Bright Futures Care Limited

The Cottage

Inspection report

Higher House Farm
Booths Lane, Lymm
Warrington
Cheshire
WA13 0PF

Tel: 01925756630
Website: www.cornerstonesuk.com

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on the 22 February 2016.

This was the first inspection of The Cottage by the Care Quality Commission since the service was registered in April 2015.

The Cottage provides both accommodation and personal care for two adults with autistic spectrum disorder needs. The registered provider is Bright Futures Care Limited. At the time of our inspection the service was accommodating two people.

The Cottage is a four-bedroom detached bungalow situated in a semi-rural location set within a shared court yard with a private garden. Each service user has their own bedroom with en-suite facilities and shared communal lounges and kitchen areas. Two of the bedrooms were used by staff that provide sleep in support.

At the time of the inspection there was a registered manager at The Cottage. 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.

The registered manager was present during the day of our inspection and engaged positively in the inspection process, together with support workers on duty.

The home had a warm and friendly atmosphere and people using the service were observed to be comfortable and relaxed in their home environment and in the presence of support workers. Support workers were attentive to the needs of the people they cared for and demonstrated a good understanding of people's diverse and complex needs, support requirements and preferences.

The provider had established a programme of induction, mandatory and service specific training for staff to access, to ensure people using the service were supported by competent staff. Additional systems of support such as supervision, appraisals and team meetings were also in place.

Robust recruitment policies and procedures were in place to ensure prospective employees were suitable to work with vulnerable people and all required documentation was in place. This confirmed the provider had all the required information to hand before employing and appointing staff.

People using the service had access to a range of person centred activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs and other health care professionals (subject to individual need) and medicines were managed safely.

The needs of people using the service and potential and actual risks had been assessed and planned for to ensure they received appropriate person centred care and support.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation. Although none of the people living at The Cottage were subject to a DoLS at the time of our inspection, the registered manager and support workers understood their duty of care in respect of these safeguards.

Systems were in place to seek feedback on the quality of care provided, safeguard people from abuse and to respond to concerns and complaints.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Staff had access to risk assessments and were aware of actual and potential risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service was effective.

Staff had access to supervision, induction, mandatory and other training that was relevant to their roles and responsibilities, to ensure they were competent and supported.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation.

People using the service were supported to access health care professionals and received a healthy diet.

Is the service caring?

Good

The service was caring.

People were supported by a consistent team of staff that were kind and knowledgeable about people's individual needs.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

Care records showed people using the service had their needs assessed, planned for and kept under review.

People received care and support which was personalised and responsive to their needs.

Is the service well-led?

Good

The service was well led.

The Cottage had a registered manager in place that provided leadership and direction.

Systems were in place to monitor the service and to seek feedback from people using the service, their relatives and other representatives on the standard of service provided.

The Cottage

Detailed findings

Background to this inspection

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

The inspection took place on 22 February 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about The Cottage. We also looked at all the information which the Care Quality Commission already held on the provider. We also invited the local authority to provide us with any information they held about The Cottage. We took any information provided to us into account.

During the site visit we spoke with the registered manager of The Cottage, the human resources service manager for the provider, an integrated practitioner employed by the provider, the site manager and four support workers. We also attempted to contact two relatives and two social workers for feedback via the telephone. Only one relative was spoken with. We encouraged the people using the service to communicate with us using their preferred methods of communication.

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

We looked at a range of records including two care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; three staff files; minutes of meetings; complaint and safeguarding logs; rotas; staff training and audit documentation.

Good

Is the service safe?

Our findings

People living in The Cottage were observed to benefit from a safe and supervised environment and systems had been established to promote and safeguard their wellbeing.

No direct comments were received from people using the service or their representatives regarding the safety of the service.

We looked at the personal files of both people living in The Cottage. Each file contained a range of information on the needs of people using the service together with care plan, risk assessment and supporting documentation, which had been reviewed periodically. Personal emergency evacuation plans (peeps) for each service user could not be located at the time of the inspection. The registered manager sent examples of PEEPS to us following our inspection. Accident, incident and physical intervention reports and records were also in place for reference.

