Canterbury Oast Trust

Harrington Cottage

Inspection report

Forge Hill
Aldington
Ashford
Kent
TN25 7DT
Tel: 01233 720814
Website: www.c-o-t.org.uk

Date of inspection visit: 21 October 2015
Date of publication: 04/12/2015

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

The provider of this service is Canterbury Oast Trust and is referred to throughout this report as the trust.

The inspection took place on 21 October 2015, and was an unannounced inspection. The previous inspection on 17 June 2014 found no breaches in the legal requirements.

Harrington Cottage provides accommodation and personal care for up to six people with a learning disability. At the time of the inspection there were five people living at the service with one vacancy. The service is provided in a detached cottage. It is set well back from the road, down a lane, in a rural area approximately 20 minutes' walk from Aldington village centre. The service is not suitable for those with mobility problems. Car parking is available. Each person has a single room and there is a communal wet room, bathroom, separate toilet, kitchen/diner and lounge. There is a garden with a paved seating area and summer house.

The service is run by a registered manager, who was not present in the service on the day of the inspection. A

Summary of findings

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.

People told us they received their medicines safely and when they should. However we found shortfalls relating to some medicine guidance and storage.

The registered manager, supported by an acting manager provided leadership to the staff. Staff were motivated and felt well supported. The staff team had a good understanding of the 'mission' of the trust, which was to enable and empower people with a learning disability. We found staff worked in a way that supported the mission statement. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. Audits, checks and visits by senior management all helped to ensure people received a quality service.

People had their needs met by sufficient numbers of staff on duty. Staff had undergone a thorough recruitment process to ensure they were suitable to support people safely. Staff received relevant induction, training and support to provide safe care and support for people. People were happy with the service they received. They felt staff had the right skills and experience to meet their needs. People felt staff were very caring and kind.

People felt safe living at Harrington Cottage. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

Risks associated with people's care and support had been assessed and people were encouraged and supported to be as independent as possible and participate in household tasks and access the community safely.

People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences and some pictures and photographs to make them more meaningful. They detailed people's skills in relation to tasks and what help they required from staff, in order that their independence was maintained or developed. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations.

People benefited from living in an environment and using equipment that was well maintained. There were records to show that equipment and the premises received regular checks and servicing. People freely accessed the service and spent time where they chose.

People had a varied diet and were involved in planning the menus. People did a variety of activities that they had chosen and regularly accessed the community. People's health was monitored and appropriate referrals were made to health care professionals.

People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager and acting manager understood and practiced this process.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this 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.

People were given the medicines they needed at the right times, but some guidance to medicine administration and storage required improvement.

Risks associated with people's care and support had been assessed and action was taken to reduce the risks.

People had their needs met by sufficient numbers of staff. Staff knew how to respond to safeguarding concerns appropriately.

Is the service effective?

Good

The service was effective.

Staff followed the Mental Capacity Act 2005. People were supported to make decisions and staff offered people choices in all areas of their life.

Staff were trained and supported to provide the care people needed.

People had adequate food and drink and were involved in planning and preparing meals.

People's health was monitored and appropriate referrals made to health professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain and develop their independence.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Is the service responsive?

Good

The service was responsive.

People received personalised care and their care plans reflected their preferred routines and skills in order to promote their independence.

People had a varied programme of activities, which they had chosen. People enjoyed trips out into the community.

The service sought feedback from people and their relatives both informally and through care review meetings. People did not have any concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Audits and checks were in place to ensure the service ran effectively.

There was an open and positive culture within the service, which focussed on people. The acting manager worked alongside staff, which meant issues were resolved as they occurred and helped ensured the service ran smoothly.

Records were accurate and up to date and were stored securely.

Harrington 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 21 October 2015 and was unannounced. The inspection was carried out by two inspectors.

Before to the inspection we reviewed the information we held about the provider including previous inspection reports. We also looked at any notifications we had received from the registered manager. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with three people who used the service, the head of care for the trust and three members of staff. Following the inspection we spoke with the acting manager by telephone.

We observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, medicine administration records, the staff training and supervision records, staff rotas and quality assurance surveys and audits.

Requires improvement

Is the service safe?

Our findings

People told us they received their medicines when they should and felt staff handled their medicines safely. However improvements were required to ensure people were fully protected against risks relating to medicine management.

