MacIntyre Care

Cottage Farm

Inspection report

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Ratings

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

Overall summary

Cottage Farm is registered to provide accommodation and support for five adults with learning disabilities, autistic spectrum disorder and / or sensory impairment. The home is located approximately two miles from Hythe town centre and close to the New Forest. Public transport operates regularly between Hythe and Southampton.

The inspection of Cottage Farm on 2 and 3 February 2015 was unannounced

On the day of our visit four people were living at the home.

There was a registered manager at the home. 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 and associated Regulations about how the service is run.

Due to people's complex health needs we were not able to verbally seek people's views on the care and support

Summary of findings

they received. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

Staff understood the needs of people and care was provided with kindness and compassion. People were supported to make choices about what clothing they wore and to take part in activities they had chosen. These took place both in the home and in the community. One member of staff said, "We try very hard to ensure the people living here have active and fulfilled lives. We like people to spend as much time away from the home as they can so they can feel and be part of a wider community".

People were treated with respect and care was based on people's preferences and aimed at supporting people to develop their skills and to be as independent as possible. People were relaxed and their expressions indicated they were settled and happy.

Staff were appropriately trained and skilled and provided care in a safe environment. However security and storage arrangements in respect of cleaning liquids and sharp objects did not protect people from the risk of harm to themselves or others.

Staff received a thorough induction when they started work at the home and fully understood their roles and responsibilities. Staff also completed training to ensure the care delivered to people was safe and effective.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

People were supported to make decisions about their life. Where people lacked the capacity to make decisions these were made in their best interest.

Health care professionals were contacted quickly when people became unwell. A GP from the local surgery said, "I have no concerns at all over the care and well-being of people living at Cottage Farm. It is a very homely place and I have always found staff to be very good at identifying when there is a need for us to attend the home".

People were supported to access health care services including doctors and specialist services. Risks to people were identified and plans were in place to make sure people were kept safe whilst ensuring their rights were promoted.

There were robust recruitment procedures in place that involved the people who lived at the home.

Regular staff meetings were held and where required, actions resulting from these were assigned to named staff to follow up. The registered manager used team meetings to provide staff with feedback from within the organisation which helped them to be clear about the aims and objectives within the service.

We found one breach of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010 in relation to the welfare of service users. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Storage arrangements in respect of hazardous cleaning liquids and sharp objects did not protect people from the risk of harm to themselves or others.

Systems related to medicines were robust and demonstrated people received medicines in line with their GP's prescription.

Safe recruitment processes were in place that safeguarded people living in the home. Robust checks were made before staff started working in the home.

Staff were aware of how to identify and report suspected abuse in line with the provider's policy and told us they would report concerns.

Is the service effective?

Good

The service was effective. A comprehensive training programme ensured that staff had the knowledge and skills necessary to carry out their roles.

Staff attended regular supervision meetings and felt supported in their roles.

Menus seen were varied and well balanced. People told us and we observed, that they could choose where and what to eat and could choose alternatives if something was not to their liking.

Where appropriate, specialist advice and support was sought in relation to meeting people's changing needs and this advice was included in their individual health plans to assist staff in meeting their needs.

Is the service caring?

Good

The service was caring. Interactions between staff and people were kind and respectful. Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

Staff respected people's privacy and dignity before and during personal care tasks were performed.

Is the service responsive?

Good

The service was responsive. People's needs were assessed when they entered the service and on a continuous basis. People had access to activities that were important and relevant to them and were protected from social isolation.

There were a range of activities available within the home and community.

Suggestions, concerns and complaints were used as an opportunity to learn and improve the service.

Summary of findings

Is the service well-led?

Good

The service was well-led. There was warm and friendly atmosphere in the home and staff told us that they that they were clear about what was expected of them in their various roles and felt their views were valued by management.

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

Quality assurance audits were undertaken to ensure the home delivered a high level of care and shortfalls identified had been addressed.

Cottage Farm

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 2 and 3 February 2015 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience in autism. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service and provider. Statutory notifications had been received by the commission since our last inspection. A notification is information about important events which the service is required to send to us by law.

On the day of our inspection the registered manager was away from the service and the service was being overseen by the area manager. During our visit we spoke with the area manager and four care staff. Following our inspection we spoke with three relatives, one GP and one health care professional.

