Mr Roy Bellhouse

The Cottage Residential Care Home

Inspection report

51 High Street
Brightlingsea
Colchester
Essex
CO7 0AQ

Tel: 01206303676

Date of inspection visit:
01 March 2016

Date of publication:
12 April 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 1 March 2016 and was unannounced.

The Cottage Residential Care Home provides accommodation and personal care to up to ten people who have a learning disability or autistic spectrum disorder. People who use the service may also have mental health needs, a physical disability or dementia. On the day of our inspection there were nine people living in the service

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

The service was not consistently well-led. The management team did not keep up to date with current guidance and good practice particularly with regard to the people they supported. This was reflected in a number of areas of the service, for example the implementation of the Deprivation of Liberty Safeguards. Some systems were not robust enough to ensure that the service provided a consistent, safe and good quality service.

Whilst staff displayed an in-depth knowledge of the people they supported some care plans contained duplicated and contradictory information about the care people required and how it should be delivered.

People were encouraged to take part in activities that they enjoyed and were supported to maintain relationships with family. Where appropriate people were supported to gain employment and attend college.

The majority of people and staff had been with the service for a long time. This was reflected in the knowledge staff displayed of the people they supported and the homely atmosphere in the service.

We have made a recommendation that the service explore current good practice guidance on supporting people with autism and learning difficulties.

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.

People were protected from abuse and avoidable harm by staff who understood the risks and knew how to report concerns.

There were sufficient staff available to meet people's individual needs and keep them safe.

People's medicines were managed safely by staff who had been appropriately trained.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The Mental Capacity Act 2004 and associated Deprivation of Liberty Safeguards were not being implemented.

Staff received training and support they required. Up-to-date plans were not in place to develop staff knowledge and skills.

People's health and nutritional needs were my by staff who understood how people preferred to receive support.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and were compassionate in the way that they provided care and support.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some care plans contained duplicate and contradictory information.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

People were supported to maintain relationships with people that mattered to them and avoid social isolation.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service had become isolated and did not always keep up to date with current best practice.

Some records and audits did not identify shortfalls which would have enabled the service to drive improvement.

The atmosphere at the service was homely and people felt comfortable living there.

The Cottage Residential Care Home

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 1 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at the information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with two people who used the service. Other people were unable to speak with us directly because they had limited verbal communication. We used informal observations to evaluate people's experiences and help us assess how their needs were being met. We also observed how staff interacted with people. We spoke with one member of the care staff, two senior members of care staff and the registered manager who is also the provider. We spoke with two relatives of people who used the service.

We looked at three people's care records and information relating to the management of the service such as staff training records and quality monitoring information.

Good

Is the service safe?

Our findings

People were not able to tell us if they felt safe because they had limited verbal communication. However, we observed how staff interacted with people and listened to them.

Staff told us they had received training in safeguarding adults and knew how to recognise abuse and how to keep people safe. They knew how to recognise signs of harm and what their responsibilities were if they saw or suspected abuse or poor practice. Staff said that they had every confidence that any issues they raised would be taken serious and acted upon. Contact details for the local safeguarding authority were displayed in the office which staff had access to.

Staff were also aware of how to whistle blow and the management team were aware of their responsibilities around reporting abuse to the local authority.

The provider had systems in place for assessing and managing risk. Where risks were identified these were assessed and action taken to minimise them. Staff were able to tell us specific areas of risk for individuals, including things that could distress them. Risk assessments clearly guided staff on how to support people to benefit from activities that could present a risk, whilst minimising the risk to the individual and others. For example when visiting the service's holiday caravan risk assessments described how one person did not like to stay overnight and the behaviours they displayed if they became distressed.

The management team were able to describe how they managed staffing levels so that there were sufficient members of staff to provide appropriate care at all times. They told us that they did not use agency staff as the staff team lived local and were flexible when covering holidays and sickness. This meant that people received care and support from familiar people who knew their needs. A member of staff told us that they felt there were enough staff and they had the time to do things individually with people such as looking at a magazine or various craft activities.

The provider told us that they were currently recruiting a new member of staff due to the possibility of another person moving into the service. They told us that the last new member of staff had joined the team approximately 10 years ago. We discussed the recruiting procedure and they displayed a knowledge of safe recruitment procedures which included checking the suitability of the person to work in the service.

