

Parkcare Homes (No.2) Limited

Cotswold Lodge

Inspection report

Coast Road
Littlestone
New Romney
Kent
TN28 8QY

Tel: 01797367453

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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

About the service

Cotswold Lodge is an adapted care home providing accommodation and personal care for eight people living with complex learning disabilities who are aged 18 years and over. At the time of the inspection six people were living in the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found

People were safe and had not been placed at risk of harm. Staff showed kindness, compassion and respect in their engagements with people, they respected and upheld their dignity. They supported people to attain a level of independence suited to their abilities and developed at a pace to suit each person.

Staff received appropriate induction and training to give them the right skills to fulfil their role and support people safely. Staff received training to raise their awareness and understanding of safeguarding issues and protecting people from abuse, they were proactive in challenging discrimination and raising alerts to the safeguarding team. Risks were appropriately assessed.

There were enough staff to provide people with good levels of care and support. People were protected because there was a safe system of recruitment in place. Medicines were stored and managed safely. The registered manager and provider analysed accidents and incidents for trends and patterns and

implemented measures to mitigate further risks. People lived in a clean well-maintained environment.

Systems were in place to ensure people referred to the service had their needs assessed prior to admission to ensure these could be met. Staff monitored people's health and wellbeing and supported them to access routine and specialist healthcare. Staff understood people's food likes and dislikes and consulted with them to provide a varied menu.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood How the Mental Capacity Act 2005 (MCA) impacted on their support of people and how people could be helped to make decisions.

People had detailed plans of care and support that guided staff in how people preferred their support to be delivered. Peoples concerns were listened to and acted upon. Relatives said they felt able to express any concerns they might have to staff and were confident these would be addressed.

A quality assurance system provided the registered manager and the registered provider with a detailed overview of service quality and where improvements needed to be made. Feedback from people, relatives, and professionals helped inform this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection the last rating for this service was Good. (Published 21/03/2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. The provider acted to mitigate these risks during the inspection and we will check if this has been effective when we next inspect. Please see the Well led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led

Details are in our well-led findings below.

Requires Improvement ●

Cotswold Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cotswold Lodge 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Site visit activity started and ended on 24 September 2019. Calls to relatives and health professionals was undertaken on 3 October 2019.

What we did before the inspection

Before we inspected we reviewed information and notifications we had received since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We met five of the people living in the service and spoke with three. We spoke with member of the quality and compliance team. Four support staff and the registered manager. As our presence added to the anxiety of one person in the communal area we spoke with three people individually and made observations throughout the day to help understand the experience of those who could not talk to us.

We looked at the care records of two people living in the service, this included risk information and daily records. In addition, we reviewed how medicines were managed and reviewed records relating to the operational management of the service. This included two staff recruitment files, staff rotas, records of staff training, supervision and appraisal. Staff meetings and engagement with people using the service, and quality assurance information.

After the inspection

We spoke with two relatives and received feedback from two health and social care professionals who have visited the service recently.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Staff demonstrated they were proactive in challenging discrimination and abuse when this occurred. For example, staff recently challenged the verbal abuse of a person from the service by members of the public. This was appropriately acted upon and reported to all relevant agencies.
- Staff received regular training updates to raise their awareness and understand, identify and report any suspicions of abuse.
- A Relative confirmed that their family member felt secure and safe living in the service they told us "He is very happy there he likes coming home but is fine about going back, he gets on well with the other people and staff."

Assessing risk, safety monitoring and management

- People were safe because risks associated with their own needs or from the environment were assessed and control measures put in place to mitigate any potential risk.
- The property was well maintained with a maintenance team on call 24 hours per day. Servicing and checks and tests of equipment such as fire extinguishers, emergency lighting, fire alarm, and gas and electrical installations were conducted at required intervals.
- Staff received health and safety and fire training. They participated in regular drills. A fire risk assessment had been updated and works identified from this carried out. Personal emergency evacuation plans had been developed for each person. These informed staff what help people need to evacuate safely.
- A business continuity plan was in place in case of events that may stop the operation of the service or impact on its safe operation.