An independent visitor undertook monthly visits to The Cottage and monitored a range of areas including: allegations or suspicions of abuse; the use of physical intervention; accidents and injuries and other significant events. This information helped the provider to safeguard the health and wellbeing of people using the service and to be aware of current risks for people using the service and the action they should take to minimise and control potential / actual risks.

At the time of our inspection, two people with complex support needs were living at The Cottage. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

The service employed a registered manager on a full time basis who worked flexibly between three homes, subject to the needs of the service. The Cottage also had a designated site manager and a team of five support workers.

Examination of the rotas highlighted that the service was normally staffed with a minimum of three support workers between 7.45 am and 10:15 pm. One person using the service required a staffing ratio of 2:1 and the other 1:1 if supported by a recognised staff member. During the night two staff remained at the property to undertake sleep-in duties. We were informed that the provider was planning to replace one of the sleep-in shifts with a waking night support worker.

No concerns were raised regarding staffing levels at the time of our inspection by the representatives of people using the service or support workers. Systems were in place for other support workers employed by the provider to provide staffing support when required, to ensure continuity of care for people using the service.

During the inspection we spoke with the organisation's human resource service manager who told us that the organisation had launched a new recruitment campaign for support workers that involved the use of

social media such as Facebook, Twitter and LinkedIn. A number of staff had developed a video explaining what they enjoy about their role to help encourage people to apply to work in the care sector. Furthermore, the registered manager and a colleague had also signed up to the I Care Ambassador Service with Skills for Care in order to promote the work undertaken by support workers.

We looked at a sample of three staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all three files we found that there were application forms; health declarations; two references; disclosure and barring service (DBS) checks; proof of identity including photographs; statement of terms and conditions; interview notes and induction checklists.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at The Cottage. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable people.

A safeguarding policy and procedure and flow chart had been developed by the provider to offer guidance for staff on the action that should be taken to safeguard people from abuse. At the time of the inspection a copy of the Local Authority's safeguarding adults procedure and the organisation's whistleblowing procedure was not available for staff to refer to. Following our inspection, the registered manager sent us a copy of the whistleblowing procedure and confirmed a copy of the local authority procedure had been filed within The Cottage for support workers to reference.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

The registered manager informed us that there had been no safeguarding incidents or referrals since registration with the Care Quality Commission (CQC). Likewise, CQC had received no safeguarding or statutory notifications for the service. We discussed this matter with the registered manager who demonstrated a good understanding of when a notification / safeguarding referral should be submitted to CQC and the local authority.

The safeguarding file for The Cottage contained no information. Following our inspection we received a safeguarding log template which the registered manager had created and put in place for completion in the event of a safeguarding incident.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a medication policy and procedure. Homely remedy consent forms were also in place which had been signed by GPs.

The medication policy was accessible to support workers. The registered manager told us that all new support workers completed medication training which was delivered by an external independent training provider. We noted support workers had not undertaken a competency assessment prior to administering medication and periodically thereafter. The registered manager told us that he would address this to ensure best practice. Support workers spoken with confirmed they had completed medication training and this was evident on training records viewed.

People's medicines were looked after and managed by support workers and usually given to people at a time that fitted into their normal daily routine. None of the people using the service were responsible for the self-administering their medication. Medication was stored in a metal cabinet in a room used by staff for

sleep in duties. Separate storage facilities were also available for controlled drugs.

Medication was dispensed via a local pharmacist. We noted that medication administration records (MAR) had been printed off by staff at the organisation's head office and had not been signed or countersigned to confirm the information recorded had been checked against the prescription. Separate records had been maintained to record the date and quantity of medication received and the balance brought forward and for support workers to use when administering medication off-site. (MAR) viewed provided a clear audit trail of medication administered.

