Cottisbraine House

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an unannounced inspection on 10 February 2016. At our previous inspection on 10 June 2014 the service met the regulations inspected.

Cottisbraine House is registered as a partnership and provides accommodation, care and support to up to nine older people with learning disabilities, some of whom also have dementia and other mental health needs. At the time of the inspection six people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of people's needs and the level of support they required with their personal care and activities of daily living. However, we found that accurate and detailed care records were not maintained about people's needs, and the support they required in regards to individual health needs. There was a risk that people would not receive the support they required if supported by staff that were unfamiliar with their needs.

The registered manager did not adhere to all the requirements of the Mental Capacity Act 2005. People required one to one support from staff in the community and due to this did not have many opportunities to access the community. The registered manager was aware that this may amount to depriving a person of their liberty but had not made applications for authorisation to do this. There was a risk that people may be unlawfully deprived of their liberty.

Staff received training to ensure they had the knowledge and skills to support people. However, sufficient processes were not in place to ensure staff were adequately supported to undertake their role, and to review their competency and performance. Staff did not receive regular supervision or appraisals.

The registered manager undertook checks on the quality of the service. However, we saw that these checks were not robust enough and did not sufficiently address areas that might require improvement. We also identified that accurate records were not kept in regards to incidents that occurred at the service so these could be analysed to identify trends and patterns to prevent similar incidents from reoccurring. There was a risk that people were not adequately supported after an incident to ensure their safety and welfare.

Staff had built relationships with people and were aware of people's individual personalities. They were aware of people preferences as to how they wished to be supported, and were aware of people's interests and hobbies. Staff had arranged for professionals to visit the service to provide activities for people, including a music session and a 'keep fit' session. However, there were limited opportunities for people to access the community. We recommended that the registered manager reviews national guidance to support

social inclusion for people, in the community.

Staff supported people to have their health needs met. Staff liaised with healthcare professionals if they had concerns about a person's health and supported people to attend healthcare appointments. People received their medicines as prescribed. Staff were aware of people's dietary requirements and supported them to have regular meals and fluids to protect them from the risk of malnutrition or dehydration.

Staff respected people's privacy and supported people to maintain their dignity. There were sufficient staff to provide people with timely and responsive care.

The registered manager had assessed risks to people's safety upon their admission to the service, and plans were in place to support people to minimise and manage those risks. Staff were aware of their responsibilities to safeguard people from harm and reported any concerns a person was potentially being harmed to the registered manager so appropriate action could be taken to protect the person.

There was open communication amongst the staff team and good information sharing to ensure staff were aware of any changes in people's support needs. Staff felt listened to by the registered manager and felt able to express their views and opinions.

We identified three breaches of legal requirements in relation to safeguarding people who use services, staffing and good governance. You can see what action we have asked the provider to take at the back of the main body of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. Incident records did not contain sufficient information about the incidents that occurred and we could not be assured that appropriate action was taken in response to an incident to ensure people's safety and welfare.

There were sufficient staff on duty to meet people's needs and provide them with timely care and support.

Assessments were undertaken of the risks to people's safety, including environmental risks and plans were in place to minimise and mitigate the risks.

Medicines were stored securely and people received their medicines as prescribed.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The registered manager did not adhere to internal procedures and provide staff with regular supervision or appraisal. This meant there was a risk that staff were not adequately supported to undertake their role.

There was a risk that staff did not adhere to all aspects of the Mental Capacity Act 2005 and there was a risk that people were being unlawfully deprived of their liberty.

Staff respected people's decisions and supported them in line with those choices. Best interests meetings were held to make decisions on people's behalf if they did not have the capacity to do so.

People's health needs were met, and staff supported them to access healthcare services. People were provided with regular meals and drinks to protect them from the risk of malnutrition or dehydration.

Is the service caring?

Good

The service was caring. Staff respected people's privacy and supported them to maintain their dignity.

People were involved in decisions about their care and how they spent their time. Staff were aware of people's preferences about how they were supported and provided care in line with these. Staff were aware of people's hobbies and interests. Staff had built relationships with people and were aware of each person's personality and individual differences.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Detailed care records were not maintained about people's care and support needs. Staff we spoke with were knowledgeable about people's needs and the level of support they required with tasks.

Activities were provided at the service and staff had arranged for professionals to visit to provide additional activities. However, people did not have the opportunity to access the community.

Processes were in place to respond to and investigate any complaints received.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The checks on the quality of service provision were not robust enough and did not address areas of improvement identified, or the concerns we found as part of this inspection.

There was open communication amongst the staff team. Staff felt listened to and that the registered manager acted upon feedback given. Staff felt comfortable expressing their views and opinions.

Cottisbraine 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.

This inspection took place on 10 February 2016 and was unannounced. One inspector undertook this inspection.