We looked at four care plans for people, staff duty rosters and four staff recruitment files. We observed interaction between the people living at the home and care staff. Some people were unable to tell us about their experiences due to complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 22 May 2014 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People were at risk of possible harm because staff did not act in accordance with the homes arrangements for the storage of cleaning materials. The laundry room which had a cupboard for the storage of hazardous cleaning materials was unlocked and accessible to people and visitors. A cupboard containing oven cleaner, toilet cleaner, furniture polish and bleach was also unlocked. An unlocked drawer in the room contained a pair of scissors and a pair of secateurs. A box containing two pairs of scissors and un-used razor blades were also in an unsecured cupboard. A sign on the door directed staff to, "Keep locked at all times". Staff told us the room and cupboard should be locked at all times to prevent people from drinking any consumable fluids or inedible objects. One member of staff said, "If the door is left open there are people here who could go in there, get scissors and hurt themselves or others". Another member of staff said, "Sometimes people here don't understand what is harmful to them and they might drink bleach or try and use the polish in the wrong way". We brought this to the attention of the operations manager who immediately locked the door and told us the issue of safe storage would be addressed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Relatives said the home was safe. One relative told us, "I always feel my son is safe here I wouldn't want him to live anywhere else. He has never been happier. He has a lovely room and is always active, which is good". Another relative told us, "We visit the home regularly and at different times. Our daughter is very happy and so much more settled now she is here. We spoke with the manager last week because they are going to decorate her room and she has picked the colour scheme which is really good. All the staff are very approachable".

Staff had received training in safeguarding adults from abuse. Staff understood the policies and procedures relating to safeguarding and whistleblowing and their responsibilities to ensure people were protected from abuse. Staff explained various types of abuse and knew how to report concerns. One staff member told us that safeguarding was, "Very important" and they "Would have no problems with whistleblowing if they needed too". Another staff member added, "I know all staff would do the same if something was wrong".

Records we viewed prior to and during the inspection showed staff had made appropriate referrals when they had any concerns. Staff understood the term 'whistle blowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way.

Risks to people's safety were assessed before they came into the service and were reviewed regularly. Risk assessments were individual to the person and included: medical needs, behaviour, personal care, accessing the local community and finance. For example one person's risk assessment clearly identified how the person may become agitated around new people in the home. The plan gave clear guidance for staff to be able to support the person and keep others safe.

Safe recruitment processes were in place and appropriate checks were undertaken. An enhanced Disclosure and Barring Service (DBS) check had been completed. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. A minimum of two references were sought and the operations manager told us no member of staff would start working in the home before all relevant checks were undertaken. The operations manager told us as part of the interview and recruitment process, people living at the home met with prospective new care workers. The registered manager or deputy would observe interaction and engagement to ensure people felt safe before a formal offer of employment was made.

The staffing levels were sufficient to support people and enable them to go out of the home safely. Rosters confirmed three staff were on duty in the morning and two in the afternoon to support people's activity plans. Where people left the home to become involved in community activities additional staff were deployed to facilitate this and ensured the homes staffing was not compromised.

The registered manager was available in the service during the day time hours and would provide support as required. The registered manager kept staffing numbers under review to meet people's needs. The operations manager told us that a formal dependency tool was not used to judge how many staff were needed. However they told us staff numbers would be reviewed if people experienced a change in their level of need.

Requires Improvement

Is the service safe?

Medicines were given safely to people. Staff who administered medicines received appropriate training. A policy was in place that covered the management of medicines from the point of ordering to any that required destruction. The area manager confirmed that no one in the home managed their own medicines. However, if at any time a person wanted to this they would be assessed and would be supported if they could manage this independently.

Medication Administration Records (MAR) showed there were systems in place to record administration of medicines appropriately. Entries were clearly recorded and written in line with the prescribed medicine. Stock numbers of medicines that we checked matched what were held in the home. Weekly stock checks were undertaken to ensure that medicines could be accounted for so staff could check whether people had received their medicines as prescribed.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The area manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed two incidents recorded in both November and December 2014. These were clearly audited and any actions were followed up and support plans adjusted accordingly.

Good

Is the service effective?

Our findings

People living at the home had complex health or social care needs. People did not have capacity to make important decisions about their lives. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. One member of staff said, "We would need to hold a best interest meeting if a person did not have capacity to make a decision that could put them at risk". For example, one person had been assessed as lacking capacity to make a decision about a medical operation they required to maintain their health. A best interest decision had been made regarding a specific medical intervention, with a team of appropriate professionals. This showed the home supported people effectively and in line with legislation when they lacked capacity to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority (supervisory body) as being required to protect the person from harm. No-one living at the home was currently subject to a DoLS, however the registered manager had submitted applications to the appropriate authority. Care records showed the home had continued to work with the local authorities Best Interest Advisor (BIA) and a GP to assess people's continuing needs in relation to the deprivation of their liberty. Staff had a general awareness of the Mental Capacity Act 2005 and had received training in this subject to help them understand how to protect people's rights.

