

Vesta Care (UK) Limited

Lime Cottage

Inspection report

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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

About the service

Lime Cottage is a small residential care home providing personal and nursing for one autistic person. The service can support up to four people with a learning disability and / or autistic people. Lime Cottage is a fully adapted bungalow with an accessible garden and summer house.

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

The relative we spoke with was positive about the support provided at Lime Cottage. They said the staff team met the complex needs of their relative and the communication with the home was good. They were involved in the planning of their relative's care and support.

Person centred care plans and risk assessments provided guidance for the support the person required, including when they may become agitated. Detailed routines for the morning and evening were used to ensure consistency in the support provided. These were regularly reviewed. People received their medicines as prescribed.

The quality assurance system had been improved following a CQC inspection at another of the provider's services. A calendar of audits was used to ensure all audits were completed, with actions taken where issues were found. Incidents were recorded and reviewed to reduce the chance of a re-occurrence. As a result of this, the morning routine had been changed to reduce the person's anxieties.

Staff said they enjoyed working at Lime Cottage, saying the management team were approachable and supportive. There were enough staff on duty and they received the training and support needed to meet people's assessed needs. Staff were safely recruited.

The staff team worked in partnership with other professionals, including behavioural specialist, physiotherapist, social workers, medical professionals and the community learning disability team. People's health and nutritional needs were being met.

The home was clean throughout and the current government COVID-19 guidelines were being followed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Lime Cottage is a small home set in a residential area close to local amenities. Person-centred care plans were in place. Staff knew people's needs and how to promote people's privacy dignity and independence. Communication with people's relatives was good.

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

Rating at last inspection

This service was registered with us on 4 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered with the us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Lime Cottage

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Lime Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality team. 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 of this information to plan our inspection.

During the inspection

We made observations of the support provided throughout our inspection as the person living at Lime Cottage was not able to speak with us. We spoke with six members of staff including the business development manager, registered manager, deputy manager, team leader and support workers.

We reviewed a range of records. This included one person's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a family member, two members of night staff and contacted two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had been assessed and appropriate plans developed to manage these known risks.
- Positive behaviour support plans were in place where people may become agitated. This detailed the possible behaviours and vocalisations when they were content, becoming anxious and when they were agitated. Potential triggers for changes in behaviour and strategies staff should use to manage any behaviours were noted.
- Staff had completed training that met the Restraint Reduction Network (RRN) standards in managing people's behaviours.
- All incidents were recorded and reviewed by the team leader to look for any patterns to the behaviour. As a result of this, the morning routines had recently been changed to try to reduce the person's agitation at this time.
- Equipment within the home was regularly checked by members of staff and was serviced in line with national guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding vulnerable adults. Staff said they would raise any concerns directly with the team leader or registered manager.
- The registered manager was the safeguarding champion for all four of the provider's services.

Using medicines safely

- Medicines were administered as prescribed. Detailed guidance was recorded for administering medication via a percutaneous endoscopic gastrostomy (PEG) tube.
- Protocols for medicines to be administered when required (PRNs) were in place, however there were two versions. One version did not specify how the staff would know the person needed the PRN to be administered. This was added immediately following our inspection.
- Staff had completed medicines training and had competency observations carried out for the safe administration of medicines.

Preventing and controlling infection

- The home was visibly clean throughout. Staff were observed using appropriate PPE and were taking part in weekly COVID-19 testing.
- Current government guidelines were being followed for any visitors to the service. All visitors had to have a COVID-19 test prior to visiting the home.

- Continuity plans were in place in the event of a COVID-19 outbreak at the home. A recent COVID-19 outbreak had been well managed by the staff team.
- The provider's infection prevention and control policy was up to date. Staff were given updates of any COVID-19 guidance via team meetings, discussions and information sent to staff via the electronic care planning system.

Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- There were enough staff on duty to meet people's identified needs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The staff team had the training to meet the person's specific needs. The training matrix showed a high level of training across the staff team. Staff said they had completed the training prior to the person moving to Lime Cottage.
- New staff completed an eight-day induction course before starting to work within the home.
- Staff said they felt well supported by the management team. Regular supervision and team meetings were held. Staff said they were able to raise any ideas, concerns or ask for additional training and felt these were acted on. One member of staff said, "I've felt very supported; I've always had the support of the managers and team leaders. There's always someone available."

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

- Care plans detailed the percutaneous endoscopic gastrostomy (PEG) feeding regime for the person living at Lime Cottage. There was also information about the pureed food and liquid the person was able to have, including how this was to be given to reduce the risk of aspiration.
- The home was working with the Speech and Language Team (SALT) and the family to review and increase the range of food available for the person to eat in addition to their PEG feeds.