Prior to this inspection we reviewed the information we held about the service including statutory notifications. These notifications informed us about key events that occurred at the service.

During the inspection we spoke with the two staff on duty, who were the registered manager and the proprietor. We spoke briefly with one person and undertook general observations throughout the day. We reviewed three people's care records and four staff records. We looked at records relating to the management of the service and reviewed medicines management processes.

After the inspection we spoke with two people's relatives and three staff.

Requires Improvement

Is the service safe?

Our findings

People's relatives we spoke with told us they had no concerns regarding their family member's safety. They felt staff kept them safe and minimised the risks of harm.

There was a process in place to report and record incidents that occurred at the service. However, we saw that incident records did not always include sufficient information about the incident to enable the reader make an informed view about what had happened or what action was taken to support the person. This included not sufficiently recording any follow up action taken to monitor the health of people who had received a head injury. Incident records and the auditing of incident records did not include sufficient detail of what action the registered manager had taken to minimise and mitigate the risk of incidents recurring. There was a risk that lessons were not being learnt and appropriate action was not always taken in response to an incident, meaning people's health and safety might not be sufficiently maintained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff on duty to meet people's needs. One person told us there was always staff around when they needed them. We observed staff promptly responding to people's needs and providing them with support in a patient and unrushed manner. Two staff were on duty during the day, and two staff at night (one staff member awake and one sleeping at the service but available to support when required). There was low staff turnover and many of the staff had been working at the service for a number of years providing consistency in care provision. Annual leave was planned for and staffing cover was arranged by the registered manager to ensure sufficient staff were on duty to support people. We saw on the day of our inspection that due to a small staff team, it was more difficult to cover short notice staff sickness. The registered manager had arranged for agency staff to cover the night shift, and during the day had arranged for the second partner, who used to manage the service, to be on duty to meet people's needs. We spoke with the registered manager about this and they informed us that usually they were able to arrange cover but this had been difficult on this occasion. However, they ensured there were sufficient staff on duty to meet people's personal care needs.

There were safe recruitment procedures to ensure appropriate staff were employed. Staff had previous knowledge and experience of working in a care setting. They had relevant qualifications and had completed training relevant to their role. The registered manager checked people's suitability to work at the service through various checks including the completion of an application form, attendance at interview and obtaining references from previous employers. The registered manager also ensured criminal records checks were completed and that staff were eligible to work in the UK.

Staff were aware of their responsibility to keep people safe and free from harm. If staff were concerned about a person's safety and welfare they discussed this with the registered manager. The registered manager liaised with the local authority if they had any concerns a person was potentially being harmed so that appropriate action could be taken to investigate the concerns and safeguard the person from any

future harm.

There were processes in place to protect people from financial abuse. Staff stored people's finances securely and kept a record of all financial transactions. The registered manager reviewed the management of people's finances on a monthly basis to ensure all monies were accounted for.

The registered manager assessed the risks to people's safety and management plans were in place to support the person to minimise and manage those risks. This included environmental risks and risks they encountered on a daily basis. For example, ensuring anti-slip mats were available in showers and bath chairs were available for people who were at risk of falling in the bath. Management plans were in place to support people with their individual needs, for example if people were at risk of choking, or at risk of self-harming behaviour. Also management plans were in place in regards to risks associated with personal care, including ensuring people were supported to shave safely and with clean razors to prevent the risk of infection. Personal fire emergency evacuation plans had been developed to identify the risks to people in the event of a fire and the support they required from staff to evacuate the building safely.

Safe medicines management practices were followed and people received their medicines as prescribed. The majority of people's medicines were delivered in dosette boxes. We saw that when staff administered people's medicines this was recorded on a medicine administration record (MAR). The MARs we viewed were completed accurately and indicated people received their medicines as prescribed. Staff were aware of the circumstances in which people should be provided with their 'when required' medicines. It was clearly recorded on people's MAR if these medicines were or were not administered and the reasons why. Medicines were stored securely.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff that had the knowledge and skills to meet their needs. However, staff were not always adequately supported in their role through regular supervision and appraisals. The service's supervision contract stated, "Formal/informal supervision will take place at least once in every six week period." The registered manager did not always adhere to their internal procedures and staff did not receive regular supervision. We saw from the staffing records we viewed that staff had not received supervision since June 2015. One staff member told us they could not remember when they last had supervision and they felt "this has slipped a bit." Staff had not received an annual appraisal in the last year. There was a risk that staff did not have the support to undertake their role and to have formal processes to review their performance and competency.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 registered manager was aware of DoLS, but at the time of the inspection had not made any applications to the local authority for authorisation of DoLS. They told us there were some people who were unable to leave the service without one to one support from staff. The registered manager agreed that this restriction could amount to the deprivation of a person's liberty and that staff may be unlawfully depriving the person of their liberty.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff respected people's decisions about the care and support they received. Where staff had concerns that people did not have the capacity to consent to their care, assessments were undertaken and best interests decisions were made for them by staff and other healthcare professionals involved in their care. For example, in relation to their health care. Staff liaised with and informed people's relatives in the decision making process.

