

# Community Integrated Care Cottam Road

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

At our last inspection in June 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches of Regulation 18, Staffing and Regulation 12, Safe care and treatment. The registered provider sent us a report saying what action they were going to take to meet the requirements of the regulations. We carried out this inspection to check whether the service had completed these actions. We found the service had made sufficient improvement.

The Cottam Road service provides care and support to people living in three supported living settings, Cottam Road, Cherry Trees and Brindley Crescent, so people can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The registered provider head office is based at the Cottam Road site. At the time of our inspection the service was supporting 26 people.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

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

At our last inspection we found there was not enough staff deployed to meet the needs of people using the service at the Cottam Road supporting living site. People had not always been able to pursue their chosen activities because there was not staff member available to support them. At this inspection we found that sufficient improvement had been made. At this inspection, people we spoke with did not raise any concerns about the staffing levels at the service and not being able to pursue activities.

People we spoke with all said they felt 'safe'. Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

Detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks.

At our last inspection we found concerns about the management of medicines. At this inspection we saw that on-going action was being taken to monitor and reduce errors. Additional checks had been implemented to improve the management of medicines. Staff had received training and their competency to administer medicines had been checked.

Some people using the service had been actively involved in recruiting new staff for the service. The registered provider carried out checks to ensure people employed were of good character.

There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People and relatives we spoke with were happy with the care and support provided. People made positive comments about the staff.

People were involved in developing their support plans, which were person-centred and kept under review.

At our last inspection we found that staff had not been given appropriate support through a programme of on-going supervision and appraisal. At this inspection we saw a robust system had been put in place to ensure staff received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We found people were supported to enjoy a balanced diet in line with their preferences. People's nutritional needs were monitored and actions taken where required.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

The registered provider has a quality assurance system, and records showed that identified problems and opportunities to change things for the better were addressed promptly. As a result the quality of the service was continuously improving.

The registered provider actively sought out the views of people to continuously improve 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.

People told us they felt 'safe'. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

There were sufficient staff to meet people's needs and allow people to participate in activities within the community.

People had individual risks assessments so that identifiable risks were managed effectively.

### Is the service effective?

Good 

The service was effective.

People received care and treatment from external healthcare professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff received induction and refresher training to maintain and update their skills. Staff were supported to deliver care and treatment safely and to an appropriate standard.

### Is the service caring?

Good 

The service was caring.

People and relatives we spoke with made positive comments about the staff.

People were treated with dignity and respect.

Staff knew people well and were able to describe people's individual likes and dislikes, their life history and their personal care needs.

### Is the service responsive?

Good 

The service was responsive.

Support plans were detailed and person centred. Support plans were reviewed regularly and changed to reflect current needs.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

Complaints were recorded and dealt with in line with organisational policy.

**Is the service well-led?**

The service was well-led.

There were quality assurance systems in place to monitor the quality and the safety of the service provided

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations.

The registered provider actively sought peoples and their representative views, by sending out surveys and holding regular meetings at the service.

**Good** 

# Cottam Road

## 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 was a comprehensive inspection. This inspection took place on 15 August 2018 and was announced. The membership of the inspection team was three adult social care inspectors. At the time of our inspection there were 26 people using the service. We gave the service 48 hours' notice of the inspection visit because we wanted to ask people's permission to visit them in their supported living accommodation.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the Sheffield and Rotherham local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived at the service. We visited two of the supported living sites and looked at the communal areas, bathrooms, toilets and with their permission where able, some people's rooms. We spent time observing the daily life in the service including the care and support being delivered in each of the houses. We spoke with seven people, two relatives, the registered manager, a regional manager, three service managers, six support workers and the administrator. We reviewed a range of records including the following: people's support plans, people's medication administration records, people's financial transaction records, staff files and records relating to the management of the service. For example, monthly quality assurance checks records and staff meeting

records.

# Is the service safe?

## Our findings

People we spoke with told us they felt "safe" and had no worries or concerns. Relatives spoken with felt their family member was in a safe place.

At our last inspection we found there was not enough staff deployed to meet the needs of people using the service at Cottam Road. People had not always been able to pursue their chosen activities because there was not staff member available to support them. We also found some concerns about the staffing levels at night.

At this inspection people we spoke with did not raise any concerns about the staffing levels at the service and not being able to pursue activities. We did not receive any concerns from relatives we spoke with about the staffing levels at the service. The registered manager told us one person at Cottam Road had sensors in place in their bedroom to alert staff if they were active, so one of the night staff could go directly to their room to provide assistance.

The registered manager told us staffing levels at the service were monitored to ensure there were enough staff deployed to meet people's needs. We saw the system in place to monitor staffing levels would benefit from being more systematic and shared this feedback with the registered manager.

