

# Canterbury Oast Trust

## Holly 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection on 24 and 25 July 2018.

Holly Cottage is home to five people with a learning disability and at the time of the inspection there were no vacancies. The single story premises provides good access for people with low mobility. The service is set on Highlands Farm near the village of Woodchurch, Kent. Each person has their own personalised bedroom, there is a communal bathroom and additional wet room. To the rear, there is a fenced garden with a large summer house.

Holly 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. 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.

At our last inspection we rated the service good and we found that the evidence continued to support the overall rating of good with no evidence of serious risks or concerns. However, since the last inspection the service had not remained well-led. The registered manager had not worked at the service for over six months and had now left. During the interim period, the service had been managed by a deputy manager with oversight from the quality and compliance manager, however, staff development and service planning had decreased over the period leaving the team feeling less supported. A new manager had been appointed and had been in post for three weeks it was their intention to apply for registration, but during their induction they were being supported by the registered provider. Following the inspection, the manager provided an action plan with a focus on supervision and staff support.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People had continued to receive a good service from the provider and the deputy manager praised the support and dedication the team had shown over the six-month period, when the service was without a registered manager.

People were protected from abuse by trained staff who understood how to keep people safe from situations that might harm them. Safeguarding procedures and personalised risk assessments provided staff with clear information to reduce and manage risks. There were sufficient numbers of staff rostered to ensure the flexibility to support people's activities and appointments.

People received their medicines on time from staff that had been trained to administer medicines safely and the service worked closely with their local pharmacist to ensure that medicines were delivered, stored, recorded and audited regularly.

The service had remained clean and people had been protected from the risk of infection and cross contamination. Incidents had been recorded and appropriate measures put in place to ensure learning and follow up.

Staff had assessed and reviewed people's needs holistically. Care plans were updated regularly to reflect changes to people's choices and wishes in line with national best practice guidelines

Statutory checks and robust recruitment procedures ensured that staff had demonstrated the required level of suitability for the role. Staff received induction training along with ongoing monitoring and support from the experienced staff.

People were supported to eat and drink regularly throughout the day. Staff encouraged people to take an active involvement in planning and preparing their meals and assisted them to maintain a balanced diet and stay healthy.

People's changing health needs were reflected in their care plans. Staff had supported people to attend routine and follow up appointments and made referrals to specialist services as required. Some information about medical procedures had not been provided in an accessible format. We have made a recommendation about this in our report.

People were happy and relaxed with staff and there was a clear sense of mutual respect. Staff used their detailed knowledge of each person to support them to express their views and be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems supported this practice. People's consent had been sought and access to independent advocacy was available. However, the provider had not consistently recorded decisions in line with the principles of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty. Safeguards (DoLS). We have made a recommendation about this in our report

People had continued to receive responsive care based around their individual needs and wishes. Activities, and interests were actively supported and people encouraged to maintain regular contact with their relatives. Staff understood when people were unhappy and supported them to resolve concerns and issues. They also had a complaints process in place if required.

People's end of life wishes had been discussed and agreed with support from families.

The new manager was supporting the team to develop. Both the new manager and deputy manager, acknowledged that the lack of day to day leadership had limited the support and development of the staff. However, the impact on people had been minimised through the hard work of the staff team who had united under a clear vision for positive person-centred care.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always Well-led</p> <p>The service has not had a registered manager for the past six months. A new manager had been appointed in line with the timescales of the providers processes.</p> <p>Arrangements had been put in place to ensure that staff received supervision and appraisal's, however this had not always been in place.</p> <p>Whilst people's choices had been sought and decisions respected, these had not always been clearly recorded.</p> <p>People had continued to receive a high level of service from the staff despite changes to management. Staff had been committed to maintaining a high level of client service for people</p> <p>The new manager has demonstrated commitment to making improvements had provided a clear action plan</p>	<p><b>Requires Improvement</b> ●</p>

# Holly 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 was a comprehensive inspection. It took place on 24 and 25 July 2018 and was unannounced. Before the inspection, the registered provider had completed a 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.

The inspection was carried out by one inspector. We also looked at previous inspection reports and any statutory notifications sent to us. Notifications are information we receive when a significant event happens, like a death or serious injury.

We spoke to the new manager, the quality and compliance manager, the deputy manager, four support staff and two families. Two people gave us their views of the service and we contacted a range of professionals to gain their perspective of the service.

We looked at a range of support documents including, risk assessments and care plans, medicine administration records, staff files, supervision records, minutes from meetings, policies and procedures and the business continuity plan. We also asked the provider to send us a range of documents including the development plan and follow up actions from internal audits after the inspection, which they did.

# Is the service safe?

## Our findings

People continued to be kept safe from abuse and harm by trained staff who understood how to keep them safe and could identify signs of abuse and clearly express their responsibility to report any concerns.

Day to day risks such as showering, cooking and road safety had been identified, assessed and were managed by staff through daily staff handover. One person had a detailed risk assessment with specialist guidelines for choking. This provided staff with clear information that helped them to understand and manage the risk of choking effectively.

