

Bright Futures Care Limited

The Cottage

Inspection report

Higher House Farm
Booths Lane, Lymm
Warrington
Cheshire
WA13 0PF

Tel: 01925756630

Website: www.cornerstonesuk.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The cottage is a 4-bedroom care home, providing support and personal care for 2 people. It is in a semi-rural location and set within a shared courtyard with a large private garden. Each person living in the home has their own bedroom and share a communal lounge and kitchen area. The other 2 rooms within the home were used for the staff carrying out sleep in duties and an office.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support: People were supported in a kind and respectful way by their staff team. People or their advocate were involved in their care planning and people were supported to engage in activities to promote independence and prevent social isolation. Activities were tailored and adapted in line with people's assessed needs.

Care plans were reflective of people's needs and contained personalised information. Risk assessments were in place to ensure people were supported safely and any risk mitigated.

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

Right Care: Staff promoted equality and diversity in their support for people. Care was person centred. Staff knew the people they supported well and promoted independency where possible. The service had a consistent staff team with appropriately skilled staff to meet the needs of people and keep them safe.

Right Culture: All staff including the management team were aware of people's wishes, needs and support and ensured they were central to support provided. The service was always looking for new ways to improve the support they provided. New activities and social interactions were introduced at a steady pace to ensure people were planned and prepared for any changes.

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

The service registered with CQC on 02 April 2015. The last rating for this service was good (01 June 2016).

Why we inspected

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

We made a recommendation the provider reviews all MCA records to ensure all decisions are clearly evidenced.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective section below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring section below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive section below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led section below.

Good ●

The Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 6 staff members including the registered manager. We spoke to 1 family member and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed 2 care plans and 2 staff recruitment files. We reviewed policies and procedures and audits relating to the governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse.
- Policies and procedures were available to all staff and were visible within the home.
- Staff had all received safeguarding training and were aware of their own roles and responsibilities to ensure people were safeguarded.

Assessing risk, safety monitoring and management

- Individual risks were assessed and updated regularly with involvement from other specialist services.
- Staff knew people they supported well; they were able to identify when a person was distressed and implement appropriate documented strategies to reduce the risk of further distress.
- Personal Emergency Evacuation Plans (PEEPs) were in place and accessible, this ensured people could be evacuated safely in the event of an emergency.
- Health and safety checks in relation to the environment and equipment were regularly carried out.

Staffing and recruitment

- Safe recruitment practices were being followed, including checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There were gaps in staffing levels, particularly around sickness however, the service utilised staff from their other services to ensure there was a consistent staff team. One staff member told us, "We do struggle when there is staff sickness."

Using medicines safely

- Medication was stored safely within the staff office and was prepared and administered by 2 staff members to ensure accurate recording.
- All staff had received medication training and had their competency assessed by the registered manager.
- Annual medication reviews were completed by the GP with the support from staff.
- Staff were aware of the importance of not utilising medication to suppress behaviours of concerns, and distraction techniques were used prior to medication.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions in place, this is working in line with Government guidelines.

Learning lessons when things go wrong

- There was a lesson learnt folder within the home and this was reviewed by the registered manager.
- Incident logs were clearly documented and reviewed by the registered manager and any identified learning was undertaken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans were not always updated following a change, we identified 1 person's list of medication had not been updated. This was brought to the registered managers attention who rectified this immediately.
- Family members were involved in annual reviews however; they told us they would like to be more involved in regular care plan reviews. One family member said, "I do see care plans, but I am not involved at the minute, would be good to be more involved."
- People's needs and choices were assessed effectively, care plans were personalised and included involvement from specialist services. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- Support was provided in line with people's needs and choices.

Staff support: induction, training, skills and experience

- There was a robust induction into the service and mandatory training was completed. The service had a 100% training record. This ensured staff had the right skills to support people.
- Staff had the skills and knowledge to enable people to be supported in the least restricted way possible.
- Staff received regular supervision, 1 staff member told us, "I get supervision every 6-8wks."

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

- People were supported to eat a balanced diet and independence was encouraged including, preparing meals with support.
- People were provided with visual aids to enable them to choose what they wanted to eat.
- People and staff had their meal times together to promote social interaction.
- People were supported to go food shopping and visual aids were utilised to ensure people were actively involved in selecting and purchasing their own food.

