

Parkcare Homes (No.2) Limited

Cotswold Lodge

Inspection report

Coast Road
Littlestone
New Romney
Kent
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Ratings

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

Summary of findings

Overall summary

The inspection took place on 18 November 2016 and was unannounced.

Cotswold Lodge is registered to provide accommodation and personal care for up to seven people who live with complex learning disabilities. There were seven people accommodated at Cotswold lodge at the time of this inspection. There were plans in place to refurbish and carry out some required maintenance at the home in the coming months. This was being planned in accordance to people's needs and wishes.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we last inspected the service on 23 January 2014 we found the service was meeting all the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at Cotswold lodge were kept safe by staff who understood and had been trained on how to keep them safe. Risks were assessed and actions put in place to reduce or mitigate them to reduce the risk of harm. There were sufficient staff on duty at all times.

The provider used a robust recruitment process and pre-employment checks were undertaken to help make sure staff were suited to working in a care home setting.

People received their medicines safely by staff who had been provided with training and had their competency checked.

Staff were supported through supervision and an annual appraisal. Staff felt supported and valued by the manager. People received the support they needed to eat and drink a healthy and balanced diet. Health needs were taken care of and people were assisted to attend health appointments if required.

People and their relatives were positive about all aspects of the home, in particular the management and staff who were kind, caring and inclusive. Staff knew people's needs and wishes very well and involved them in the planning and review of their care where possible. Visitors were always welcomed.

The provider had processes in place to obtain feedback from people who used the service and used feedback to improve the quality of care people received. There was an open, honest and respectful culture in the home and the team worked well together to ensure people who lived at Cotswold lodge enjoyed the best quality of life they could. There were quality monitoring systems in place to monitor and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and report any concerns relating to potential abuse.

There were adequate staff available to meet people's needs at all times.

People were supported by staff who had been recruited using a robust recruitment process.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained.

Staff obtained people's consent before assisting them.

People were assisted to eat and drink a healthy and balanced diet.

People were supported to access various health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated in a caring and compassionate way.

Staff understood people's needs very well and supported them in a kind way.

People's dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged and supported to participate in hobbies and outings that they were interested in.

People were involved in decisions about their care where possible.

Feedback was obtained as a means to improving the service.

There was a robust complaints policy and procedure in place.

Is the service well-led?

The service was well-led.

People and their relatives were positive about all aspects of the service.

The provider had quality monitoring processes in place to manage and improve the service.

The staff and management put people at the forefront of everything they did.

Good ●

Cotswold Lodge

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 18 November 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff supporting people who used the service. We used a number of different methods to help us understand the experiences of people who lived in the home. Not everyone could communicate their views with us verbally however we did speak with two people who lived at the home

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us the service had limited verbal communication but we spoke briefly with two people,

We also spoke with two staff members, the regional manager, head of quality for the organisation and the registered manager. We also spoke with two relatives of people who lived at Cotswold lodge. We received feedback from a visiting professional from the local authority.

We reviewed records relating to two people who used the service and other documents relevant to people's care and support plans. These included staff recruitment files, training and support and care records. We also looked at audits and quality monitoring at the service.

Is the service safe?

Our findings

Two people who used the service, along with two relatives told us that they felt safe at Cotswold lodge. One person told us, "I am safe here. (staff name) helps to keep me safe. We all stay safe together"

Staff had received training in how to protect people from potential abuse and were able to demonstrate they knew the process to report any concerns. One member of staff told us, "I would report any concerns I had to the manager, we are a small team and have regular discussions so are very aware of safeguarding requirements". Staff were able to demonstrate a good knowledge of the types of abuse that people could experience. Staff also told us they would elevate the concerns externally if required but were confident the manager would deal with anything that was reported appropriately. Another member of staff told us there was a whistle blowing policy in place to support staff to know what to do if they saw any wrongdoing.

We saw that there were person centred risk management plans for each person who used the service. Each assessment identified possible risks to people, such as health related risks as well as risks of attending events in the community. These risk assessments included details of what would reduce or mitigate the risk and considered the possible outcomes for the person without restricting them from participation. The risk assessments were 'traffic light' rated so for example green was when there was no risk, amber indicated things could change in terms of the level of risk and red indicated a definite risk and informed staff how to manage the risk to keep the person safe. One risk assessment showed that an individual was at risk of over eating and drinking due to a condition they had. Staff were aware of how to manage the risk and helped support the person to reduce the risk of them becoming unwell due to eating or drinking too much too quickly.

Records showed that the provider had carried out assessments to identify and address any environmental risks to people by the environment and had plans in place in the event of an emergency when they would be supported by another home locally for the continued operation of the service in an emergency. Fire alarms and emergency lighting were tested regularly and a fire drill was completed on a monthly basis. This ensured that people and staff were familiar with the evacuation plans and could exit the building safely in the event of a fire.