Another person enjoyed riding their bicycle and the new manager had worked with them to find a safe off-road space where they could do this. One relative confirmed, "[Person's] safety is of paramount importance as [person] has no real understanding of safety issues. There have been full risk assessments of all needs in this area and we have no concerns at all here."

Health and safety audits had been carried out and records confirmed that repairs and routine safety checks including, fire drills, emergency lighting checks and the fire alarm system had been reviewed monthly and routine maintenance carried out as required.

Staffing levels provided safe care and were sufficient to meet people's needs. Rosters confirmed that staffing had been planned flexibly around people's activities and appointments with additional staff for holidays and sickness cover. Staff recruitment processes continued to be robust with criminal record checks made through the disclosure and barring service (DBS) to prevent unsuitable people from working with vulnerable adults.

People had specified 'room days' in their weekly planners where they worked with staff to keep the service clean. Staff completed infection control audits monthly and used personal protective equipment to minimise the risk of cross infection. Health and safety checks were completed and household chemicals stored safely.

People received their medicines safely when they needed them. Trained staff used medicine administration record sheets (MAR) to record that people had received their medicines. Medicines were accompanied by clear written guidelines that staff understood, explaining the purpose of the medicine and the way the person received it. Medicines were stored in an appropriate lockable cabinet and there was clear evidence of regular audits from the local pharmacist.

There were clear protocols from the GP for the use of homely (non-prescription) remedies but some people's care plans did not have protocols on file covering the use of 'PRN' (as required) medicines. This was rectified during the inspection.

Staff meeting records and incident files demonstrated how staff had learned and reflected together. For example, staff had made improvements to people's care plans by developing a consistent format so they could find information about people quickly and easily.

# Is the service effective?

## Our findings

People's health and wellbeing needs had been assessed and effective care plans developed in line with the principles of holistic person-centred planning and good practice. One relative told us, "As regards effective care, all needs have been fully assessed and met by the staff."

People were supported by trained staff who responded clearly to questions about their training and confirmed that during induction, they had shadowed more experienced staff before working independently with people.

The overall level of supervision and appraisal support had decreased during the absence of a registered manager, although staff confirmed that the deputy manager had tried to maintain some staff supervisions and the staff team had used the monthly staff meetings to share their knowledge and experience about people, to share best practice and maintain effective standards of care.

People were supported to plan their meals. One person peeled potatoes whilst chatting with staff about the meal they were about to make. Staff told us that they used recipe books and pictures of meals to plan a balanced monthly menu that catered for all tastes. Everybody suggested meal choices and if for example, one person could not eat spicy food, they would prepare the same dish without the spicy ingredients so that each person could be involved in enjoying a 'curry night' together.

Staff worked proactively together, to ensure appropriate follow up and support with external health professionals. People had been offered regular health-care prevention screening, with specialist follow up for long-term conditions such as dementia. People were supported to attend annual health check-ups and routine outpatient's appointments. 'hospital emergency folders' had been prepared to assist hospital staff to support people appropriately in the case of an emergency.

People's needs were reflected in the design and décor of the premises. Each person's bedroom had been personalised with the person's choice of décor, furniture, photographs and mementos. The property had been adapted for people with low mobility with easy access to the communal kitchen and lounge, wet room and fenced rear garden that offered a restful outdoors space.

When new people had moved into the service in 2017, staff scheduled the moves over several weeks, progressing from short visits for tea to overnight stays. When one person had moved out of the service and into independent living after many years at the service, staff had planned the move over six months and included the person in the planning and decision making. Staff told us, "We gave the person the choice right up to the last minute and now they love it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 assisted to do so when required. When people lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. We found that appropriate DoLS applications had been completed and authorisations were in place.

Staff demonstrated they understood how consent applied in their everyday work. For example, when one person had refused health screening, their choice had been recorded in their care plan. The staff had demonstrated that they had discussed matters with people but consent obtained had not always been clearly recorded. We discussed this with the registered manager who confirmed they would review recording procedures in line with best practice.



# Is the service caring?

## Our findings

People continued to be treated with warmth, respect and equality by staff. One person told us, "I like all the staff and they do listen to me." Another person told us that the staff team were very caring and the person enjoyed chatting with them.

Staff interactions were supportive and enabling. For example, when one person wanted to make their own lunch, staff worked alongside them and advised where necessary whilst respecting their independence. One relative told us, "You only have to visit to feel the atmosphere of genuine warmth that is engendered by the staff and evidenced in the relaxed nature of all the residents."

People were supported to express their views and make decisions about their care. One person told us, "Staff let me do what I want to do". Staff confirmed that they involved people as much as possible. Examples included; holiday planning, where staff supported people to gather photos of different destinations from the internet so that they could weigh up the options and make choices together.

People's personal backgrounds had been explored with pen pictures detailing personal preferences in their care plans. People's individuality and protected characteristics such as religious preferences had been observed. One person had clearly chosen not to go to a church and this had been recorded in their care plan.