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

- Staff worked with other agencies to ensure effective care and referrals were made in a timely manner.
- People were supported to access GP and specialist services when required.
- Multi-agency meetings took place frequently, this ensured the appropriate advice was taken to mitigate any risks identified and ensure support was person centred.
- Systems were in place with the GP to ensure people had access to medical attention in a timely manner. The GP completed annual reviews.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Whilst we found the service was generally working within the principles of the MCA, records did not always reflect when a person was assessed as lacking capacity that decisions had been made in their best interest in the least restrictive way.

We raised this with the registered manager, who assured us all records would be updated to clearly evidence the decisions were being taken in the persons best interest.

We recommend the provider reviews all their MCA processes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care plans were detailed and reflected their choice and diverse needs.
- Independence was promoted, and some people were supported into employment.
- Staff knew the people they supported well and positive interactions were observed .
- People were observed to be happy, engaged and stimulated. They received kind and compassionate care from the staff.

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

- Family members who were advocating on behalf of a person were not always updated regarding changes. One family member informed us, "I didn't even know they [person] had started working."
- Communication aids were utilised to ensure people could be involved in decisions about their own care.
- Staff took the time to understand people's individual communication styles and developed their approach accordingly, encouraging positive interaction.

Respecting and promoting people's privacy, dignity and independence

- Each person had an outcome proforma which identified target goals and how to best support them to achieve these goals. This promoted independence and increased confidence.
- Staff were aware when people needed their privacy, and this was respected.
- People were encouraged to engage in employment to promote independence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a clear focus on supporting people to achieve goals and positive outcomes.
- Staff were proactive in ensuring support was personalised identifying new ways of encouraging independence.
- Staff spoke about the people they supported with compassion and knowledge, demonstrating detailed understanding of the person's needs and preferred communication method.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Detailed communication support plans were in place; they were personalised to the people the service supported. Accessible information was available to ensure staff were able to communicate effectively to people.
- The provider had policies available in easy-to-read formats for people who needed more accessible language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to participate in activities. Activity timetables were in place however, these could be changed dependent on people's individual needs on the day.
- Staff supported people to maintain relationships with their family members, this included frequent visits to the family home supported by staff.
- Staff were always trying to come up with other suggestions of places to take people dependent on their wishes. This included visits to Blackpool and planned visit to London.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and accessible to all however, no complaints have been raised. Staff and family members were aware who they would make a complaint to if necessary.

End of life care and support

- There was no one at the service receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received a high standard of care based on their needs, this enabled them to remain independent and to be actively involved in new situations and experiences within their family and wider community.
- Management were visible in the service and made up part of the care team, they were approachable and took a genuine interest in what people, staff, family, and other professionals had to say. A staff member told us, "[Manager] is 100% approachable."
- Staff were passionate about the service and their job role, comments included, "I love it here, it's really nice." And "I love this job, I love the cottage."
- Staff ensured people were central in all decision making.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were clear about their role and responsibilities in accordance with reporting notifiable incidents to CQC.
- The registered managers understood their responsibilities under the duty of candour to be open and transparent about incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a contingency plan in place to evidence how the service would continue in the event of an emergency.
- Systems and processes were in place to monitor the service and drive improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Family members were kept up to date during visits and annual reviews. However, 1 family member told us, "I would like more communication."
- Staff were provided with the opportunity to feedback any issues regarding the service, this was done anonymously which allowed people to be more open and honest.
- Staff were positive about the management. Staff comments included, "Management are great, I get support probably more than I should."

- Staff received regular supervision and were encouraged to progress within the organisation. One staff member told us, "I wanted to become a senior and that's what I am doing now."

Continuous learning and improving care

- The registered manager completed regular audits and if any concerns were identified this was brought to the staff's attention.
- The service utilised an electronic system which enabled the registered manager to immediately identify if there were gaps in recording to ensure these were rectified in a timely manner.

Working in partnership with others

- The service worked in partnership with other health professionals and the local authority. Multiagency meetings were held regularly to ensure support provided was tailored to each individual's needs.
- The service worked closely with specialist services to ensure staff had appropriate training to support people's needs within the service.