The provider had suitable arrangements in place for supporting people with their prescribed medicines safely. Staff followed good practice when administering people's medicines. Staff were able to fully describe to us when two people living in the service needed medicines which had been prescribed to be administered when required (PRN), but this was not recorded in care plans. We discussed this with the senior member of care staff and that, notwithstanding the understanding of care staff, this could lead to inconsistencies in administration, particularly if new care staff were being recruited. They said this would be put into place. Staff had received training in the safe administration of medicines. This included the administration of specialist medicines relevant to the needs of the people living in the service. Medicines were stored securely and medicines administration record sheets were in order.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person who had recently moved into the service was the subject of a DoLS. This had expired after they had moved in and the service had applied to the appropriate authorising authority for it to be renewed. The management team told us that the arrival of the new person to live in the service with a DoLS in place had prompted them look at their practices and they would be submitting applications for others using the service where appropriate.

We observed staff obtaining people's consent and offering them choice as they provided support. For example, asking a person if they wanted to put their coat on before going out.

Staff were able to describe the training they had received in areas such as epilepsy, food hygiene and medicine administration. However, training records held by the provider did not demonstrate that staff were up to date with training or continued competency. The last round of training had taken place at the end of 2014. This could mean that people received care from staff who were not up to date with current practices and procedures. We discussed this with the management team who explained that they had been a member of a local training consortium but this had recently stopped operating. They assured us that they would be exploring alternative ways to deliver staff training.

The provider was proud of their staff retention record. They told us that they had not needed to recruit a new member of staff for 10 years. Staff told us that working in the service was rewarding and described the service as like their second home. They told us that the management team were supportive and that they were given any help they needed.

Staff told us, and records confirmed, that they received regular supervision and appraisal. A member of the management team showed us an example of how they had recently made improvements to the supervision process in order to ensure good practice by care staff.

The service had a communal dining room where people could eat together. Resident meeting minutes showed us that people had an input into the menu and discussed healthy eating. Staff were able to tell us which people required support with their meal and how this was provided. Where appropriate referrals had

been made to the speech and language team and their recommendations followed.

People were supported to maintain good health and access relevant healthcare services where necessary. This included the dentist, chiropodist and GP. Records showed that where professionals had made recommendations regarding a person's care and support these had been followed.

Good

Is the service caring?

Our findings

One person we spoke with told us how much they liked living at the service. Describing how staff helped and encouraged them with activities they enjoyed. They told us it was much better than living on their own as they had before moving in.

We observed staff supporting people in a kind patient and respectfully way. They clearly knew the people they supported very well and had established positive and caring relationships with them. Where a person was cared for in bed and unable to verbally communicate staff displayed a knowledge of that person and put on music which they knew they enjoyed.

During our inspection people went out in the service's mini-bus. We observed staff explaining to people that they needed to put their coat on as it was cold outside and supporting people to get onto the minibus.

The service held regular meetings for people living in the service. These were facilitated by a regular member of staff. Records showed that a variety of issues were discussed including, how to make a complaint, healthy eating, abuse and privacy. At one meeting a person had expressed concern about the tone of voice used by one particular member of staff. This had been taken seriously by the management team and had been discussed at a subsequent staff meeting.

The management team told us that they tried to involve people on whatever level the person was able to engage so that they felt included in the process. Some care plans had some information in a pictorial format to enable people to easier comprehend the content. The person who had recently moved into the service had been supported by an advocate to make decisions relating to their move.

Where they were able people were encouraged to take part in the running of the service. Taking part in chores had been a subject discussed at a resident meeting. One person told us how they enjoyed taking part in daily chores and how staff supported them with this. Staff told us how they supported people to take part in the running of the service and how making a contribution made people feel valued.

People had their own bed room which they had decorated to their own preferences. For example, one person had a number of stuffed animals and another had items relevant to the football team they supported. One person had expressed a wish to have their bedroom door locked at night. The service had accommodated this and put the appropriate risk assessment in place to ensure they were safe.

Requires Improvement

Is the service responsive?