Risk assessment had been completed for the safe storage of hazardous substances, such as cleaning fluids, portable appliance testing and fire risks. Accidents and incidents were recorded within a centralised database. The registered manager was alerted about incidents recorded and the causes were analysed regularly both by the service and the provider to see if any improvements could be made to prevent the occurrence of similar incidents in the future. There had been no incidents since our last inspection of the service.

There were enough staff on duty to support people safely at all times. Staffing levels had been determined by the needs of the people who used the service and the levels of support that had been identified within their needs assessments. The number of staff required varied throughout the day as people attended their daily activities. For example on the day of our inspection six of the people who used the service were out for

the day with two staff members and the registered manager remained at the property. Another person was out with the family.

The provider had a robust recruitment policy. This included relevant checks with the criminal bureau checks (CRB) and references to ensure that applicants were suitable to work in this type of service.

Staff told us and records confirmed that they received regular training on the administration of medicines. Medicines were stored appropriately in the home. We looked at the medicine administration records (MAR) for three people and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). We saw that medicine competencies were completed by the manager annually to help ensure that staff who administered medicines were working in a way that supported good practice, which helped to keep people safe.

Is the service effective?

Our findings

Family members and a visiting professional told us that they felt the staff had the skills needed to support people effectively.

Staff received a comprehensive induction when they started to work at the home and before they worked in an 'unsupervised capacity' they had their competencies observed to ensure they had the skills required to support people. We saw that there was a schedule of on-going training for staff to improve and maintain their skills. One member of staff told us, "I am really well supported; the manager is very supportive and interested in my development". They went on to tell us how the training and refresher training was good they received had given them some insight into the life of people who had complex learning disabilities. "Gave me a real insight into the needs and experiences of the people we support".

The registered manager showed us the training overview which indicated that training was provided regularly to ensure people's training and developments needs were continually reviewed. The service used both e-learning and face to face training sessions. However staff told us face to face training was less available recently which they felt was a shame saying it was always good to attend training and discuss people's approach and share experiences. The service used both internal and external training providers and some training was shared with other local homes from the same company. Training provided included safeguarding, the Mental Capacity Act, moving and handling and the safe administration of medicines.

Staff told us that they received regular supervision. They said that supervision was a two way conversation, during which they discussed their performance, their training and development needs, their morale, any concerns they had or wanted to raise. One member of staff said, "I have supervision about every two to three months. We also have team meetings and regular conversation on a daily basis because of the type and size of the service."

People were asked for their consent before support was given, and this was also recorded in people's support plans. We saw that people or relatives on their behalf had signed to agree the support that was to be provided to them. We observed staff obtaining consent and also observed where consent was 'implied' due to limited verbal communication. Staff said they always spoke with people before supporting them with any task, and if a person refused support it would be recorded and offered again later.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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 looked at the home's records around the

requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest following meetings at which they, their relatives and their support teams had been present. No one was restricted from leaving the home but people did require constant supervision in order to keep them safe and required staff support when out in the community. Their support plans reflected these requirements.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. The staff and manager told us they did the cooking and people were involved in discussions about their menu planning. They had a varied menu and a variety of dishes. On the day of our inspection chicken casserole was on the menu. However we saw one person wanted to eat something else and staff provided them with an alternative. Staff told us they catered for all diets, although at the current time no one was on a specialist diet.

People who used the service were involved in laying the table, serving food and clearing up after the meal. They were also able to help themselves to a range of snacks from the kitchen. Staff told us where there were concerns about people's diet or weight we would refer to an appropriate health professional such as a dietician and inform the GP. People's weight was monitored.

We saw evidence that people had been supported to attend appointments with healthcare professionals. A staff member told us people were supported to have an annual health check as well. These included GP appointments, opticians and dental care. This helped ensure people's health was maintained.

Is the service caring?

Our findings

One relative we spoke with told us "The staff here are out in a league of their own, they really have done wonders with (person) and they really enjoy living here". One person told us, "The staff are nice and friendly. I am happy living here, and I have my friends here as well."

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One relative said, "We are perfectly happy and could not wish for them to be in a better place". One staff member said, "People definitely have good care here they are well looked after". "People told us that staff were considerate and caring. Relatives confirmed this to be the case.

We saw that the interaction between staff and people was caring and supportive. One member of staff told us, "We make sure the people we support have the best care that we can give them, they are important to us, we are a small home and everybody gets along well". Another member of staff told us "I have worked here for nearly twenty years, I think that speaks volumes, it's a great place to work and the guys are our number one priority. We pull together to make sure we provide good standards of care." Staff spoke with and about people in a very respectful way; people appeared very much at ease with staff and respected each other's boundaries and space.