The service kept a stock of 'homely remedies', these are medicines that the service had purchased and kept in case a person was unwell and required these medicines quickly. For example, paracetamol for pain relief. There were three types of medicines held in stock at the time of the inspection. These medicines and others, which were not held in stock, had been agreed with each person's doctor as safe to give with their prescribed medicines. The last audit by the supplying pharmacist had identified that certain medicines on the list should be reviewed and were 'ambiguous'. However although these medicines were not held in stock they had not been deleted from the list, which left a risk they could be administered to people. There was guidance in place to ensure these medicines were administered safely. However this guidance was headed protocols for giving 'PRN medicines' and not homely remedies, which they were. PRN medicines are medicines prescribed 'as required' or 'as directed'.

Where people were prescribed medicines on a 'when required' basis, for example, to manage skin conditions, there was no individual guidance for staff on the circumstances in which these topical medicines were to be used safely, where they should be applied and when staff should seek professional advice on their continued use. This could result in people not receiving the topical medicine consistently or safely.

Medicines were stored securely and at the right temperature to ensure the quality of medicine people received. However medicines prescribed orally and topical medicines to be applied were stored together. This is not good practice as recommended by the Royal Pharmaceutical Society.

The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(2)(g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in medicine administration and had their competency checked. Medicines were ordered and checked when they were delivered. Medicines Administration Records (MAR) charts showed people received their medicines when they should. Any unwanted medicines were disposed of safely.

People were protected by recruitment procedures. We looked at two recruitment files of staff that had been recently recruited. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. People felt there were enough staff on duty. People told us that staff responded when they needed them and we saw this to be the case during the inspection. Staff were not rushed in their responses when responding to people's needs. There was a staffing rota, which was based around people's needs, activities and health appointments. There were two staff on duty during the day and one member of staff slept on the premises at night. The staff were supported by the acting manager who worked on shift as well as spending time in the office. At the time of the inspection there were 1.5 full time vacancies and the service used existing staff or the provider's bank staff to fill any gaps in the rota, if they were unavailable they used an outside agency.

Accidents and incidents involving people were recorded. The acting manager reviewed accident and incident reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. Reports were then sent to senior management who monitored for patterns and trends.

People had been involved in assessing risks associated with their care and support and there were procedures were in place to keep people safe. For example, managing challenging behaviour, accessing the community and outdoor gym equipment, undertaking household tasks, such as cooking and making drinks. Risk assessments enabled people to be as independent as possible and access the community. Professionals had been involved in developing guidelines to manage any behaviour that challenged and we heard how a consistent approach was used by staff to try and reduce the number of incidents, which were being monitored by a health professional.

People told us they felt safe living at Harrington Cottage and would speak with a staff member if they were unhappy. There were good interactions between staff and

Requires improvement

Is the service safe?

people, and people were relaxed in the company of staff. Staff were patient with people giving them time to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate.

People benefited from living in an environment and using equipment that was well maintained. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment and electrical items. People told us they were happy with their rooms and everything was in working order. Repairs and maintenance were dealt with by the Estates department and staff told us when there was a problem things were fixed fairly quickly.

Staff knew how to safely evacuate people from the building in the event of an emergency. An on call system, outside of office hours, was in operation covered by management and staff told us they felt confident to contact the person on call. Estates were available to respond quickly in the event of an emergency.

Good

Is the service effective?

Our findings

People told us they were "Happy", "It's good" and "I like living here". People chatted to staff positively when they were supporting them with their daily routines.

Care plans were mainly written and there were some photographs and pictures. They contained information about how each person communicated, such as use simple short sentences and pictures of different signs people used when communicating using sign language. We saw this was reflected in staffs practice during the inspection. Staff were patient and acted on what people said. Photographs were used to show people which staff would be on duty.

People's consent was gained by themselves and staff talking through their care and support. People had signed their care plan as a sign of their agreement with the content after it had been explained to them at a level and pace they understood. People were offered choices, such as what to eat or drink and how to spend their time. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Discussions and records confirmed that a best interest meeting had taken place in relation to a decision about medical treatment.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. The head of care was aware of their responsibilities regarding DoLS. There were no imposed restrictions and so no DoLS applications were needed.

