

ROCCS Residential Community Care Services Limited

Brent Cottage

Inspection report

Brent Cottage
Admirals Walk
Hoddesdon
Hertfordshire
EN11 8AB

Tel: 01992467450

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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 09 November 2016 and was unannounced.

Brent Cottage is registered to provide accommodation and personal care for up to five people who live with complex learning disabilities. There were five people accommodated at Brent Cottage at the time of this inspection.

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 29 July 2015 we found breaches of regulations 9, 11, 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to provide care and treatment that was always appropriate to meet people's needs, people's medicines were not always managed safely and people were not always protected from improper treatment. We had also found there was no effective system in place to assess the quality and safety of the services provided, the legal requirements of the Mental Capacity Act 2005 had not always been followed and notifications of incidents had not always been made when required.

Following the comprehensive inspection, the provider wrote to us on 22 September 2015 to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements to help ensure that care and support was provided safely for people in accordance with the fundamental standards of quality and safety.

People felt safe living at Brent Cottage. Staff understood how to keep people safe and risks to people's safety and well-being were identified and proactively managed. People's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from the registered manager which made them feel supported and valued. People received support they needed to have a healthy diet and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care as much as they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives,

external stakeholders and staff members about the services provided. People's relatives were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used 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 were able to recognise abusive practice and were confident to report any concerns.

There were sufficient staff members available to meet people's needs safely and according to their needs and wishes.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet and individual dietary needs were supported.

People were supported to access of health care professionals as needed to help ensure that their health and well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with compassion, dignity, kindness and respect.

Staff and management had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported and encouraged to engage in activities and opportunities for stimulation within the home and in the wider community.

People were supported to be involved in decisions about their care as much as they were able.

Feedback from relatives and professionals confirmed that any concerns raised would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People's relatives and external professionals had confidence in the provider, staff and the management team.

The provider had clear and practical arrangements in place to monitor and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Brent 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 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 09 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. We also reviewed the provider information return (PIR) submitted to us 09 September 2016. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service. People who used the service had limited communication however we spoke briefly with three people, three staff members, a representative of the senior management team and the registered manager. Subsequent to the inspection visit we spoke with relatives of three people who used the service by telephone to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. 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.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

At the previous inspection of Brent Cottage in July 2015 we had found that accidents or incidents had been recorded but had not always been investigated and that risks had not always been positively managed and reviewed. At this inspection we found there were clear records detailing the incident, the actions that had been taken or considered as a result and the outcome for the person concerned. For example, an incident had occurred when a person had become agitated when out in public. In response to this, the registered manager had accessed additional support from the community assessment team. Risk assessments had been reviewed to ensure that the risks associated with the person displaying such behaviours when outside the home were mitigated as much as possible. The person received support from a community psychiatrist who recommended that they would benefit from non-verbal therapies such as art or music therapy. Records and conversation with the registered manager confirmed that the therapy sessions had been booked and scheduled. Incidents were clearly recorded, reported to the provider monthly and discussed at staff meetings. This showed that the provider took appropriate action to positively manage risk.

At the previous inspection of Brent Cottage in July 2015 we had found that the amount of tablets in stock for people had not agreed with the records which meant that we had not been confident that people had received their medicines in line with the prescriber's instructions. At this inspection we checked a random sample of five boxed medicines held at the home and found that the stocks held agreed with the medicines administration records. The registered manager told us that a count of all medicines was undertaken twice a day after each administration to help ensure that people received their medicines as prescribed.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People's relatives told us that people received their medicines regularly and that they were satisfied that their medicines were managed safely. Staff received regular medicines administration training and the training manager undertook competency assessments to help ensure that staff members had the skills and knowledge in order to administer people's medicines safely.

People indicated to us that they felt safe living at Brent Cottage. All the people who used the service smiled and nodded to us and one person raised their thumbs to indicate they felt safe. All relatives we spoke with as part of this inspection confirmed that they felt people who used the service were supported in such a way that promoted their safety at all times.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff members were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and

reviewed regularly to take account of people's changing needs and circumstances. The potential for risks had been assessed in a range of areas including self-neglect, suicidal or self-injurious behaviours, medicines, drowning, road traffic accidents and personal safety. Where a risk had been identified, there was full care plan in place to support the staff team to mitigate the risks.

People, their relatives and staff all told us that there were enough staff available to meet their needs. Throughout the course of the inspection we noted that people received their care and support when they needed it and wanted it. Staff members told us that there was always a minimum of three staff on duty during the day and more often than not there were four including the registered manager. In the evenings the staff numbers reduced to two however, this was increased if people needed support to attend a club or another external activity had been arranged. The management team reported that they rarely used agency staff to cover for staff shortfalls. They said that the use of agency staff had greatly reduced since the last inspection, which had contributed to stability within the home and a reduction in incidences of challenging behaviours.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff members and found that all the required documentation was in place including two written references and criminal record checks.