Staffing and recruitment

- Staffing levels were enough for the current number of people in the service. This enabled staff to support people in a relaxed and unrushed manner.
- Staff confirmed that there were enough staff and that these levels were maintained.
- There was a safe system of staff recruitment. Appropriate checks were made of staff suitability. People in the service could be involved in the interview process. One person told us they did attend staff interviews and asked their own questions such as do you drive? And do you like films?

Using medicines safely

- Peoples medicines were managed safely. Safe systems were in place for the ordering, receipt storage and disposal of medicines. Medicine storage temperatures were recorded daily to ensure medicines were kept at the right temperatures.

- Only medicines trained staff administered medicines and their training and competency to do this safely was updated annually.
- Medicine records were completed well. Protocols were in place for the giving of as and when required medicines and staff recorded their administration appropriately.
- No one currently self-administered. The registered manager was looking at ways in which people could be more involved. For example, storing and administering some people's medicines in their bedrooms and supporting them to self-administer under supervision.

Preventing and controlling infection

- Staff received training in infection control and food hygiene, so they understood how to prevent the spread of infection. This training was kept updated.
- The premises were clean and tidy throughout with no unpleasant odours.
- Staff were provided with gloves and aprons when undertaking personal care tasks.
- Laundry facilities were suitable for the number of people supported and the type of laundry dealt with.

Learning lessons when things go wrong

- Staff responded appropriately to accidents and incidents which were minimal. Learning from these was used to change support and risk guidance to improve people's safety and wellbeing.
- Staff had reviewed with a person where they sat on the sea wall when outside the service due to some recent abuse from younger members of the public. The person agreed to sit in view of the service, so staff could monitor their safety and respond to any incidents quickly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff confirmed they completed an induction and probationary period. Those not previously experienced in care also completed the Care certificate (These are an identified set of 15 standards that social care workers complete during their induction).
- A new staff member told us that they felt well supported and was enjoying the work. Their training record showed they were completing courses for their induction to give them the right level of knowledge and skills.
- All staff completed a programme of training that included specialist areas appropriate to meet the needs of people in the service. For example, positive behavioural support. Opportunities were available for staff to undertake professional vocational care qualifications such as the diploma in health and welfare.
- A system was in place for the regular formal supervision and annual appraisal of staff performance and development.

Supporting people to eat and drink enough to maintain a balanced diet

- Peoples nutritional needs were assessed prior to admission to ensure these could be met. Any concerns in respect of people's nutrition or hydration were referred via the GP to dieticians for advice.
- Staff had gathered information from people and their relatives regarding food preferences. These were recorded in their care plan. This helped inform staff understanding of people's nutritional needs.
- People were consulted about what they ate and were able to make meal choices through for example the use of pictorial information, verbal prompting, and through showing people the options available.
- Staff supported meal preparation and cooking but people were encouraged to get involved where this was safe to do so.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- Peoples health needs were supported. Staff had a good understanding of people's health and wellbeing, they ensured people attended health checks and appointments.
- Staff alerted GP's when people were unwell and sought referrals to other health professionals where needed.
- Information about people's health needs and how they preferred to be supported was shared with health professionals when people were admitted to hospital. This helped ensure people were supported in accordance with their needs and wishes. A health professional told us "The staff are always co-operative and accommodating of my visits. I have seen several residents for both weight management advice, and nutrition support advice.

Adapting service, design, decoration to meet people's needs

- People were supported to personalise their own space. One person showed us that they had a new bed which they said they liked. They showed us some of the things they collected which were important to them. They had decorated their walls with posters of things that interested them.
- People respected each other's private space but those who could manage them had keys to their rooms which were locked when they were out.
- There were enough communal facilities and a spacious garden that people could access. The environment met the needs of the people in the service

