments and care plan. We reviewed one

person's medicine record. We were also shown policies and procedures and quality monitoring audits which related to the running of the service.

Is the service safe?

Our findings

People looked happy and relaxed during the inspection. When we arrived, people were arranging what activities they were going to do. This included visiting another farm where they were going to get involved in sheep shearing. One person described how they loved doing this. One of the providers explained that this person was particularly good at rolling up the fleeces after the sheep had been sheared. They added that the person was the fastest person they knew at doing this.

The Provider Information Return (PIR) stated 'The residents have been with us for so long, we well recognise their individual abilities but also their physical and mental limitations.' People had been risk assessed both in terms of their personal needs and in terms of activities they undertook. For example there were risk assessments in one person's record which related to personal care. This included the risk of taking a shower and or taking a bath. These identified that while the person was able to take a shower on their own, they would need support running a bath. There were also detailed up-to-date risk assessments relating to activities the person undertook. These included using farm tools and walking on the road. There was information within the assessment about how these risks were managed. For example, the risk assessment for walking on the road included actions such as ensuring the person always wore a high visibility jacket.

The providers explained how they supported people to work on the farm, which sometimes included making adaptations to equipment and machinery. For example, one person really enjoyed making kindling. The person had been risk assessed to do this and adaptations had been made to make it safe for them to undertake the activity. The registered manager explained that rather than the person holding and swinging the axe onto the wood, the axe head had been fixed so that logs were brought down on it, which made it safer. They also described how the person always had to wear heavy duty gloves to protect their hands. We talked to the person who did this. They were able to describe these precautions and said they always followed these rules. A relative commented, "it feels safe and he loves doing the kindling".

Medicines were managed safely in the home. People had been risk assessed as to their safety when self-administering medicines. Two people, who took daily medicines, self-administered these. Both people had been risk assessed and measures put in place to monitor this process. For example, one person always brought their medicine down to the kitchen and was watched by one of the providers to ensure they had taken it correctly. Another person had a weekly tablet organiser, which they filled with the dosages prescribed each week. This was then checked by one of the providers. All medicines were collected by the providers from the pharmacy.

One of the providers also explained that where a person required a medicine for a short period of time, these were usually stored and administered by the provider with the consent of the person. For example where a short-term anti-biotic was prescribed for a specific condition, the provider had administered this.

People were protected from bullying and harassment by providers who understood how to safeguard vulnerable adults. Both providers were able to describe what actions they would take if they had a concern about a person being abused. There were no reports of any abuse regarding any of the people at the

cottage.

The home was run by the two providers, who were able to meet people's needs. In addition to the two providers, a member of the provider's family worked for half a day each week supporting people to do activities such as arts, crafts, cooking and karaoke. The provider had undertaken Disclosure Barring Service checks on this person and on other family members who came into regular contact with the people at Perry Cottage. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider said they had done this to evidence that anyone who came into regular contact with people at Perry Cottage had been assessed as safe to do so. They said they had included themselves to show a "belt and braces" transparency.

One of the providers explained that during the day, one or both of them would be with people depending upon what activities they had chosen to do, either in the home or outside. During the evening, the providers said the people had been assessed as able to support themselves alone in the home. They said, if there was a problem, the people were able to ring the providers at their home, which was about a mile away from Perry Cottage. A provider slept at the home during the night. A provider explained that each year, all the people went away on holiday. They said during these times, people were supported by either family or an organising group, which allowed the providers to take a holiday themselves. Other members of the providers' family, who knew people well, were able to provide support to people in an emergency. The family members had qualifications in care and were experienced in supporting these people in other activities.

Is the service effective?

Our findings

Relatives commented very positively about the care provided at Perry Cottage. For example one relative said "It feels like he is well looked after."

People were supported by the two providers, who were both experienced and knew the people well. Both providers had undertaken training to support them in their roles. These included first aid, safeguarding vulnerable adults and food hygiene.

People were encouraged to be as independent as possible, and make decisions about day to day preferences. This included what time to get up and go to bed, what they wanted to wear and how they wished to spend their day. People were supported to get involved in household tasks including cooking, laundry and cleaning their room. One person said they really liked to help make cakes. Another person said they loved working on the farm and described some of the activities they got involved in, which included caring for farm animals. People's consent was sought before any care was given and the providers respected people's wishes if they did not want to receive care at a particular time. We observed both providers offering choices to people about their day and patiently waiting whilst the person made a decision.

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.

The providers supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. People were free to move around the inside of the home and in the garden. A relative commented "[person] is encouraged to join in!"

