

Bright Futures Care Limited

The Cottage

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 10 September 2018.

The Cottage is a 'care home' operated by Bright Futures Care Limited. 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.

The Cottage is a four-bedroom detached bungalow that accommodates up to two people in one adapted building. The care home is situated in a semi-rural location setting within a shared court yard with a private garden. Each person has their own bedroom with en-suite facilities and a shared communal lounge and kitchen area. Two of the bedrooms were used by staff that provide sleep in support. At the time of our inspection the service was accommodating two people.

The care home 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.

At the last inspection in February 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of the inspection there was a registered manager in post. 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.

Positive relationships had been developed between people using the service and staff. Staff spoken with demonstrated a sound awareness of the needs of the people they supported and interactions with people were kind and caring. People living in the care home also presented as relaxed and content in the company of their staff.

People's holistic needs and any known risks to their health and wellbeing had been assessed. Care and support plans had also been developed which provided detailed information on the support requirements of people living in the care home and how to deliver responsive care and support.

The registered provider operated within the principles of the Mental Capacity Act (MCA) 2005. People had been appropriately assessed and the relevant Deprivation of Liberty Safeguards (DoLS) had been submitted

to and approved by the relevant authority.

People were supported to access a range of educational, social, recreational and leisure activities and encouraged to participate in activities of daily living. This included opportunities to maintain meaningful contact with family members and friends.

Medication was appropriately managed and staff continued to work in partnership with a range of health and social care professionals to ensure people had access to specialist services and their general health and wellbeing was maintained. People were also supported to maintain a healthy diet and received nutritious, wholesome and balanced meals.

Robust recruitment policies and procedures were in place to ensure prospective employees were of suitable character to work with vulnerable people and all required documentation was in place.

Sufficient numbers of staff were employed and deployed to meet the needs of people living in the care home. Staff had undertaken a range of induction, mandatory, service specific and qualification level training that was relevant to their roles and responsibilities. The training helped staff to understand the complex support needs of the people they cared and to develop their knowledge, skills and competency.

Policies and procedures were in place to protect people from abuse. Staff knew how to recognise and report any concerns that they may have about people's wellbeing. This helped to protect the welfare of people using the service.

A formal complaints policy and procedure had also been developed by the registered provider and plans were in place to develop the procedure in alternative formats. No complaints were received regarding the service during our inspection.

The registered provider had established a range of quality assurance systems to assess and monitor the standard and quality of care provided. This included seeking the views of family members and stakeholders. This helped to ensure that people continued to receive a safe, effective, caring, responsive and well led service.

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 remains safe	Good ●
Is the service effective? The service remains effective	Good ●
Is the service caring? The service remains caring	Good ●
Is the service responsive? The service remains responsive	Good ●
Is the service well-led? The service remains well-led	Good ●

The Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 comprehensive inspection took place on 10 September 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed all the information which the Care Quality Commission already held on the service such as intelligence, any information received from third parties and any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with the registered provider's adult service manager who was also the registered manager for the care home; the site manager; maintenance manager; two senior support workers and a support worker.

We also contacted the parents of the two people using the service by telephone as the people living in the care home were unable to provide direct verbal feedback on their experience of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us.

We looked at a range of documents including the records relating to the care of the two people who lived in the care home. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being.

Examples of other records viewed included: policies and procedures; two staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training; maintenance records and audit documentation.

Is the service safe?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at The Cottage was safe due to the complexity of their needs.

We observed that people benefitted from a safe and supervised environment and systems had been established to promote and safeguard their wellbeing. For example, risk assessments had been developed for each person that were specifically tailored towards their individual needs and potential risks within their home environment. Risks were clearly outlined and guidance was provided to ensure potential risks were appropriately managed.

A fire risk assessment, personal emergency evacuation plans and a business continuity plan were also in place to ensure an appropriate response in the event of a fire or major incident. Systems had also been established to record any accidents and incidents within the service. The registered manager informed us that the registered provider was in the process of developing a tracking tool to help improve oversight of incidents and establish any trends.

A series of internal and external checks were routinely undertaken to check that equipment and services within the care home were safe and operating effectively. This included the fire alarm system, fire extinguishers, electric and gas supply and emergency lighting.

There were sufficient numbers of staff in post and deployed to meet people's needs. The registered provider's recruitment processes were also safe and robust. Application forms and suitable references had been obtained from prospective staff together with confirmation of identification and health declaration forms. A disclosure and barring service (DBS) check had also been undertaken. DBS checks help employers to determine whether staff are suitable to work with vulnerable adults in health and social care environments.

A safeguarding and a whistleblowing procedure had been developed by the registered provider. Staff spoken with told us that they had completed safeguarding training and were able to explain the different types of abuse to look out for and how to report any concerns. This helped to ensure people were protected from the risk of abuse.