Staff knew the people they supported very well and were able to tell us about their personal histories, likes and dislikes. Care records included detailed information which included 'what to look for' and informed staff what certain expressions and or behaviours might mean and how to manage potential triggers.

People, or their relatives where appropriate were involved in the development and review of care plans and decisions about how support was provided. One relative told us how staff worked with their family member to develop and maintain their independence and told us they supported people to be as independent as possible and where possible to learn new skills.

We saw people's dignity and privacy was maintained for example staff told us they always knocked on doors and waited to be invited in. They also said they made sure people's privacy was maintained by ensuring doors and curtains were closed when people were being assisted with personal care. We observed how staff explained to a one person who wanted to know an inspector was at the home said what the inspector's role was and provided constant reassurance.

People were encouraged and supported to maintain their relationships with friends and family. Some people visited relatives on a regular basis whilst others saw their families less frequently. The registered manager told us people were welcomed at the home anytime and that throughout the year they had various family days including a BBQ in the summer. People often went home to spent time with family and friends. One family member told us "Although (person) enjoyed coming home, they are always ready to come back to Cotswold Lodge."

People were able to access advocacy services if required. However at the time of our inspection no one was

being supported by an independent advocate.

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at Cotswold lodge. The manager and staff provided a flexible service and demonstrated that they were able to respond to people's changing needs. People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance in people's support plans about how to look after people individually based on their preferences, likes, dislikes and health and social care needs.

We saw support plans were detailed, and included relevant information necessary to support people appropriately and reflected people's wishes. Each plan contained information about 'What is important to each person and how does this element of their support plan impact on the person's life. 'How does this person want to be supported to make decisions'. Each person had been allocated a key worker. We saw evidence that support plans had been reviewed regularly by key workers with the people who used the service and family members. Staff told us that although people could not always contribute verbally they were able to consider their needs by non-verbal communications as well as being supported by a range of pictorials to support their discussion.

People were supported to participate in hobbies and things they enjoyed. On the day of our inspection people were out attending various places of interest in the local areas. People attended sporting events in London including going to watch their favourite football teams. Staff said they were fortunate enough to have access to a vehicle take people to their various appointments, activities and events.

We saw the provider listened to people's comments and complaints and responded to them. One person told us, "If I was unhappy about something I would talk to a member of staff or the manager. I know they would listen." The provider had an up to date complaints policy which was displayed in an easy read format on the noticeboard in the communal areas. Staff told us that they supported people if they wished to make a complaint. We noted that many positive comments and compliments were also recorded. However there had been no formal complaints since our last inspection.

People were able to discuss any concerns they had at monthly meetings with their key workers, however staff told us that they had such frequent contact and conversations that they never had to wait to raise anything that concerned them.

Is the service well-led?

Our findings

People and staff told us that the registered manager was supportive and approachable. They said they were "Easy to talk to." We saw that the registered manager knew each person and engaged well with them during our inspection. One member of staff told us, "(Registered manager]) has a very open and transparent approach to the running of the service and definitely puts people first". They went on to say "They are very involved with the people who live here as well as the staff team".

Staff told us that there were monthly meetings at which people were able to discuss things they wanted to change such as changes to the home or activities and days out that they would like. Meetings were minuted and reviewed to make sure any actions agreed had been completed.

People were supported by staff to contribute so for example one person who wanted to arrange a special weekend at home with a family member was supported to do this through the manager and key worker. The registered manager told us that they hoped to introduce Wi-Fi to the service in response to discussions with people who used the service. Arrangements for the festive season had been discussed and people were able to say what they would like to do and what they would eat and how they would spend the afternoon watching films and playing games.

Staff were able to explain the visions and values of the service and understood their roles and responsibilities. They told us their aim was to support people to lead as meaningful, fulfilling and independent lives as was possible. Staff were clear about their roles and responsibilities and were consistent; most had worked at the service for many years.

We saw that there had been a number of quality audits completed by the registered manager and in addition there were quality and health and safety audits completed by the provider's senior management team. These had included audits of training completed by staff, and health and safety maintenance and the update of current records.

There were plans to refurbish the home and part of the planning was to consider the needs of the people who lived at the home. For example to make sure furnishings were what people wished but also hard wearing and durable. People were involved in discussions about all aspects of the homes and although we did not have an opportunity to visit people's personal room's staff and people told us they were personalised and reflected people's personalities.

The quality team carried out regular quality assurance audits linked to CQC's five key domains so that they could 'self-assess' and make continual improvements. We saw that an action plan had been developed and monitored to address any areas for improvement that had been identified during the audits.

Staff understood it was important to maintain confidentiality. We found people's personal information was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure.