Staff received regular training to ensure they had up to date knowledge and skills relevant to their role. Staff were able to access training via the local authority and we saw that staff had completed training on, fire safety, safeguarding adults, medicine awareness, the MCA, moving and handling, first aid, food safety and

risk assessments. We saw that some people had completed previous training relevant to their role including learning disability awareness and dementia awareness courses. Staff had also completed national vocational qualifications in health and social care.

Staff supported people to have their health needs met. Staff liaised with people's GP and the other healthcare professionals involved in their care if they had concerns a person's health was deteriorating. Staff identified promptly if people were not well such as showing signs of an infection and arranged for a home visit from their GP to ensure they received the treatment they required. Other healthcare professionals came to visit people at the service to meet their primary health needs, including dentists, chiropodists and district nurses. Staff supported people to attend hospital appointments when required, and accompanied them to appointments. One person's relative told us if they were unable to attend their family members appointment, staff informed them of the discussions had and the outcome of the appointment. The relatives we spoke with told us staff kept them informed and updated if they had any concerns or changes about people's health.

Staff were aware of people's dietary requirements. Staff supported people to have meals that met their needs, including providing pureed meals for people at risk of choking. Staff were aware of people's likes and dislikes in regards to food, and ensured people's preferences were included in the menu. One person told us they were having their favourite meal at the weekend. We observed one person asking for a particular food and this was included in the lunchtime meal. Staff provided people with regular meals and drinks.

Good

Is the service caring?

Our findings

From the brief discussion we had with one person using the service they told us they liked it at the service and liked the staff. One person's relative told us, "Staff are very helpful and caring."

Staff respected people's preferences during personal care, including the gender of the staff that provided support. Staff supported people to maintain their dignity and respected their privacy. People were supported with their personal care in the privacy of their bedroom or the bathroom. Staff knocked on people's doors and asked for their permission before entering people's rooms. We observed staff were well presented, with clean clothes. Staff supported people to change their clothes during the day if they became dirty.

People were supported to maintain contact with their family. The relatives we spoke with told us they regularly visited their family member and there was lots of contact with them and staff via telephone. Relatives felt staff kept them well informed and involved in the support provided to people.

People were involved in decisions about the support they received and how they spent their day. People had varying capacity in regards to making complex decisions about their health needs, however, they were able to make day to day decisions. Staff respected people's choices about their daily routines and provided them with support at the time they requested it. People were able to get up when they wished and had meals at times that suited them. People were involved in decisions about what they wanted to wear, what they ate and how they spent their day.

Staff told us the reason they stayed at the service was because of the relationship they had built with people. They told us they enjoyed the interactions with people and that each person had their own personality. They were aware of people's preferences, interests and hobbies. They were aware of the details about how people liked things to be, for example whether they preferred to have their light on at night and whether they preferred to sleep with the door open.

Staff were aware of how people communicated and told us that some of the people communicated more if they were familiar with the staff member. They told us they took the time to get to know people so that they felt comfortable to express their wants and desires.

People's care records included information about people's interests and hobbies. Including their favourite magazines, books and TV programmes. Staff were aware of what items were important to people and ensured people had them with them or knew where they were, to reassure and comfort people.

Information was provided in people's care records about any support they wanted with cultural or religious practices. We saw that staff had organised for a vicar to visit one person at the service. It was also included in people's care records what religious festivals they wished to celebrate and staff supported them to do so.

Requires Improvement

Is the service responsive?

Our findings

One person told us the staff helped them with their personal care and they had helped them to have a bath on the morning of our inspection. One person's relative said they were "totally happy" with their family member being cared for at the service. They added they were "very satisfied" with the level of care and support their family member received. One staff member we spoke with told us their role was to "make life as comfortable as we can" for people using the service.

Staff were overall knowledgeable about people's needs and knew how to meet these. However, detailed and accurate care records were not maintained and there was a risk that staff less familiar with people's needs would not provide people with the support they required. We saw that people did not have care plans in regards to the support they required with certain health diagnoses, including support relating to dementia care and diabetes. We also saw that people who required it did not have records in regards to maintaining their skin integrity and in regards to wound management for people with skin tears. People's care records did not include information about how people communicated and how staff were to communicate with them in order to have their wishes understood.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager assessed people's needs prior to people coming to the service, to identify whether staff were able to provide a service tailored to people's needs. Staff were knowledgeable about people's history regarding their health and social circumstances, and how this impacted on their health and behaviour.