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included shadowing experienced staff, completing a workbook and attending training courses. The new Care Certificate had been introduced and new staff were undertaking this training. The new Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff felt the training they received was adequate for their role and in order to meet people's needs. There was a rolling programme of training in place so that staff could receive updates to their training and knowledge. Staff training included health and safety, fire safety awareness, emergency first aid, infection control, Autism and Asperger's, dementia, Makaton and basic food hygiene.

Six of the seven staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard and the two other staff were working towards this qualification.

Staff told us they attended appraisals and had one to one meetings with their manager where their learning and development was discussed. Records showed all staff had received a one to one meeting in the last two months. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures. Staff said they felt well supported and thought the training was of a high standard.

People had access to adequate food and drink. Staff told us no one was at risk of poor nutrition or hydration and they encouraged a healthy diet. People told us they liked the food. They were regularly asked about meals they would like put on the menu and photographs were used to aid the variety of meals. The main meal was served in the evening with a light meal or sandwiches at lunchtime. During the inspection people were supported to participate in making their own lunch or drinks. Lunch was relaxed with people and staff eating together and chatting around one table. A written menu was displayed and people had a varied diet. People's weight was monitored.

People's health care needs were met. People told us and records confirmed that they had access to appointments and check-ups with dentists, doctors, hospital, the nurse and opticians. A chiropodist visited the service regularly. People told us that if they were not well staff supported them to go to the doctor. Any health appointments were recorded including outcomes and any recommendations to ensure all staff were up to date with people's current health needs. Staff were working with one person who did not like injections. They had been supported with regular

Good

Is the service effective?

visits to the nurse to going through some of the process to allay their fears. Staff were also talking through at home with the person what they had achieved so far to encourage them to proceed further. Appropriate referrals were made to health care professionals, such as the community learning disability team, the continence nurse, psychologists and psychiatrists. When people had been diagnosed with a health condition the staff had obtained information about the condition to inform them and their practice, such as epilepsy.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they liked the staff and they were kind and caring. During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. Care plans detailed the times people liked to get up and go to bed and whether they preferred a bath or a shower. People were able to choose where and how they spent their time. During the inspection one person was booked to attend a football session, but chose to stay at home instead, later they were offered a choice of a bath or shower. People accessed the house as they chose and were involved in household chores and supported in preparing their lunch. There were areas where people were able to spend time, such as the garden and summerhouse, the lounge, kitchen/diner and their own room. Rooms were decorated to people's choice. We heard during handover that some people chose to spend time alone in their rooms and this was respected. People had been offered keys to their rooms. They told us staff knocked on their door and asked if they could come in before entering. Bedrooms were individual and reflected people's hobbies and interests.

People's care plans contained information about their life histories and about their preferences, likes and dislikes. They also contained information about the person's family and the contact arrangements. In addition there were dates and addresses so people, could be reminded to send a birthday or wedding anniversary card. People were supported to either visit or meet up with their family and families also visited their family members at Harrington Cottage. People's care plans detailed people's preferred names and we heard these being used.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. Staff were able to spend time with people. One person was having a house day where they tidied their room and did their laundry. They were supported by a member of staff who was not rushed, they chatted and the person was quietly encouraged to do things as independently as possible.

People's independence was maintained. People had a house day where they were supported, in some cases with lots of encouragement, to clean their room, do their laundry and other household chores. During the inspection people were encouraged to pour their own drinks and clear up after lunch; one person helped staff completing a shopping list and we heard discussions around what items would need to be added to the list. Records showed that people also helped with the shopping at the supermarket. Staff talked about one person whose independence had been developed using an encouraging and consistent approach. Staff told us how pleased the person always was when they achieved something they weren't able to do previously. Updates to the person's care plan confirmed this development.

Throughout the inspection staff talked about and treated people in a respectful manner. The staff team was small and there were some long standing team members with a number of years for the service, enabling continuity and a consistent approach by staff to support people. Care records were kept individually for each person to ensure confidentiality and held securely.

The service has embraced the new Care Certificate and new staff member was undertaking the training. The Care Certificate is the first time an agreed set of standards that define the minimum expectations of what care should look like across social care have been developed. It sets out the learning outcomes, competences and standards of care ensuring that support workers are caring, compassionate and provide quality care.

Staff told us at the time of the inspection that most people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it.

Good

Is the service responsive?

Our findings

People were happy with the care and support they received. People knew about their care plans and had regular review meetings to discuss their aspirations and any concerns.