Care plans were illustrated with photographs making it easier for people to follow when the plan was read to them. NHS leaflets about dental and surgical procedures had also been included, to provide people with further information about treatment they had received. From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff recorded people's daily activity and daily care and tried to reflect the person's voice by recording events as though they were the person. In one care plan, we found entries describing one person as 'not having to think for myself' and another person as being 'easily led'. We discussed these phrases with the manager who confirmed they would revise the plan and review record keeping with support staff.

People were encouraged to be involved with families. One person's room displayed family photographs featuring them at a family celebration. Another person's care plan had recorded their wish to visit a close relative abroad. We looked in the care plan and could see that there were risk assessments around flying and travelling safely overseas to support them with this goal.

People's dignity and their need for privacy and personal space was fully supported when they required it. Staff knocked before entering people's rooms and they were respectful when carrying out personal care. When people were in pain or discomfort, staff had recorded key non-verbal cues so that they could be attentive to peoples' distress and respond effectively.

Personal information was kept locked securely in the staff office and staff we spoke to, were clear about the need to maintain people's confidentiality in line with internal policies

## Is the service responsive?

### Our findings

People's care had been planned responsively and personalised to their individual needs. Care plans were written with sensitivity and ensured that staff responded effectively to changes in personal needs as people grew older. For example, one person had expressed concerns about excess hair as they grew older. Staff had supported them to put together a discreet and appropriate support plan. Another person found certain aspects of their personal hygiene had become more challenging. The support plan detailed the changes to the support they required factually and respectfully,

Person centred planning had been reflected in people's daily activities. Care plans combined practical independent living skills such as, cooking and cleaning with arts and crafts activities. One person was learning to play the piano and we heard part of the lesson being delivered whilst another person enjoyed using a computer and was being supported to develop IT skills.

To develop people's independence, staff had also put support plans in place for travelling safely in the community so that people could go out shopping and participate in work experience in the community.

People were encouraged to plan and participate in their six-monthly care-plan reviews. The person, their family, key workers and supporting professionals had all been involved. Personal goals had been reviewed and people's changing preferences such as one person's decision not to continue with swimming as a set activity, had been respected.

Staff understood the need to support people to raise concerns and make complaints if necessary. A complaints procedure and access to independent advocacy was in place if required. One relative told us, "We are in regular communication with the staff, by telephone, email and personal visits. Issues very rarely arise - in fact we are hard pressed to remember anything of consequence. But communication is so good and the staff always make time for us."

People met with the manager monthly for 'resident review meetings'. Minutes from the monthly meetings confirmed that people had expressed their views on a range of subjects relating to the service and these views had been fed back to senior management so that improvements could be made.

Staff confirmed that they had spoken to two families about end of life care. One person's care plan documented their fear of death and noted that if death were to be mentioned to the person they would shake their head and say "no!". The new manager explained that this is an area for development and confirmed that further training is planned to give the staff confidence to introduce the subject and discuss the options more fully.

## Is the service well-led?

### Our findings

The service had not remained well-led. The service's registered manager had not been working at the service for over six months and would not be returning. During the interim period, the service had been managed by a deputy manager with oversight from the quality and compliance manager.

A new manager had been appointed and had been in post for three weeks it was their intention to apply for registration, but during their induction period they were being supported by the registered provider. The new manager had experience of managing other registered services and was aware of their legal duty to send the appropriate statutory notifications to the Care Quality Commission.

During the absence of a registered manager, the registered provider had also supported the service's governance structures with the provider's head of care carrying out internal quality audits. We reviewed the follow up from the last internal audit and saw that follow up actions had been completed.

The new manager praised the staff team for the work they had done to support people during the absence of a registered manager. Despite the management changes, people had continued to receive positive care outcomes. In the absence of a registered manager, staff had worked proactively and sought advice and guidance from professionals within the speech and language therapy and the community learning disability teams, to ensure that there had been appropriate follow-up on any issues relating to people's health and wellbeing. A relative told us, "Holly Cottage has undergone a couple of leadership changes. On every occasion, it has been seamless. The house managers are caring and always put people's well-being first".

The new manager shared their vision for high quality person centred care and told us that they were very keen to promote an open culture where staff could feel empowered through learning and coaching. One staff said, "We've learned so much, the manager shows us and explains how to do things." Another staff said, "The manager seems competent and knowledgeable and wants to impart their knowledge."

However, in the absence of the registered manager, supervisions and appraisals had not been completed. The deputy manager told us, "We haven't known where to start". This had left staff feeling unsupported and one staff told us that they had found the past months 'horrendously hard'. With the appointment of the new manager staff had already noticed the improvements to the level of support they were receiving.

Following the inspection, the manager sent us an action plan that identified five areas for improvement including a focus on staff support through supervision and appraisal and plans to develop staff competencies. The new manager had also been working proactively to review people's communication guidelines with the community learning disability team and to improve recording around people's choices and consent.

The manager acknowledged that the inspection had provided them with an opportunity to address these concerns and focus on continuous improvement and sustainability within the service. However, until these processes have become embedded, they remain areas requiring improvement.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. During the inspection the rating had been clearly displayed in the service and on the providers website.