Medication policies and procedures were in place that provided guidance to staff on how to manage medication safely. PRN protocols (as and when needed) had also been developed for staff to reference. Staff designated with responsibility for the management and administration of medication had completed medication training and demonstrated that they understood how to give people their medication in a safe and appropriate manner. The registered manager told us that the site manager and deputy manager were due to undertake medication competency training later in the month and that following the completion of the training the competency of all staff would be routinely monitored.

Monthly medication audits and routine checks were undertaken which focussed on key areas such as the

ordering, storage, recording and administration of medication. This helped to safeguard the health and safety of people.

Infection prevention and control measures were in place to protect people from the risk of infection. Personal protective equipment was provided to staff and the environment was generally clean and odour free.

Is the service effective?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at The Cottage was effective due to the complexity of their needs.

People who lack capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the deprivation of liberty Safeguards (DoLS). We saw that the service continued to operate in accordance with the principles of the MCA. Mental capacity assessments had been carried out and appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

The registered provider completed monthly staff supervisions and had established a programme of mandatory and supplementary training and development for staff to help them understand how to carry out their roles effectively. Mandatory training included safeguarding; first aid; fire awareness; food hygiene and team teach basic and advanced training. Team teach training aims to promote the least intrusive positive handling strategy and a continuum of gradual and graded techniques with an emphasis and preference for the use of verbal or non-verbal de-escalation strategies. Staff also had access to MCA and DoLS training; equality and diversity; SCERTS (social; communication; emotional; regulations and transactional support training); epilepsy; autism; equality and diversity and medication training. Additionally, staff had completed National Vocational Qualifications or Diplomas in Health and Social Care. Systems were in place to monitor the outstanding training needs of support workers and when refresher training was required.

The Cottage is a four-bedroom bungalow that had been adapted, equipped and personalised to meet the needs of the people living in the care home. We noted that one person's bedroom floor covering and wardrobe was showing signs of dampness due to the spread of water from an en-suite wet room. Likewise, in another person's bedroom we noted that the floor covering and wardrobe was in need of replacement. The registered manager told us that the registered provider had previously identified that action needed to be taken to improve the environment and that the work had been delayed due to the complex support needs and personal circumstances of the people living in the care home. We spoke with the maintenance manager and saw that quotations had been obtained and a date approved for the work to commence soon, when it would have minimum impact on the wellbeing of people using the service.

Likewise, in the garden area we noted that the garden furniture was water damaged and in a poor condition. We also observed that cleaning products were being stored in an outside storage cabin which was not fitted with a lock. We could see that the provider had identified this issue as a matter requiring action in the most recent infection control audit. Upon completion of our inspection the registered manager confirmed that the matters had been addressed.

Systems were in place to ensure the needs of people were assessed and kept under review. Staff worked in partnership with a range of health and social care professionals to ensure the delivery of effective health care and support for people using the service. People were also supported to have healthy meal options and

records viewed provided evidence of a varied, wholesome and nutritious diet.

Is the service caring?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at The Cottage was caring due to the complexity of their needs.

Comments received from family members included "The standard of care is amazing. I can't fault them" and "X [a person living in the care home] appears happy and calm and I am satisfied with the care provided."

We spent time with the registered manager, people using the service and staff during our inspection of The Cottage.

People living in the care home were observed to be treated with dignity and respect. Staff were seen to be sensitive, caring, attentive and responsive in their approach and were positive in their interactions with people. The care home presented as a warm and friendly environment and people were accepted and empowered to follow their daily routines.

We asked staff specific questions relating to the care needs of the people they supported and noted that staff were aware of matters that were important and unique to people such as their preferred communication methods, support requirements and known risks. Staff also demonstrated an understanding of the importance of providing person centred care, promoting independence and safeguarding and upholding people's dignity, individuality and human rights.

Staff told us that they had received opportunities to work alongside experienced staff which had helped them to get to know the people they supported and their unique needs in addition to attending training. Staff also confirmed that they had been given opportunities to read people's care records that provided a comprehensive range of personalised information. It was clear that the registered manager and staff had a sound awareness of people's diverse needs and how best to provide effective care and support.

For example, we used the Short Observational Framework for inspection (SOFI) as a means to assess the standard of care provided to one person during a mid-day meal. We saw that a member of staff supported a person to choose and prepare their preferred mid-day meal which consisted of a vegetable and ham wrap and a can of coke. The meal was prepared and then presented in a way that looked appetising. We observed the staff member to communicate and engage with the person they were supporting in a positive, caring and dignified manner and that the person was encouraged to eat and finish their meal at their preferred pace. People were supported to maintain meaningful contact and relationships with their families and transport was provided to facilitate visits to and from the care home when necessary. Family members spoken with told us that staff had kept them up-to-date on significant matters.