People had unrestricted access to the kitchen and were supported by staff when using hot water to make a drink or when using the toaster. Staff responded to people's individual communication needs and offered support in line with their preferences and assessed needs. For example, staff helped one person select particular items of crockery, as they knew this is what they wanted. When one person showed anxiety, staff immediately offered the support they required, providing reassurance and walking with them in the gardens.

Each person had a health plan in place and where appropriate, people had been involved in drawing this up with their relatives and had signed the document. Relatives were invited to care plan meetings and encouraged to provide input that would be used to ensure people's needs were met. Health care plans were in pictorial format and helped people who were unable to communicate their wishes and preferences make decisions about their care and support needs. One relative told us, "I can talk to a keyworker or the manager if I had concerns about my relative's health. I am always invited along to any review of care and am always asked for my input".

Arrangements were made that were individually tailored to people's needs. For example, one person found it difficult to attend the doctor's surgery for a medical appointment due to their anxiety. The home had an arrangement with the local surgery that the GP would visit the home whenever an appointment was required. Records showed that within the past year staff had worked closely with a number of healthcare professionals to assist them in meeting the changing needs of people.

There was a comprehensive training programme in place to ensure that staff had the knowledge and skills necessary to carry out their roles. Records showed that the training the provider required them to do was in most cases completely up to date. Where training had become due, staff had been given a target date they had to complete the update. A wide range of training was available some of which included courses on safeguarding of adults, first aid, moving and handling and dealing with behaviours that may challenge others. Staff completed some via the computer system and a number of face to face training sessions were also arranged.

Staff attended supervision meetings every six to eight weeks. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. A member of staff told us, "The manager listens and values our opinions". Another member of staff said." I'm happier now our supervisions are regular and structured. I feel progress has been made".

Good

Is the service caring?

Our findings

Relatives told us staff were caring. They told us, “This place has been the making of my son. I am very confident he is very well looked after at the home”. “They are very happy at the home. Always well turned out and always smiling, as are the staff”, and “They are always doing something meaningful and something they enjoy. My son goes swimming, horse riding and trekking. He is never in the home”. A visiting health and social care professional told us, “I have been associated with the home for a while and have never had any concerns about how people are cared for. The staff are very good at what they do. The people living here are always very happy and I am confident their needs are met very well”.

Due to the communication needs of the people we were not able to get detailed responses to some of our questions. People were however able to respond to our questions by smiling, or giving hand gestures. For example, one person gave us a “thumbs up” and smiled when we asked if staff treated them well. Interaction between staff and people was caring and staff treated people with respect. For example, staff were seen to knock on people’s doors and wait for an answer before they entered. People were also given options and choices by staff on what clothing to wear. Staff treated people with kindness and compassion

The atmosphere in the home was calm and relaxed. People had single bedrooms which were clean and contained personal items to make them more homely. The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounge.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were personalised and reflected people’s wishes. People had the opportunity to make their views known about their care, treatment and support through key worker meetings and through pictorial questionnaires. Relatives of people who used the service were involved in their care through regular contact with the key workers and were free to visit the home at any reasonable time.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. We saw detailed information in care records that highlighted people’s personal preferences, so that staff would know what people needed from them. One member of staff told us, “We have people who have behaviours that may challenge others so we make sure that we use the right techniques to calm them down and keep them and others safe, such as making them a drink, talking to them.”

Staff were caring and sensitive to people’s needs. Staff were seen helping a person clean their room safely, another person wanted to speak to a member of staff, so they took them to make a drink and went to a quiet area of the home to talk. We saw feedback written by a relative stating, “I feel that the care and support at Cottage Farm was very good”. People were able to choose what they wanted to do, such as when they would like to get up in the morning or activities they would like to participate in.

People could be confident their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secured office. This ensured that people such as visitors and other people who were involved in people’s care could not gain access to people’s private information without staff being present.

Good

Is the service responsive?

Our findings

Care records had detailed information which outlined individual's care and support and any changes to people's care was updated. This ensured staff had up to date information in regards to people's care needs. The area manager confirmed that the service involved people, health care professionals and relatives in the decisions and planning of care.