People's understanding of particular issues had been assessed to ensure they had the capacity to make a decision. For example, one person had been assessed to determine whether they were able to walk along the road safely.

A health professional commented "[providers' names] give them the opportunity to be as responsible as they want to be for their decisions."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

The providers understood the legal framework that needed to be put in place if a person is deprived of their liberty. No applications for DoLS had been made. However the providers said they were planning to contact the local authority DoLS team to discuss whether they needed to submit applications for all the people in the home as they were aware that there had been legal judgements made which had clarified some aspects of the legislation.

People were supported to have a varied and healthy diet which they were involved in choosing and preparing. People said they were asked what they wanted to eat and often helped to prepare meals. One of the providers explained they knew people's food likes and dislikes and prepared meals which people enjoyed. A relative said they were "sure they are well fed!" We observed people being offered refreshments and food, which was freshly prepared and appetising. A health professional commented "They always seem to be of good health and I have never noticed a time that any residents looked to be malnourished or dehydrated."

Records showed that people accessed health services in order to maintain good health. There was evidence that people had seen their GP, dentist, optician and other health professionals when needed.

Care records also contained information which demonstrated that the people at Perry Cottage were supported to understand the advice given by health professionals and identify ways to address health issues. For example, there were entries relating to a person visiting the dentist and the action required after the visit, which had been undertaken. These actions included attendance at follow up appointments. One health professional commented that the providers "get the residents to complete as many forms etc. as they feel happy to fill out for us when they visit." They also added that the providers "give them the opportunity to be as responsible as they want to be for their decisions."

Each person had their own bedroom and had selected the décor and furnishing for their bedroom and communal rooms. The people had also helped to build some areas of the home for example the veranda on the front of the house. During the inspection, the provider talked with one person about the plans to redesign the garden to include a barbecue area in a sunny spot. The provider explained that they worked with the people to develop ideas as it was "their home."

Is the service caring?

Our findings

Throughout the inspection, people interacted with both providers in very positive ways. People showed affection towards the providers. People laughed and joked with each other and the providers while they were planning the day's events. Over lunch, people described what they had been doing during the morning and what they intended to do in the afternoon.

The home felt like a family, where everyone, both people and providers were all intricately involved in each other's lives. The providers described how the people were part of their extended family and always involved in family celebrations, for example birthday celebrations and the weddings of the providers' children. People were proud to show inspectors photographs of family events they had been involved in over the years they had been living at Perry Cottage. A family member who was visiting was well known to all the residents, who were clearly delighted to see them. It was also very evident how this family member really knew each person well, talking about how they were all involved in their lives together.

A relative said about the providers, "they are an extended family for both [person] and us." They described how over the years they had got to know a lot of the provider's relatives, who had always shown an interest and involvement in the home.

A health professional commented "I can confidently confirm that the residents are without a doubt cared for, their dignity is respected and they are very much made to feel like an individual throughout their visits to us. The way that [providers] care for them without them being made to feel that they are different in any way is amazing and it gives the residents confidence when coming into us for their appointments. My impression is that they are made to feel like part of the same family."

The Provider Information Return described "regular contact with families is encouraged and visits home to family and from family and friends to Perry Cottage are actively encouraged. They have known each other so long there is total relaxation and interaction from all the residents to all of the families. Each looks forward with eager anticipation no matter which visitor is arriving." However, the providers also recognised that not everyone would want to be involved when visitors came to visit and therefore described how they ensured people were given private space and time if they wanted it.

The providers said how they had supported each person to maintain contacts with their families. One relative said they were not able to visit as often as they used to due to the distance. However, they said the provider would drive the person to meet them halfway on occasions which meant they could maintain contact. Another relative commented that they could not think of "anything to improve, apart from the distance." They added that the providers were good at "keeping me in touch and letting me know if there are any concerns."

A health professional commented "They are always accompanied by [one of the providers] on their visits and they always have the confidence to interact with us. They seem very happy and very comfortable in the company of [the providers]. They usually all have a laugh and a giggle about something"

Both providers treated people with dignity and respect. We observed people's permission being sought before anyone entered their room. People were unrestricted in the house and garden and could wander to all areas including the lounge, dining room and kitchen. People clearly viewed Perry Cottage as their home which they were free to move around in and have personal items about. For example, one person was enjoying doing a jigsaw puzzle which was on a table in a communal area, so they could do it in the company of others.

Care records showed the provider had discussions with some people about their end of life care. For example, one care record showed that the person had said they would 'like my brother to organise things for me.'