Following our inspection of The Cottage, the registered manager informed us that had met with the dispensing pharmacist and agreement had been reached for prescription medications to be delivered directly to The Cottage with MAR sheets created by the chemist. We also noted that prescriptions would remain on site at The Cottage and that the service would transfer to a blister pack system.

Overall, areas viewed during the inspection appeared clean and well maintained. Support workers had access to personal protective equipment and policies and procedures for infection control were in place.

We noted that medication and infection control audits had not been completed. The registered manager assured us that he would introduce auditing systems and sent us a copy of an infection control audit report and a monthly medication audit report following the inspection that were to be introduced for The Cottage.

Good

Is the service effective?

Our findings

People living in The Cottage were observed to be supported by competent support workers that understood their needs and support requirements.

No direct comments were received from people using the service or their representatives regarding the effectiveness of the service.

The Cottage is a domestic style four-bedroom bungalow situated in a semi-rural attractive location, set within a shared court yard with a private garden. Each service user has their own bedroom with en-suite facilities and shared communal lounges and kitchen areas. Two of the four bedrooms were used for support workers. One was used as an office and bedroom and the other for support workers undertaking sleep-in duties.

The environment was homely, well maintained and fitted with good quality furniture and fixtures. The needs of the people using the service had clearly been taken into consideration in the design and layout of the bungalow which was equipped with sensory lights, protective padding and even a small tent and cushions for one person to access. This helped the person to settle and relax within a safe environment. A vehicle was also available for people living at The Cottage to utilise.

The provider had established a programme of induction, mandatory and service specific and training for support workers to access. This was delivered via in house and various training providers.

The registered manager informed us that the majority of support workers had commenced employment at The Cottage prior to the introduction of the Sills for Care Common Induction Standards and more recently the Care Certificate. Two support workers had completed the Children Workforce Development Council (CWDC) induction standards as The Cottage was previously a children's home. One employee had completed the Sills for Care Common Induction Standards.

During our inspection we met with the service manager responsible for organising training and development with support workers. We noted that the provider was looking to develop a new programme of e-learning for all staff in the organisation to access.

The service manager provided us with training information in the form of a colour coordinated training record. This highlighted that support workers had completed a range of training such as: safeguarding; equality and diversity; medication; epilepsy; first aid; fire awareness; food hygiene; awareness of mental capacity and autism. Staff had also completed SCERTS (social; communication; emotional; regulations and transactional support training) together with team teach basic and advanced training. Team teach training aims to promote the least intrusive positive handling strategy and a continuum of gradual and graded techniques with an emphasis and preference for the use of verbal or non-verbal de-escalation strategies.

We noted that systems were in place to monitor the outstanding training needs of support workers and

when refresher training was required. Overall, completion rates for training were good however gaps were noted for deprivation of liberty safeguards (DoLS) and manual handling training. Furthermore, no record of infection control training was recorded and support workers spoken with reported that they had not completed this training.

The service manager informed us that a manual handling programme had recently been developed which was to be completed by support workers. Historically the organisation had not provided manual handling training because none of the people using the service required lifting however the provider acknowledged the need to consider the moving and handling of objects.

Examination of records and discussion with support workers confirmed they had access to on-going training and development and had received regular supervision and an annual appraisal. Furthermore, support workers had attended staff briefings / meetings on a regular basis and minutes had been produced for reference.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

We saw that there were corporate policies in place relating to the MCA and DoLS. Assessment documentation had also been produced to enable staff to undertake an assessment of capacity for people using the service.

Information received from the registered manager confirmed that at the time of our visit none of the people using the service were subject to a DoLS. The registered manager reported that one application had been submitted to a local authority as the person was subject to continuous supervision and control. An application for the other person living at The Cottage had been requested upon the person reaching their 18th birthday.

Discussion with the registered manager and support workers together with examination of training records confirmed support workers had completed training entitled 'Awareness of Mental Capacity Act training' and that they understood their duty of care in respect of this protective legislation. Training records received upon completion of the inspection highlighted that five support workers needed to complete DoLS training.