Staff provided people with the level of support they needed. Staff identified what support people required and what tasks they were able to do independently. Staff were aware that people's needs varied depending on their mood and in relation to their mental health. Staff met people's personal care needs and helped them to complete activities of daily living.

Staff were aware of people who may have a behaviour that challenged staff and what this entailed. Plans were in place to support the person when they displayed this behaviour to reassure the person and ensure their safety and welfare. Information was included in one person's records about triggers to this behaviour and how staff were to support the person to minimise the occurrence of this behaviour. For example, routine was important for one person and the person was more likely to express behaviour that challenged if their routine was disrupted.

The service used the key worker system. A key worker is a member of staff who is allocated to lead on the support provided to a person. The key workers met with people regularly to discuss the support provided and review their care needs. As much as possible, the person's key worker accompanied them to healthcare appointments. This enabled detailed information to be provided about the person's needs, and ensured the staff member leading on their care had up to date information about any changes in the management of

their health needs.

A range of activities were provided at the service to stimulate people and socially engage them with others. There were regular visitors to provide activities including a music session and a 'keep fit' session. There were also hand massage and pampering sessions. One person's relative said their family member found the hand massage "relaxing" and they "enjoy the music man very much." One person attended a regular social club in the community to socialise with others and engage in activities. However, we identified that there were limited opportunities for people to access the wider community. People had support plans around 'community participation'. Nevertheless, we saw from one person's care records that they had not accessed the community, apart from to attend health appointments, since July 2015 and another person had not accessed the community since September 2015. One staff member told us, "They never go anywhere." They felt this was because there was not sufficient staff to support people in the community and to have enough staff at the service.

There were processes in place to record and manage complaints. Any complaints received would be shared with the registered manager who would investigate the concerns raised. The relatives we spoke with told us they felt comfortable raising any concerns they had with any of the members of staff, especially their family member's key worker, but to date they had not needed to.

We recommend that the registered persons review national guidance to support the social inclusion of people who use the service in the community.

Requires Improvement

Is the service well-led?

Our findings

One person using the service told us the registered manager was "a nice chap." One staff member said the registered manager was a "very good manager" and that the registered manager focussed on what was best for the people using the service. They said, "Everything's for the [people using the service]." They also said the partners who run the service had "dedicated their life to people".

The registered manager checked the quality of the service. This included reviewing the quality of care records. Their checks reviewed the content of people's care records and whether the required documentation had been completed. However, these audits did not identify the gaps we found on the quality of care records. We also saw that some people's care record audits had identified some missing documentation but had recorded in the action plan "no outstanding issues at this time".
Medicines audits were undertaken. These reviewed the administration of medicines and commented on the accuracy of medicine administration records (MAR). We saw that the most recent audits stated "MARs complete. No actions required." However, there were no other comments about the medicines management processes. Similarly, the quality control systems at the service home had not identified that staff were not receiving supervision and appraisal according to the provider's own policies and procedures, so action could be taken to rectify this matter. We could not be assured that the provider's quality assurance systems were sufficiently robust to review all aspects of the service and that where improvements were identified appropriate action was taken to address those areas.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us there was open and transparent communication amongst the team. They felt comfortable expressing their opinions and felt the registered manager listened to them and acted on the suggestions they made. One staff member said if they identified anything requiring improvement the registered manager "sorts it". They also said they were comfortable speaking with the provider. Another staff member told us the registered manager, "always listens to you" and "He's always approachable if you need anything."

There was good team working and staff said there was good communication amongst colleagues. They said handover procedures were robust and ensured any information about changes in people's support needs were shared amongst the team. Staff told us they supported each other and shared their knowledge, experience and suggestions about how to support people if staff needed advice about how to meet people's needs and provide good quality care.

The registered manager was aware of the requirements of their registration with the Care Quality Commission. On the whole the registered manager had adhered to these requirements and had submitted statutory notifications of key events that occurred at the service. However, we identified that a statutory notification had not been submitted in regards to an allegation of possible abuse. We discussed this with the registered manager who said it must have been an oversight at the time and they would ensure that all statutory notifications were submitted in the future as legally required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered persons did not have suitable arrangements to ensure that service users were only deprived of their liberty when lawfully authorised to do so. (Regulation 13 (5)).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable systems were not in place to assess, monitor and improve the quality and safety of services. (Regulation 17 (1) (2) (a)). Suitable systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. (Regulation 17 (1) (2) (b)). The registered persons did not ensure accurate, complete and contemporaneous records were kept in respect of each service user. (Regulation 17 (1) (2) (c)).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons did not ensure that persons employed received appropriate support, supervision or appraisal. (Regulation 18 (2) (a)).