People were supported to express their views and be involved in the decisions about their care and support. Throughout the inspection people were listened to and their opinions taken into account, when making plans.

People were supported to become increasingly independent. For example two people had been supported to be independent with medicines. This had involved setting up systems with each person to ensure they felt comfortable with the procedure. There were checks in place to ensure this was monitored.

The providers described how one person had been supported to have holidays and breaks which they were involved in choosing. A relative commented how the person went to a particular place from time to time which the provider organised and the person "really enjoys."

Is the service responsive?

Our findings

People were supported to lead interesting and active lifestyles; they were supported to be involved in the local community and use local facilities including restaurants, clubs and the local swimming pool. There was evidence that people enjoyed what they were doing and felt a sense of achievement.

People were helped to develop their skills and experience and become as independent as possible at Perry Cottage despite their disabilities. The provider recognised the need to support people with meaningful activities which supported them to have a sense of purpose and achievement as well as fun. Many of the activities were centred on the farm and included working alongside the provider with the farm animals. People also did activities such as fencing and chopping wood for kindling which was then used in the home. People were given the choice about what they wanted to do on the farm, in the home or elsewhere, and were supported with these choices. Although at times, people chose to all do the same activity, people were also supported to do activities on their own.

People's records had details which described how the person received individual personalised care. Each person's care plan described activities they enjoyed doing. For example, one person's preferences included working on the provider's farm and attending day services on another farm. They also described how they enjoyed going to a social club, swimming, going to the beach and listening to music.

A relative commented their family member had been supported to do things they enjoyed, saying "[person] likes going to the club." This was in reference to a weekly evening social club people sometimes chose to go to. They also described how the person enjoyed doing performances including impersonations of Elvis, Laurel and Hardy.

In order to support people with hobbies, the provider had employed a relative for half a day each week to organise activities such as cooking, karaoke and art and craft sessions. All the people were enthusiastic about these sessions and demonstrated their enjoyment.

People were supported to go on holiday both with families and with a group that organised an annual pilgrimage to Lourdes. The provider explained that most people had chosen to do the pilgrimage each year and were always really enthusiastic about going. People were also supported to have holidays and respite at other locations of their choice.

Care plans had been developed with the person and included photos of them. Care plans described what they liked and didn't like, their GP, dentist and other health professionals involved in their care. It also described how they were kept safe, their routines and behaviour. '

Each person's care record contained a number of documents which described the person's level of independence and any assistance required. For example a care plan described whether the person was able to wash, bathe and shower. Against each activity it described whether the person needed physical help, prompting or was completely independent. It also identified whether the person required support to

undertake household tasks such as washing up, wiping surfaces and cleaning.

Care plans were updated to reflect changes in people's needs if an issue arose which might impact on the person's care.

The home had a complaints policy and procedure, although this made references to organisations which were out of date. One of the providers said they would update the policy to reflect the current approach. There had not been any written complaints from people living at Perry Cottage or from families. A relative said they had never had any cause to complain, but would raise any concerns with the provider, who they felt confident would deal with it. Another relative said they had nothing to complain about.

Is the service well-led?

Our findings

The service promoted a positive culture which empowered people. The visions and values of the service were person-centred and inclusive. These were described in the provider's statement of purpose as enabling 'people with learning disabilities to achieve an independent living as their individual abilities allow, with support arranged flexibly around each individual's needs.' This description fitted the evidence we found. Both providers supported people to live fulfilled, happy lives. People knew both providers very well and said they were happy at Perry Cottage.

The providers were able to describe their role and understood their responsibilities. They submitted information to the Care Quality Commission when required. The provider had well established links with the local community including a local church, the local village and also a club for people with a learning disability which they helped to run.

Throughout the inspection, people living at Perry Cottage talked to both providers who were present in the home or out supporting people. We observed lots of positive interactions between the providers and people, with support and advice being offered where needed.

People and their families were encouraged to feedback how they felt about the services provided and how it could be improved. The provider said in the past they had carried out surveys but found these had not been successful. Therefore they said they ensured that they met regularly with people and their families and received feedback from them this way. One relative described the providers as helpful and always positive. Another said they were contacted frequently and were always able to discuss issues with the providers in an open way.

There were regular checks and audits of the home and equipment. For example fire safety checks were carried out. Where an issue had been identified actions had taken place to rectify the problem.

There were systems in place to investigate and learn from incidents and accidents. The providers were able to describe how this learning helped to improve the safety and quality of the care provision.