The registered manager informed us that a four weekly menu plan had been developed by a person designated with responsibility by the provider for the planning and preparation of meals. We noted that meals were prepared off site and transported to The Cottage in a chilled state each day and that a list of shopping was delivered on a Wednesday each week having been ordered via office staff. Support workers spoken with confirmed that they had received food hygiene training.

Menus offered healthy meal options and a choice of meals to enable service users to exercise choice and

control over their daily meal options. Set alternatives were available for tea which included a filled baguette, jacket potatoes or omelette. The menu indicated that the people using the service also had the option to select a meal of their choice on a Saturday.

Records of the daily meal choices and fluid / food intake had been recorded and provided evidence of a varied, wholesome and nutritious diet.

We discreetly observed support workers supporting people during a dinner time meal. Support workers were seen to eat their meals alongside people using the service and to support, communicate and engage with the people living in the home in a positive and relaxed manner. The mealtime was unhurried and provided a pleasant opportunity for social interaction.

Each person using the service had a 'My healthcare passport' which provided evidence that people using the service had attended annual health checks and accessed a range of health care professionals such as GPs; dentists, audiologists; neurologists and opticians (subject to individual needs). The registered manager told us that the use of a professional chiropodist was also being explored as recommended by the Learning Disability Nursing team.

Good

Is the service caring?

Our findings

People living in the Cottage were observed to be treated with dignity and respect and supported by staff that were seen to be caring in their approach. No direct comments were received from people using the service regarding the standard of care provided.

One relative reported: "It's really good. I feel there is more personalised care. The staff seem to know what they are doing."

We spent time with people using the service, support workers and visitors during our inspection of The Cottage. The home had a warm and friendly atmosphere and people appeared content, relaxed and happy in their home environment.

We found that interactions between support workers and people using the service to be positive, responsive to need and caring. Support workers were observed to speak with people using the service in a friendly manner and people looked at ease with staff.

Support workers demonstrated a good understanding of the diverse and complex needs and preferences of the people living at The Cottage and used their knowledge of the people they supported effectively. For example, staff used Makaton, facial expressions, eye contact, posture and tone of voice to respond sensitively to the needs of people. (Makaton uses signs, symbols and speech to help people communicate. Signs are used, with speech, in spoken word order. This helps provide extra clues about what someone is saying. Using signs can help people who have no speech or whose speech is unclear. Using symbols can help people who have limited speech and those who cannot, or prefer not to sign).

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people's choices were respected and that support workers communicated and engaged with people in an effective, polite and dignified manner. We also noted that interactions between support workers and people were unhurried; caring and personalised and that support workers were attentive and provided appropriate assistance in accordance with people's needs.

Support workers spoken with confirmed they had completed autism and SCERTS training to help them understand the importance of providing person centred care. SCERTS is an educational model for working with people with autism spectrum disorder (ASD) and their families. It provides specific guidelines for helping a person become a competent and confident social communicator, while preventing problem behaviours that interfere with learning and the development of relationships.

It was evident from direct observation that staff applied the principles of treating people with respect, safeguarding people's right to privacy, promoting independence and delivering person centred care in their day-to-day duties.

Information about people receiving care at The Cottage was kept securely to ensure confidentiality.

Good

Is the service responsive?

Our findings

People living in The Cottage were observed to be supported by attentive support workers that were responsive to their needs. No direct comments were received from people using the service regarding the responsiveness of the service.

One relative reported: "I have never needed to complain and I am sure they would contact me if there was a problem. They are good like that."

We looked at the personal files of both people living in The Cottage. Each file contained a range of information on the needs of people using the service together with care plan, risk assessment and supporting documentation, which had been reviewed periodically.