The provider had published a range of information about the service on its website. An information brochure on the organisation together with a statement of purpose had also been produced. This helped to provide information for interested parties on the service provided.

Information about people receiving care at the care home was kept securely in a locked office to ensure confidentiality and staff were aware of the importance of protecting confidential information.

Is the service responsive?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at The Cottage was responsive due to the complexity of their needs.

Each person living in the care home had a personal and a health care file in place. These contained personalised information about their biography, needs, support requirements and how to keep them safe. For example, each file included key information; personal profiles; holistic assessments; care and support plans; risk assessments; daily routines and weekly activities; financial information; specialist speech and language therapy reports; advocacy information; health care records; legal documentation; contact and communication records and other miscellaneous records.

Staff were noted to complete daily monitoring and observation records. These were thorough, detailed and comprehensive. Where people required other aspects of their care and support monitoring, for example the use of physical interventions, specific forms and records were completed. This helped to ensure that the correct level of support was being provided to people.

The registered manager and staff spoken with were observed to engage positively with the people they supported and through discussion demonstrated a good knowledge of people's needs and preferences. This helped to show that information recorded in care records was being put to use in the delivery of care. Records had been kept under regular review and had been signed by key people responsible for the provision of care and support.

A person centred approach to people's care and support needs was being delivered. We observed that the registered manager and staff had developed a positive working relationship with the people they supported and that they were attentive and responsive to people's needs. Staff were observed to be mindful of people's complex learning, communication and sensory integration needs and were acutely aware of the importance of respecting people's preferred routines and preferences.

Each person was supported to complete a weekly activity sheet which outlined each person's preferred morning and afternoon activities. One person communicated using Makaton and PECS (Picture Exchange Communication System) and their activity record had been developed using pictures to help them to understand the information recorded.

Records indicated that people had been supported to participate in a range of educational, social, recreational and in-house activities that they enjoyed. Staffing levels were flexible and adjusted to respond to the support needs of people using the service and to ensure any risks to people's health and wellbeing were appropriately managed. For example, upon arrival at the care home, we were informed that two staff members had supported one person off-site to attend a local college whilst another person remained at home supported by one staff member.

The registered provider had a corporate complaints, suggestions and compliments procedure in place

which had been developed using standard text only. The registered manager told us that the organisation was looking to produce the procedure in an alternative format to help people with complex communication needs to understand the information and ensure compliance with the Accessible Information Standard (AIS). The AIS requires that all publicly funded adult social care and care provided by social services must identify and meet the information and communication needs of those who use their services.

The registered manager told us that this would take time to ensure the format was fit for purpose and suitable for the needs of people using the service. In the meantime, the provider had sought to increase the level of engagement with families and external professionals to ensure their views were listened to and acted upon.

Systems had been established to log and record the details of any complaints received. Records indicated that no complaints had been received since our last inspection and no concerns were raised during the inspection.

The care home did not provide end of life care but had a policy and procedure to follow in the event of the death of a person using the service.

Is the service well-led?

Our findings

People using the service were not able to tell us verbally their thoughts about whether the service provided at The Cottage was well-led due to the complexity of their needs.

The Cottage continued to have a registered manager in post that had been responsible for the service since it was first registered with CQC in April 2015. The registered manager continued to share their managerial time across three other registered locations and was therefore supported by a site manager who was based at The Cottage on a full-time basis.

The registered manager was an experienced manager and employed by the provider in the capacity of adult service manager. The registered manager and site manager engaged positively in the inspection process. They demonstrated a thorough understanding of the needs of the people using the service, the staff responsible for the provision of care and support for people living in the care home and the vision, aims and objectives of the registered provider.

The registered provider had developed a range of policies and procedures to provide guidance for management and staff working with the care home. This included a policy and procedure for quality assurance.

Quality monitoring systems remained an integral part of the service to enable checks to be undertaken on the quality of the service provided to people. For example, we found that internal 'system check' audits had been routinely undertaken which enabled the registered provider to maintain oversight of records relating to health and safety, the care of people living in the care home and staff, finances and operational matters. Likewise, the registered manager or site manager undertook monthly infection control, medication and monitoring and development audits. An independent visitor had also undertaken periodic visits to check on the welfare of people. Action plans were completed following each audit which were kept under review.

Systems were in place to obtain feedback from families and stakeholders within the adult services network. A report on the findings of the last survey in December 2016 together with an action plan had been produced in March 2017. Colour coded bar charts were used to identify feedback for each service location and each question was ranked as either strongly agree, agree, disagree or strongly agree. Due to the design of the summary report it was not possible to determine which responses related specifically to The Cottage however feedback received for each question was positive.

The registered provider had notified the CQC of significant events that occurred within the service as required by law. Likewise, ratings from the last inspection were displayed in the entrance area of the care home and the provider's website reflected the current rating of the service as required by law.