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Peoples ability to make decisions about aspects of their care and support was considered at the time of their initial assessment and this was kept under review.
- People were able to make some everyday decisions for themselves. Some people were supported to make more complex decisions regarding health, finance, care and support. Applications had been made appropriately to the DoLS team. Three applications had been authorised to date with no conditions.
- Staff were heard seeking peoples consent before offering support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were seen to be happy and settled. They had good relationships with staff. Staff were aware of who responded better to particular staff for aspects of their care and support. This was taken into consideration when allocating staff to work with people.
- One person became very upset by our presence as a stranger in the house. Staff were quick to calm the person using a mix of calming signs and soft voice to de-escalate the situation. We observed positive interactions between people and staff throughout the visit. Staff spoke positively and with affection about people they were supporting.
- Relatives confirmed their family members were well supported and cared for by staff. They said they were kept well informed and they and their family members were asked to provide feedback about the service. "They do keep us informed about things but [Name] is good he listens and will tell us things himself."
- The provider had introduced a quality and human rights profile for each person that gave an all-round view of the person and any specific needs they have. This helped to ensure any areas of specific need were not overlooked and that care and support was designed and delivered in a way that met people's needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in talking about the support they received through the 1:1 meetings they attended with their key worker. (A key worker is a support worker who will ensure the manager is kept updated regarding the service user's health, care needs, family contacts or other issues).
- Three people were without known relatives. The registered manager understood that they may at some point need support from an independent advocate (This is a trained person independent of the service who can speak on behalf of people who cannot do so for themselves) to help with decision making. They understood how to access advocacy services when needed.
- Some people attended 'your voice' meetings facilitated by the provider. These meetings provided an opportunity to meet up with people from other services to share their experiences and talk about things they might want to change or improve in their own service.
- One person had indicated they wished to see their GP about something that was worrying them. Staff arranged an appointment, and the person has been referred for a hospital appointment. Staff told us they would continue to support the person until their aspiration to address the problem had been achieved.
- Another person had stated that they wanted to visit a relative's grave each month. They were supported by staff to undertake these visits which were important to them.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff were discreet when supporting someone with personal care. Bedroom and bathroom doors were closed. Staff respected people's right to be alone and to be private when they wanted to be.
- The gender mix of the staff team gave people a choice about their preference of who supported them with aspects of their care and support needs.
- Two people, because of their needs had very basic bedrooms. The registered manager had these redecorated. Extra care was taken to protect their privacy and dignity by placing decorative film on the bottom half of their windows. Pictures and posters were protected under Perspex to provide a basic but pleasing appearance.
- People were supported to maximise their potential. They were helped by staff and at a pace to suit themselves to make small steps towards development of social and practical skills. For example, some people could now do their own personal care with prompting. Others could make breakfast and lunches for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples plans of care were personalised to address their individual needs, wishes and preferences for support.
- Plans included information about what and who was important to each person. The person's daily routines and how they wanted staff to support them with these. Their method of communication. Triggers to behaviour and strategies for managing these positively and in the least restrictive manner.
- Records showed that evaluation of peoples support plans was carried out at regular intervals. Relatives said they were kept informed about their family members support and were consulted.
- One relative told us they could not visit as often as they would like but knew the service to be good.
- A health professional told us, "My advice has always been taken on board, and care plans have been updated after my visit. Staff contact me between reviews if they think any changes are required".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood peoples communication needs. These were assessed and recorded in care plans. Communication passports were in place detailing how people communicated their needs and wishes. This information was shared with other professionals involved in the persons care.
- People were provided with information in different formats such as pictorial, verbal and use of signs that people were familiar with. A range of easy read documentation was also provided for people and relatives such as: fundamental standards, rules for contractors, DOLs, and roles of a keyworker. Copies could be shared with relatives upon request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with their interests and hobbies, for example one person told us that they attended weekly classes for computers and Art which they enjoyed. People were supported to develop their independence and set meaningful achievable goals to aspire to.
- People were supported to lead an active life going out most days if they wanted to. People liked to go to the cinema and bowling, shopping, pub lunches, walks and visits to the local zoo and wildlife centre.
- Staff supported people to maintain relationships with people who were important to them. Two relatives told us their family members made home visits, staff provided transport to and from their family home;

another relative told us they were confident if they could not collect their family member from the service that staff would do this for them.

- Relatives could visit the service but were encouraged to call ahead to ensure their family member was at home. In between visits relatives said staff kept them informed through telephone contact.