Examples of records maintained included: personal and emergency information; personal profiles; monthly achievement targets; assessment information; service user plans; behaviour management guidelines; risk assessments; daily routines; education and leisure time related information; contracts; achievements at Bright Futures; activity plans; weekly records; professional visitor records; contact records; significant family celebrations; financial records; health care records; physical intervention guidance and logs; key and helpful information; incident records; daily records and service user guides.

We noted that some records were in need of review as they referred to the young adults living at The Cottage as children. The registered manager informed us of the history of the care provided to people and advised that the paperwork was in the process of being developed to reflect the current age of the people living in the property.

The registered provider (Bright Futures Care Limited) had developed a corporate complaints suggestions and compliments procedure using standard text only.

The complaint records for The Cottage were viewed. The complaint log records highlighted that no complaints or concerns had been raised and had been designed to capture key information such as: key details; summary of the complaint; agreed actions; timescales of feedback; notifications; outcomes and further action required.

The registered manager informed us that people using the service were supported to complete a weekly activity planner. Support workers were observed to communicate with people using their preferred communication system. For example, one person communicated through the use of Makaton and PECS (Picture Exchange Communication System). Support workers were also mindful of how best to support people in this task to reduce anxieties and frustrations around decision making.

Care records, direct observations and feedback highlighted that people participated in their preferred activities and staff managed any risks in a positive way. We noted that people participated in a range of activities each week and were supported to maintain contact with family. One person also attended a local

college operated by the provider for young people from the age of 7 to 25 with complex, learning, communication and sensory integration needs.

Both people were supported to develop their independent living skills and to follow their preferred social and recreational interests which ranged from independent; community; peer based and in-house activities. For example: participating in local walks; swimming; meals out; visiting family, friends and places of interest; listening to music; preparing and cooking meals and accessing the sensory hub.

Good

Is the service well-led?

Our findings

People living in the Cottage were observed to be happy in their home environment. No direct comments were received from people using the service regarding the way the service was managed.

One relative spoken with reported: "The manager is approachable". Likewise, feedback from two staff included: "The management team are very friendly and supportive" and "I never observe bad practice here. They never use agency staff. It is a well run organisation."

The Cottage had a manager in place that had been in post since the service opened and registered with the Care Quality Commission since November 2015.

The registered manager was responsible for the management of two additional properties owned by the provider and shared his managerial time across the three sites. The registered manager was supported by a site manager who was based at The Cottage.

The registered manager was present during our inspection and was helpful and responsive to requests for information from the inspection team. The manager was passionate about the service provided to people living in The Cottage and demonstrated a commitment to the on-going development of the service. Support workers were observed to refer to the registered manager by his first name which reinforced that there was a friendly relationship between them.

We asked the registered manager to provide us with information on how the provider sought feedback on and monitored the standard of service provided at the Cottage.

The provider commissioned an independent visitor to undertake a monthly monitoring visit and to produce a report. This covered a range of issues including: registration details; a review of actions from the last visit; discussion with and observations of people using the service; discussion with parents, relatives, staff and other professionals; quality of the home, premises and grounds; complaints (including allegations or suspicions of abuse) and a review of key records and documentation.

Periodic internal 'system check' audits was also undertaken by a member of the provider's quality assurance team and the registered manager completed a monthly checklist to confirm he had reviewed key information, policies and documents; service user plans, risk assessments and medication.

We noted that a medication and infection control audits had not been completed. Following our inspection the registered manager sent us a copy of an infection control audit report and a monthly medication audit report that were to be introduced for the service to ensure a clear audit trail.

Questionnaires had been sent to parents of people using the service and their social workers during January 2016. Only one response was available for reference at the time of our inspection as the other had been returned to another location where the manager worked. The manager confirmed that a summary report

and action plan would be completed once responses had been received from social workers.

We sampled a number of test and / or maintenance records relating to: electrical wiring; gas safety; portable appliance testing; fire alarm and fire extinguishers and found all to be in order. We also noted that weekly tests of the smoke alarms and emergency lights had been undertaken.

A statement of purpose and service user guide had also been developed to provide information to people using the service and / or their representatives on the service provided.