One person had moved into the service since the last inspection. Their admissions had included staff carrying out pre-admission assessments during a visit to the person's home. The provider had also obtained information and a care plan and risk assessments from a previous placement and professionals involved in their care and support. Following this the person was able to 'test drive' the service by spending time, such as for meals and an overnight stay, getting to know people and staff. Care plans were then developed from discussions with the person, their family, observations and the assessments.

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan. Some pictures and photographs had been used to make them more meaningful. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care, such as their bath or shower in a personalised way. This included what they could do for themselves and what support they required from staff, which included verbal prompts or hand over hand support.

Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans were kept up to date and reflected the care provided to people during the inspection. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs.

People were involved in six monthly review meetings to discuss their care and support. This included the person, their family and staff. Once a year the person's care manager was invited to attend.

People had a programme of varied activities in place, which they had chosen. They attended various interactive work sessions run by the provider, such as horticulture, music, literacy, computers and poulton wood (nature reserve with woodwork and craft). They also attended other sessions within the community including the a local day centre, music, walk and talk sessions and football.

People were aware of their activity programme and one person talked about what they were doing at the end of the week. Other leisure activities included horse riding, play do, colouring, listening to music, DVD's, shopping and television. Recent outings had included going on a birthday shopping trip, a trip on a boat, the beach, going for a burger and walk and walking into the village.

People told us they would speak to the staff if they were unhappy, but did not have any concerns. They felt staff would sort out any problems they had. There had been no complaints received by the service in the last 12 months. There was an easy read complaints procedure so people would be able to understand the process. The acting manager also worked 'hands on' shifts and the office was central within the house so they were available if people wanted to speak with them.

People had opportunities to provide feedback about the service provided. There were regular residents meetings held and records confirmed that people could discuss any issues and suggest and plan activities they wanted to undertake. People had regular review meetings where they could give feedback about their care and support and the service provided. Following the review meeting people, their relatives and care managers were encouraged to complete questionnaires to give their feedback about the service provided. Those held on files in the office were all positive.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by an acting manager. People knew the registered manager and acting manager and felt both were approachable. There was an open and positive culture within the service, which focussed on people.

At the time of the inspection the registered manager was undertaking an area manager role and although not based at the service visited frequently. The registered manager told us that it was the intention of the trust to recruit a manager who would be based part time in the service and then they would register with the Commission. The acting manager was based within the service full time and worked closely with the registered manager. Staff felt the registered manager and acting manager motivated them and the staff team. Staff felt the managers listened to their views and ideas. Staff worked together as a team to support each other and to provide the best care they could to people. One member of staff said, "It's like being part of a family here".

The provider had a mission statement; this was recorded in documents within the service although not displayed. Staff told us that the chief executive and senior management held a communication meeting twice a year that all staff could attend. Staff said that the mission was always on the agenda and discussed. Staff told us that this included promoting people's independence and supporting people to have the best life possible. Staff felt the trust was approachable, friendly, organised and family orientated.

Staff said they understood their role and responsibilities and felt they were well supported. They had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines systems, people's finances, infection control procedures and practices and health and safety checks.

Trustees and senior managers visited the service to check on the quality of care provided. People and staff told us that these visitors were approachable and made time to speak with them and listen to what they had to say. A senior manager undertook quality monitoring visits and a report was produced. Senior managers were members of the Kent Integrated Care Alliance who held regular meetings giving support to providers and managers. The acting manager attended regular managers meetings, which were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

People, their relatives and social workers all completed quality assurance questionnaires to give feedback about the services provided. Responses had all been positive. The provider produced a regular newsletter and 'in-touch' magazine to keep people and staff informed about news and events that were happening within the trust. People could access the provider's website to see also what was happening within the trust. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines.

During 2014 the provider was awarded a National Care Employer of the year award from the Great British Care Awards scheme. This award seeks to acknowledge and celebrate employers' commitment to care and how this is achieving success in delivering an excellent service. Employers who are given this award are able to demonstrate considerable acumen and entrepreneurial flair whilst at the same time having a sustained track record of delivering high quality care and managing improvement.

Staff had access to policies and procedures within the office and online. These were reviewed and kept up to date by the trust's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to mitigate risks in relation to proper and safe management of medicines. Regulation 12(2)(g)