Improving care quality in response to complaints or concerns

- Relatives told us that they felt confident of raising concerns with staff should they have them.
- Records showed that there had been no formal complaints received in the last 12 months. People were able to express their concerns to staff using their preferred method of communication. Staff dealt with day today irritations and upsets immediately to avoid escalation.
- Staff monitored those people less able to make complaints for signs of distress or upset. They looked at the causes of this and sought to resolve this as quickly as possible
- A complaints policy and procedure were in place. The complaints procedure was displayed in the service in an easy read format.

End of life care and support

- Currently the service was not supporting anyone at the end of their life.
- Records showed that people had been asked about their last wishes. Not everyone was able to comment or understand what the end of their life might be or mean, so staff had also consulted with relatives where possible. A 'when I die' document had been completed in which people's wishes or those expressed by a relative on their behalf were recorded
- A relative told us that they were relieved they had a funeral plan in place for their family member.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the requirement for them to notify CQC of specific events and had done so in all respects apart from Deprivation of Liberty authorisation notifications. This had been an oversight these notifications have been retrospectively sent to CQC following the inspection and the Registered manager has taken action to ensure this does not happen again.
- There was a clear management structure in place, with senior support staff and support workers. Staff understood the lines of accountability and responsibility.
- There was a support network of other registered managers who met regularly with the regional manager. The registered manager attended these meetings where managers could share good practice and discuss important issues such as changes to legislation or guidance that impacted on their services.
- A range of daily weekly and monthly audits were in place conducted by support staff and the registered manager. Quality assurance processes were followed to monitor and improve the service.
- The provider ensured that compliance and quality monitoring staff visited the service at intervals to undertake their own assessment. Where shortfalls were identified actions were taken to improve outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the registered manager and said they found them supportive and approachable. Staff felt involved and informed about changes in the service. Staff were appreciative of the improvements the registered manager had made since taking up post.
- Relatives told us they were very happy with the care and support their family member received to make a home for them. One said "We are very pleased staff have known [Name] for a while, he likes coming home but I am sure he looks on Cotswold lodge as his home, we are very thankful he is somewhere he is happy
- Staff showed a commitment to providing people with good quality care and support, they put people at the heart of the service. Several staff in post for many years spoke about how they liked working at the service and felt involved and valued.
- The registered manager was a visible presence in the service and was on good terms with the people supported. Referring to them by their preferred name and showing a detailed knowledge of their individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood information sharing requirements. Records showed us that information was shared with other agencies, for example recent concerns about discrimination and verbal abuse of a person in the service were shared with the police and the safeguarding team.
- At this inspection the previous inspection rating was clearly and openly displayed in the service and on the providers website.
- Staff understood the arrangements for calling out of hours management support when needed.
- Peoples records were well kept and updated.
- The registered manager promoted an open-door policy for both people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said that communication between staff and the registered manager was good. Although there were several new staff they said they felt supported and more experienced staff thought they were developing into a good team. Staff meetings were held regularly, and staff felt confident of bringing issues and ideas for shared discussion.
- People were relaxed and comfortable within their environment. We observed that staff took time to listen to them and engage them in conversation.
- People were sent surveys to complete with staff support, their feedback and that from professionals and relatives was analysed and helped inform improvements to the service.
- Staff understood the importance of maintaining people's confidentiality and keeping their records secure. Records viewed showed that staff wrote and spoke about people in a positive and caring way.

Continuous learning and improving care

- The provider cascaded updated policies and procedures that staff needed to be aware of. Staff were required to read updates, so they were aware of any impact on their everyday practice. Updates from external bodies such as the Social Care Institute for Excellence (SCIE), NICE and Skills for Care were also shared with staff.
- The registered manager analysed accidents and incidents to identify where improvements were needed to people's support, risk assessment or staff training and practice.
- An action plan was developed from several sources of information to take forward improvement to the service for the benefit of those living there.
- The registered manager fostered an open and transparent culture that encouraged the involvement and feedback of people and staff for the benefit of improving the service offered. The registered manager has maintained their own personal development and learning and had completed a dementia course and is currently completing a leadership course.

Working in partnership with others

- The registered manager was able to demonstrate how they worked in partnership with social care professionals from funding authorities, commissioning staff, health care specialists and local GP services in addition to the safeguarding team and police when required.