The service used agency staff to cover for staff absence and/or annual leave. Staff we spoke with at Cottam Road told us agency staff worked alongside one of the staff employed by the service. The registered manager told us they had an arrangement in place to book the same agency staff to work at Cottam Road. This helped ensure people received continuity of care. However, they were actively recruiting new staff to reduce the amount used. The service manager for Brindley Crescent told us they provided agency staff with an induction, but they were also actively recruiting new staff.

At our last inspection we found concerns about the management of medicines. At this inspection we checked to see if sufficient improvement had been made. We reviewed the management of medicines at the Cottam Road and Cherry Trees site. Since the last inspection staff responsible for administering medicines had undergone training. Their competency to administer medicines had also been checked. At both sites we saw there were appropriate arrangements in place for safe storage, administration and disposal of medicines.

We also spoke with the service manager for Brindley Crescent. They told us additional checks had been put in place to reduce the risk of medication errors being repeated. Staff were required to undertake medication training again and their competency was rechecked if medication errors were repeated. For example, the staff member failed to sign the person's medication administration record to confirm medicines had been administered.

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an



understanding of their responsibilities to protect people from harm. Staff were all clear who they would report any concerns to and were confident action would be taken to address their concerns.

We checked a sample of service user monies records at the Cottam Road and Cherry Tree sites. We found there were satisfactory arrangements in place for people who had monies managed by the service. Records showed senior manager carried out regular checks at the three supporting living sites to help protect people from financial abuse.

We saw risk assessments had been developed where people displayed behaviour that challenged. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. A psychologist regularly visited Cottam Road to review people's individual support plans and to provide guidance to staff on how to manage situations in a consistent and positive way. The psychologist was also able to provide guidance on how to support people who lived in the same house together. The registered manager told us the psychologist had also provided training to staff. Individual staff spoken with from different supported living sites were able to describe how they used distraction techniques if people were becoming upset or agitated.

Both the registered manager and service manager for Brindley Crescent described how they involved people using the service in the recruitment of new support staff. We saw a recruitment policy was in place, but we saw the policy needed updating so it fully reflected the requirements of the regulation. We spoke with the regional manager and they assured us the policy would be reviewed by the registered provider. We checked three staff recruitment records. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions. The registered manager told us a DBS was undertaken every three years for staff working at the service.

We saw evidence that regular health and safety checks were completed at each supporting living site. For example, temperature checks on hot and cold water outlets. Checks on the fire and electrical equipment were routinely completed. Staff had received health and safety training including participating in regular fire drills and fire training. People using the service had personal emergency evacuation plan in place. Each supported living site had their own contingency plan in place with key contact numbers.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

During the inspection we did not identify any concerns about infection control. The two supporting living sites we visited were clean.

## Is the service effective?

### Our findings

All the people we spoke with told us they were happy living at the service. Comments included, "I like it here. I am happy" and "I like it." Some people used gestures and/or signing to tell us they were happy. For example, one person gave us the thumbs up sign to confirm they were happy with the care and support being provided.

All the relatives we spoke with made positive comments about the care their family member had received and about the staff working at the service. Comments included, "Very good for [family member] being here. Staff know [family member,]" "You can ring anytime and there are always staff available to speak with." We saw people were supported to keep in touch with their family and friends. One staff member said, "We have a good relationship with people's families. We always keep in touch, sometimes we go on family outings with the resident and their family."

The support plans checked showed people were provided with support from a range of health professionals to maintain their health. These included GPs, district nurse, consultants and specialists at hospitals. The support plans checked held details of people's health needs and how these were supported. This showed that people's health was looked after and promoted.

People using the service had a hospital passport in case they needed to be admitted into hospital. This includes key information for hospital staff to follow including, 'Things you must know about me' and 'Things that are important to me'.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. The registered provider was complying with any conditions applied to an authorisation.

We saw people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People we spoke with told us they felt consulted and staff always asked for consent. Staff were able to describe how people were promoted to be as independent as possible and to make decisions for themselves.

People's preferences and dietary needs were accommodated at the service. People's nutritional needs were monitored and action taken where required.

At our last inspection we found staff had not been given appropriate support through a programme of ongoing supervision appraisal. At this inspection, we saw a robust system had been put in place to ensure staff received appropriate support. Staff spoken with told us they felt supported by senior managers. A copy of all staff supervision and appraisal records were kept at Cottam Road. The records showed staff had been provided with regular supervision for development and support. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives.

We checked the staff training matrix for each supported living site, this showed staff had been provided with relevant training. We saw that staff were provided with a mixture of face to face and online training. For example, we saw staff had been booked to complete face to face training in the Mental Capacity Act 2005 in September 2018. Staff spoken with during the inspection told us they were provided with regular updates to their training.