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

- Staff knew the person's health needs and liaised with a range of medical professionals as needed, for example GPs, neurology, district nurses. They also worked with a behavioural specialist and physiotherapist.
- A hospital passport had been written giving brief details about the person's support and communication needs. The registered manager told us that staff would support the person in hospital if they needed to be admitted.
- The family member told us the staff team were working with them to arrange for re-assessments to be completed, for example by the physiotherapist, so arrangements could be made to use a hydro-therapy pool. They said, "They arranged for [Name] to get an adapted wheelchair as the old one wasn't suitable; they did really well with that."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-admission assessment form was completed for people moving to Lime Cottage. Information was gathered from the current care providers and family. Due to the COVID-19 pandemic there had been limited opportunity to visit the person currently living at the home before they moved in.
- The business development manager discussed how the compatibility of any further people moving to

Lime Cottage with the person currently living there would be a large part of any future pre-admission assessments.

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

- Lime Cottage is a single storey, fully adapted building, with track hoists in situ. The garden was fully accessible with a summer house used for ball pool activities.
- Photographs had been put on the walls to show the activities that had been organised.

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.

- The service was working within the principles of the MCA. People's capacity to make decisions was assessed and a DoLS was in place.
- Best interest decisions were discussed with the person's family and relevant professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We observed and heard kind, patient and positive interactions between the person living at Lime Cottage and staff. The relative we spoke with said, "[Name] has settled in with staff and seems comfortable with them. [Name] responds well to the staff and they interact well with him" and "All the staff have [Name's] best interests at heart."

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

- The relative we spoke with was very complimentary about the communication with Lime Cottage and said they were involved in discussing and agreeing their relatives support needs. They said, "There's no problems with our communication. If I ask for [team leader or deputy manager] to call me they get back to me really quickly."

Respecting and promoting people's privacy, dignity and independence

- Staff knew the person they were supporting well, including the support they needed and their daily routines. Staff were able to explain how they maintained people's privacy and dignity whilst supporting them with personal care.
- Staff encouraged the person to be involved in their care and said they continued to prompt them to complete things for themselves where possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; End of life care and support

- Detailed person-centred care and support plans were in place, which provided guidance for staff on how to meet the person's complex needs. The care plans were regularly reviewed to ensure they were current.
- Clear routines for the morning and evening support required were used to promote consistency in the staff support provided.
- The relative we spoke with said they were involved in discussing and developing the care and support plans for their relative.
- End of life wishes had not been discussed with the family at the time of our inspection. The registered manager said they were due to try to discuss this at the next care plan review but acknowledged this was a difficult topic for the relatives to talk about.

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

- Relatives were able to visit Lime Cottage following the current government guidelines. Visitors had been restricted during the COVID-19 outbreak at the home.
- Staff prompted the person to engage in activities within the home, but it was acknowledged that this was difficult at times. A meeting had been arranged with relatives to plan additional activities outside the home that could be tried, for example, using a hydro pool. Assessments were ongoing to ensure a safe method of transport to and from activities was in place.

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 explained how the person communicated what they wanted in response to short questions. All staff told us how they could distinguish the different vocalisations used and so could tell if the person was happy or not and then they could respond appropriately.
- A communication passport was being developed with the Speech and Language Team (SALT).

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place; however, no complaints had been received. The relative said they were able to speak directly with the staff and management team if they needed to query anything.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider had introduced an improved quality assurance system following a CQC inspection at another of their services. An audit calendar was now in place with a named person identified to carry out each audit. An improvement plan had been written for Lime Cottage and the overall provider, Vesta Care, and actions had been taken where issues had been found.
- The provider also had greater oversight of their services through a series of registered manager meetings and director meetings. Key performance indicators were being developed to ensure consistent reporting and oversight of the service.
- The local authority told us the service was working well with them on their quality assessments and had a good level of compliance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The relative we spoke with was positive about the communication with the staff team at Lime Cottage and said they had a good relationship with all the staff.
- Staff were also positive about working at Lime Cottage. They felt well supported and had the training they needed to meet the person's complex needs. They said the management team were approachable and there was always someone available for them to contact if they needed to.
- Regular team meetings were held, staff said they were able to contribute to these meetings. A staff survey had been completed in June 21, with positive feedback being provided by the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team included the registered manager and deputy manager, who also managed another service next door to Lime Cottage. A second deputy manager was in the process of being recruited. A team leader and senior care worker managed Lime Cottage on a day to day basis.
- The management team were clear about their individual roles and responsibilities. Staff said the registered and deputy managers were always available and were visible within Lime Cottage.
- The registered and deputy managers were aware of the types of incidents that needed to be notified to the CQC.

Working in partnership with others

- The home worked well with a range of professionals, including behavioural specialists, speech and language team (SALT), community learning disability team, social worker and health services.