People confirmed they took part in activities in the home and outside in the community, such as games, arts and crafts, shopping and outings. Comments in people's daily diaries that staff supported people to complete included, "I go swimming every week". "I'm going for a walk later". "We're going shopping soon", and" I'm going out in the car to look at the ponies in the forest this afternoon". Photographs of outings and activities were on display around the home.

People were involved in making decisions about their care. Staff asked people questions and gave them time to respond. For example, when being offered drinks, or going out to the shops or an activity club. Staff did not rush people for a response, nor did they make the choice for the person.

Relatives and health and social care professional were involved in individual's care planning, and there was detailed information recorded including decisions made for those who lacked mental capacity. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care. Staff encouraged and assisted people to write letters to family on a regular basis. Letters usually included an overview of what people had been doing both in and away from the home with pictures of themselves taking part in activities. People were also encouraged to make phone calls to relatives and friends regularly.

Information about people's 'life history', likes, dislikes, preferences, goals and significant relationships was recorded in care plans. Detailed information about the type of treatment and support each person received was documented. This information helped staff to get to know the person well and provide them with the right care, support and treatment in accordance to their needs.

Care records documented how people would like staff to communicate with them. For example, some people used a pictorial format to communicate their wishes to staff. Staff knew people's religious, personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a regular basis or when care needs changed.

People were made aware of the complaints system. This was provided in a format that met their needs. People had their comments and complaints listened to and acted on. Peoples' feedback was obtained in a variety of ways such as feedback forms, discussions with people and their relatives. We looked at the provider's complaints policy and procedure. The complaints policy gave staff clear instructions about how to respond to someone making a complaint and how the provider would deal with any issues arising from the complaint.

Relatives told us that they had not felt the need to make a complaint. One relative said, "I don't have to complain about anything and have never had to. If I'm not happy a brief discussion with the manager usually gets things put right". Another relative said, "I did have a small gripe recently but I spoke to the manager and he addressed it immediately. It wasn't really a complaint but I was listened to and my concerns were dealt with".

Staff were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff we spoke with knew what to do if someone approached them with a concern or complaint and had confidence that the registered manager would take any complaint seriously. The service maintained a complaints log. We were informed by the area manager that the service had received one complaint about the service in the last twelve months and this had been dealt with in a timely manner.

Good

Is the service well-led?

Our findings

Staff and relatives told us that they were happy with the way the home was run. One member of staff said, "I can talk to the manager, if I have any worries. The place is happy and that makes working here a good experience", whilst another member of staff said, "The manager does a good job, I like him". A relative told us, "There was a relaxed and welcoming atmosphere in the home. I'm always greeted well and have always found the staff to be very open and honest with me. There was a good relationship between people, staff and visitors. We noted that when people returned to the home from activities they were keen to talk to staff about their day. People showed an interest in visitors and what they had to say and had a good rapport with them.

Staff were given a clear sense of direction. There were systems in place to ensure they were clear about their roles and responsibilities on any given shift. For example, a shift handover book detailed who the designated first aider was on duty, the named fire marshal on each shift and who was responsible for carrying out daily health and safety checks. Staff told us that this helped the day run smoothly and everyone knew where they were meant to be at any given time.

Staff meetings had been held regularly. There were detailed records kept and they demonstrated that a wide range of topics had been discussed, staff had been kept up to date on a range of matters, and their views had been sought. Staff told us they were clear about what was expected of them in their various roles and felt their views were valued. For example, one staff member told us that they had raised an issue about a piece of equipment and it had been addressed immediately.

There were systems in place to monitor the quality of the home and to ensure that the home was continually developing and improving their practices. The area manager visited the service monthly and carried out audits. For example, care plans, medicines, infection control, health and safety, accidents and incidents and finance. The registered manager had introduced a 'newsletter' in December that will be repeated on a monthly basis. The letter encouraged relatives to be involved in all aspects of care and support and welcomed on-going feedback on ways to improve the service.

Emergency plans were in place and understood by staff. The home had plans which detailed what to do in the event of an emergency. There were clear instructions for staff to follow, so that the disruption to people's care and support was minimised in the event of an emergency situation occurring. This included having an emergency pack for each person for use out of hours that included details of people's medicines and contained hospital passports. (A summarised version of the person's medical history, medicines, ability to communicate, individual needs and abilities and behavioural guidelines, if appropriate).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person did not take proper steps to ensure that each service user was protected against the risk of receiving care or treatment that is inappropriate or unsafe by means of ensuring the welfare and safety of service users.