We saw the accommodation and equipment provided was meeting the needs of the people using the service. For example, at the Cherry Tree supported living site, one level was accessible for people using wheelchairs and two bedrooms had a ceiling hoist track. We saw each person had been provided with a positional chair in the lounge area.

## Is the service caring?

### Our findings

People were given the opportunity to visit before they started using the service, to meet people and staff. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice.

People and relatives we spoke with made positive comments about the staff. One person said, "I pay my rent and I've got a nice room. Staff are kind to me." One person pointed at one staff member and told us how much they liked them. We also reviewed the compliments the service had received. One person had described how they had built up trust and rapport with one of the care workers at Brindley Crescent. They had written, '[support worker] has good listening and talking skills, she is calm and gentle and quiet - like me'.

We saw people were treated with dignity and respect, and their privacy was protected. People's confidentiality was respected and personal information was kept in a secure place. Staff were aware of issues of confidentiality and did not speak about people in front of other people.

During the inspection we observed staff giving care and assistance to people. We saw that people responded well to staff and they looked at ease and were confident with staff. It was clear from our discussions with staff that they enjoyed supporting people living at the service. Comments included, "I love my job," "It's a good place to work" and "We are all work together, everything revolves around residents."

We saw that people's support plans contained information about the type of decisions people were able to make and how best to support people to make these decisions. For example one person had a decision making profile for day to day decisions which included, who when and how to support the person to make decisions.

People using the service had the opportunity to have an independent person to speak on their behalf to support them with making decisions if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

## Is the service responsive?

### Our findings

People's support planning was person centred. People's preferences, life history, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. There was a record of the relatives and representatives who had been involved in the planning of people's care. People's support plans and risk assessments were reviewed regularly and in response to any change in needs. Staff we spoke with had a good knowledge of people's individual health and personal care needs and could describe the history and preferences of the people they supported.

The service tailored information to individuals using the service, so it accessible to them. For example, one person's eating and drinking care plan had accessible symbols and written easy read instructions. Some people used a picture book to choose what activities they would like to do.

We saw the service had worked in partnership with the local authority to support two people to come to live at Cottam Road. They had only been given a short time to support people to move. The registered manager told us that both people had settled in well. During the inspection both people communicated that they were happy living at the service.

At the time of the inspection no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community. People were supported to go to day centres when this was part of their support plan. On the day of the inspection all the people living at Cherry Tree went to Twycross zoo using community transport. They had also been to visit Wentworth garden centre and to attend matches at the local football club. People we spoke with described the different activities they were supported to participate in. For example, one person told us they were happy and the enjoyed going to bowling, keep fit and swimming. Another person used signs to tell us they liked going horse riding and had enjoyed a visit to monkey land.

We saw there was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff. There was an easy read complaints process called 'How to Complain – How to make things better' to help people raise concerns. One person said, "I would go to the office if I was worried."

Relatives we spoke with were confident in reporting concerns to the registered manager and staff, and felt they would be listened to. Complaints were recorded and dealt with in line with organisational policy. We saw action had been taken as a result of complaint to improve the support provided to the person and to improve communication.

## Is the service well-led?

### Our findings

Relatives we spoke with at Cottam Road made positive comments about how the service was run. The leadership and culture of the service promoted the delivery of high quality care. Senior managers we spoke with told us their views to improve the service were listened to and good practice was shared between the different supported living sites.

We saw there was a strong focus on ongoing improvement and continuous learning within the service and registered provider. For example, each supported living site had a continuous improvement plan in place. Systems were in place to make sure the provider, managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigation. This reduces the risks to people and helps the service to continually improve.

We found quality assurance procedures were in place to cover all aspects of the running of the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The regional manager told us the provider's quality assurance and governance systems had been reviewed since the last inspection. They showed us a copy of monthly assurance cycle completed by managers of the service and senior managers. The registered provider's quality improvement manager regularly visited the service, the registered manager and service managers were provided with an action plan to complete.

Staff we spoke with made positive comments about the staff team and senior managers working at the different supported living sites. One staff member said, "I've never known a manager (registered manager) like her. If a tenant needs to go into hospital in the middle of the night she will go with them. She is very good." Another staff member described what a difference the new service manager had made at Brindley Crescent to ensure people received person centred care. Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

The registered provider sent out an annual quality assurance survey to people using the service, their representatives and staff. The registered manager showed us a copy of the survey they were intending to send out at service level. This included an easy read survey for people to use to express their views. Regular meetings with people using the service took place, so people had opportunities to feedback about the service and suggest improvements.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.