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).

At our previous inspection of Brent Cottage in July 2015 we had found that people's capacity to make decisions had not always been properly assessed or reviewed and the views of other people who may know the person well, such as relatives or an advocate, had not been secured. We had also found that Deprivation of Liberty Safeguard applications (DoLS) had not been made when required.

At this inspection we found that the service was working within the principles of the MCA. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. For example, one person who used the service needed a blood test to be taken as a one-off procedure. The registered manager had accessed 'easy read' pictures to help explain the process to the individual concerned and had arranged a best interest meeting involving the lead practitioner, a mental health advocate and a learning disability professional.

The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of this inspection applications had been made to the local authority in relation to all the people who lived at Brent Cottage and were pending authorisation.

Throughout the day we noted staff members seeking people's consent about the support they provided. For example, where people wanted to go for the day, what they wanted to do or what they wanted to eat and drink.

People's relatives told us that the care and support provided at Brent Cottage was appropriate to meet people's needs. One relative told us, "Everything is perfect. They look after [Person] really well. They live their life there the same as they do at home. [Person] has done really well since they have lived there."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as safeguarding vulnerable adults, moving and handling, mental capacity act, infection control, health and safety, care planning and risk assessments.

Specific training was provided to meet people's individual needs. For example, a psychologist had delivered positive behaviour training to the staff team. The registered manager said that this training had resulted in a positive effect on people's behaviours. They said this was due to the way the staff now communicated with people when they became agitated and that people's behaviours were now managed consistently across the staff team.

Relatives of people who used the service told us that they thought the staff team did have the right skills and knowledge to care for people safely. They told us that the staff team had been there for a very long time and knew and understood people's behaviours and provided appropriate support to individuals as needed.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

The menu was developed from people's wishes. The staff and the management team told us that people were asked each week what they fancied to eat and a menu was developed from there involving two choices each day. We saw that people were offered various options for breakfast and some people were able to get their own breakfast whilst others required varying degrees of support from staff members. We noted that food cupboards were well-stocked with well-known branded items. A staff member had undertaken specific training and was now a nutrition champion. As a result of this the local authority commissioning team had provided a grant of £1000, the registered manager told us that the grant would be used to support nutrition related equipment and initiatives within the home.

A person had been admitted to Brent Cottage with poor mobility. They had been unable to walk long distances without feeling pain and also occasionally used a walking stick. In the past year the person had lost almost a stone through a healthy eating regime and a more active lifestyle. The person was now able to mobilise independently and had also regained their confidence. This showed that people who used the service at Brent Cottage benefitted from a balanced diet and a healthy eating regime.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dietitians, opticians and chiropodists. People's relatives told us that the staff team supported and encouraged people to attend health appointments as needed. One relative told us that on occasion where a person had refused to go to visit health professionals they had been invited into the home instead. This meant that the person had still been able to receive the health support they had needed but in a way that met their individual needs.

Is the service caring?

Our findings

People's reaction and interaction with the staff showed us that they were happy with the staff that provided their care. We saw many examples of warm interaction between people and the staff team which showed us that they were relaxed in the presence of staff and had trust in them. We heard staff comfortably chatting with a person about Christmas presents that they needed to buy for their relatives and we heard friendly exchanges of banter between staff and people who used the service.

Relatives told us that people got on really well with the staff team at Brent Cottage. One relative said, "[Person] always talks nicely about the staff and they are always happy to return to Brent Cottage." Another relative said, "I don't know all of the staff, but those I have met are very good indeed." They went on to say, "The staff seem to have a really good relationship with the people that use the service. When I was in the home last I saw people laughing and joking about with the staff members, there was a real family feel."

The staff team at Brent Cottage was stable with many of the team having been in post for a significant amount of time. This was evident when talking with the staff team as they demonstrated an in-depth knowledge of the people they supported, their care and support needs as well as family background and emotional needs.

Staff respected people's dignity at all times and making sure they supported people in the way they wished and encouraging them to remain as independent as possible. During our inspection we observed that staff were always courteous and kind towards people they supported, often sharing banter and jokes between each other in a respectful and dignified way. People's relatives told us that staff respected people's dignity by always making sure they received support with their personal care needs. For example one relative said, "Every time I have seen [Person] they have always been well groomed clean and tidy."

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised and clearly reflected the personality of the individual. The communal areas reflected a family atmosphere with photographs and personal ornaments.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with support staff and management alike. The registered manager told us that there was a good relationship of trust between the people who used the service and their allocated key workers. For example, one person had been successfully supported to have a blood test after seven years of trying despite being needle phobic. The registered manager reported that this had been due the trust that the person had with their key worker.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. Relatives told us that they were encouraged to visit the home had any time and they had always found people to be happy and welcoming.