Our findings

Care plans contained detailed information about people's health and social care needs. These were individualised and relevant to the person. However, in some care plans information about the person was duplicated and at times contradictory. For example one care plan said a person was 'confident in the kitchen' but in another part of the care plan it said the person, 'did not feel confident in the kitchen.' Another care plan had a full and detailed explanation of how to deal with a particular condition a person lived with but another form gave only brief details. This duplication and contradiction could lead to a person receiving unsafe or inappropriate care.

Another person had recently moved into the The Cottage. The service was using the care plan from the service where they had previously lived. It contained some risk assessments which were not relevant to The Cottage. We discussed this with the management team who said it had been reviewed when the person moved in and that they were currently getting to know the person and updating the care plan when they got to fully understand their needs. This person had been supported to visit the service and meet the other people living there before they moved. An advocate had been involved to ensure their preferences were taken into account. We saw that staff demonstrated a good knowledge of this person's needs. However, lack of an up to date assessment of the person's needs and plans of how these needs were being met could mean that important details are missed.

One person we spoke with told us that they had been involved with the yearly review of their care plan with staff and their social worker. A relative we spoke with told us that they were involved in the yearly review of their relative's care plan and that the service kept in touch and discussed the care provided either when they visited or with regular telephone communication. They described how they believed their relatives needs had increased as they had got older and the service had, "Coped" with these. Care plans demonstrated that they had been regularly reviewed so they received personalised care that was responsive to their changing needs.

People were supported to take part in a range of meaningful activities both in an out of the service. One person described to us how they regularly helped with chores in the service and said, "It's our home, I like to keep it clean." Staff knew what this person enjoyed helping with and explained how helping with even small things helped people feel involved and valued. People could socialise in the communal areas, in the garden or in their bedroom. A relative told us how much they appreciated the support the service had provided in enabling their relative to visit them regularly.

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example people regularly walked to the local shop, visited other community facilities or attended a work placement. One person described to us how they enjoyed the job they had.

The provider had a process in place to deal with concerns and complaints. People who lived at the service were not able to make formal or structured complaints but we saw that staff listened to people and took

action when needed. Family members did not have any concerns or complaints. One family member we spoke with said, "Absolutely nothing to complain about."

Requires Improvement

Is the service well-led?

Our findings

The service had become isolated and did not have links with sector specific organisations. This meant that it was unable to keep up to date with current best practice and guidance relevant to the people it supported. The management team did not have any systems in place to receive up to date information on current practice and developments in the care for people living with autism or learning difficulties. This had resulted in changes, such as the DoLS, not being fully considered or implemented by the service. It also meant that opportunities to improve the individual assessment and care for individuals could be missed.

Some systems were not robust enough to ensure that the service provided a consistent, safe and good quality service. For example shortfalls in the arrangements for ensuring on-going training for all staff meant that the management were not able to provide a comprehensive picture of training in the service.

Regular audits of care plans were not carried out. This meant that the care plans had become dis-organised, containing contradictions and duplication. Despite this the culture was open and transparent, with the management tam accepting shortfalls and recognising the need to improve.

Most of the people and staff had lived or worked at The Cottage for a number of years. This had resulted in a relaxed comfortable atmosphere where staff knew people well. The management team also worked in the service which enabled them to keep under review the day to day culture in the service, including the attitudes, values and behaviours of the staff.Everybody we spoke with about the service described it as having a homely feel. Everybody living in the service appeared comfortable and relaxed moved around the service freely watching television or going out to the village as they were able.

A member of the management team had recently developed an observation tool to allow them to monitor the quality of the service that care staff were providing. They gave feedback to staff on their performance from their observations. Staff told us that feedback was constructive.

Regular staff meetings were held. Records showed that these covered a variety of issues including the role of the key worker and training. Issues raised by the resident's meetings were also discussed at staff meetings, for example the tone of voice used by a member of care staff.

The registered manager who was also the provider worked in the service. This meant that they were aware of any improvements which were needed to the environment. A new bathroom had recently been installed to the ground floor and a new patio was being laid in the garden. A relative of one person told us how their relative had benefitted from the new bathroom.

Quality assurance questionnaires had been sent to relatives of people using the service. These had all been positive. We noted a number of positive comments made by relatives which included, "Everything at the home is satisfactory, there would be no changes to how things are run."

We recommend that the service seeks advice and guidance from a reputable source on up to date best

practice regarding supporting people with autism and learning difficulties.