The registered manager had sourced external advocacy support for people when they needed additional

advice or guidance. For example, a best interest decision had to be made in respect to a person having an invasive procedure. This had been arranged with the support of an independent mental health advocate.

Is the service responsive?

Our findings

At our previous inspection of Brent Cottage in July 2015 we had found that people were not always encouraged and supported to develop and maintain relationships with people that mattered to them, or supported to follow their individual interests.

At this inspection we found that people enjoyed an active life that involved many activities and opportunities for social engagement. These included attending a drama club, trips out to the cinema, going bowling, going swimming, dining out, going dancing and trips out to local shopping venues.

Activities were arranged around individual wants and needs. For example, two people attended a Gym, one person was supported to attend church with their family, some people enjoyed day trips to London for sightseeing and shopping, one person supported football and had recently demonstrated an interest in fishing. This showed that activities were arranged around individual's likes and preferences.

The registered manager had successfully campaigned on behalf of a person who used the service to obtain additional funding for respite activities with an external provider. This action had been taken to proactively reduce the attachment that the person had with staff members which had a negative impact on both the staff team and the other people who used the service. This showed that the registered manager took positive action in response to people's needs.

At our previous inspection of Brent Cottage in July 2015 we had found that not all people's relatives had been invited to attend care plan reviews and that people's care plans had not always been reviewed when a change had been identified in their support needs.

At this inspection people's relatives told us they had been involved in reviews of care plans and said that overall liaison with the home had improved of late. One relative told us that they had had an e-mail update recently which was very good and they would like this to be a regular occurrence. Another relative said, "We do have contact from the home to keep us up to date, we would like this to be more regular."

People's care plans were reviewed regularly to help ensure they continued to meet people's needs. The registered manager was pleased to be able to report that he had been able to arrange care plan reviews with social workers of each person living in the home. We saw that people's relatives had been invited to attend the review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were reviewed when changes in their support needs were identified. For example, a person's behavioural support needs had changed and we noted from reviewing records and through conversation with relatives and the registered manager that professional advice and guidance had been secured. This had resulted in additional therapy support being provided for the person to help focus their energies and give them an outlet for their emotions.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, there was clear guidance for staff to follow to support people with health conditions, personal care and to help de-escalate behaviours that may challenge others. Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

Throughout the inspection we observed several examples of staff being proactive in assisting people and responding to their needs in a way that confirmed they knew people very well. Each person who used the service had very different levels of mental capacity and abilities, staff members provided individual support in response to these different needs. For example, some people were able to wash and dress themselves with gentle prompting where others needed more staff intervention. Some people were able to access the kitchen and make their own breakfast where others needed staff to make their breakfast for them.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service raised concerns verbally with the staff team and these were recorded as 'dissatisfaction notes'. These were primarily centred around grumbles in everyday life including not liking the meal options on offer for the day or having a minor altercation with a housemate. People's relatives told us that they would be confident to raise any concerns they had with the staff team and said that sometimes they had been slow in responding but had always taken appropriate actions.

Is the service well-led?

Our findings

At our previous inspection of Brent Cottage in July 2015 we had found that the provider's system of audits had not always been effective in driving forward the quality of the service provision. For example, where audits had identified gaps or concerns there had been no action plan developed to record and monitor the actions that were needed to resolve the issue.

At this inspection we found that there was a schedule of monthly audits undertaken and there was a clear trail from one set of monthly audits to the next with any actions to be taken carried forward. This meant that the provider could satisfy themselves that actions had been taken in a timely manner. For example, we saw an action point to liaise with the provider in relation to the plans to remove the asbestos roof on the garage. The registered manager and senior manager present at the inspection were able to confirm that this had been raised with the provider and with external contractors and was an ongoing issue. This showed us that the registered manager and provider were committed to providing a safe service.

At our previous inspection at Brent Cottage in July 2015 we had found that people's records were not always up to date and had not always been amended to reflect changes to people's support needs. At this inspection we found that all people's care plans had been reviewed with input from social workers and relatives. The care plans were up to date and amendments had been made to reflect ongoing changes to people's support needs.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. At our previous inspection in July 2015 we had found that notifications had not always been completed and submitted as legally required. Since the previous inspection we had received a notification informing us of an incident that had taken place whilst on a day trip away from the home. The registered manager was able to demonstrate that they were aware of what constituted a notifiable event.

People who used the service knew the registered manager by name and we noted that they were happy to approach them at all times. Relatives told us that the registered manager had a good relationship with the people who used the service. One relative told us, "I feel that [Registered manager] and his team have an extremely good relationship with [Person]. There is humour and happiness in the home."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular meetings held to enable them to discuss any issues arising in the home.

