Healthlinc Individual Care Limited

The Cottage Specialist Residential Service

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

We carried out this announced inspection on 25 September 2017. We gave the service a short period of notice. This was because the people who lived there had complex needs for care and benefited from knowing in advance that we would be calling.

The Cottage Specialist Residential Service is registered to provide accommodation and care for four younger adults who have a learning disability. At the time of our inspection visit there were three people living in the service.

The service was run by a company. There was a registered manager in post. 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. In this report when we speak about both the company who ran the service and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 8 October 2015 the service was rated, 'Good'.

At this inspection we found the service remained, 'Good'.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been supported to take reasonable risks while also being helped to avoid preventable accidents. Medicines were safely managed and there were enough care staff on duty. Background checks had been completed before new care staff had been appointed to ensure that they were suitable people to be employed in the service.

Care staff had been given training and they knew how to care for people in the right way. People were supported to make their own meals and they were helped to eat and drink enough. In addition, care staff had ensured that people received all of the healthcare assistance they needed.

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

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. People had been supported to access independent lay advocates and confidential information was kept private.

Care staff had involved people and their relatives in making decisions about the care that was provided. People had been supported to be as independent as possible. In addition, they had been helped to pursue a wide range of hobbies and interests. There were arrangements for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed. Good team working was promoted and care staff had been enabled to speak out if they had any concerns.

Further information is in the detailed findings below.

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 remained, 'Good'.	**Good**
Is the service effective? The service remained, 'Good'.	**Good**
Is the service caring? The service remained, 'Good'.	**Good**
Is the service responsive? The service remained, 'Good'.	**Good**
Is the service well-led? The service remained, 'Good'.	**Good**

The Cottage Specialist Residential Service

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the principal local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 25 September 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home.

During the inspection visit we spoke with all of the people who lived in the service. We also spoke with three care staff, the service lead and the registered manager. We observed care that was provided in communal areas and looked at the care records for two of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

After our inspection visit we spoke by telephone with one relative.

Good

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them remarked, "I like this place and it's home now for me. I'm good here." Another person said, "Good, I'm okay here." The relative with whom we spoke also considered the service to be safe.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. We noted that they knew how to contact external agencies such as the Care Quality Commission if they had any concerns that remained unresolved. Furthermore, we noted that care staff followed robust procedures when supporting people to manage their personal spending money. This included helping people to keep their own money. When this was not possible, records showed that care staff kept an accurate record how each person's money was being used.

We saw that care staff promoted responsible risk taking. An example of this was people being helped to safely complete household tasks such as preparing their own meals. Another example was people being supported to safely go out into the local community. At the same time people were helped to avoid preventable accidents. Examples of this were hot water that was temperature controlled and radiators that were guarded to reduce the risk of scalds and burns.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to be given the individual assistance they needed and wanted to receive.

Records showed that the registered persons had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures had helped to establish applicants' previous good conduct so that only suitable people were employed to work in the service.

Good

Is the service effective?

Our findings

People told us that care staff knew what help they wanted to receive and had their best interests at heart. One of them said, "The staff do right by me and that's good for me." The relative with whom we spoke was also confident about the effectiveness of the service.

Records showed that new care staff had received introductory training and that established care staff had also received on-going training and guidance. We noted that care staff knew how to provide people with the care they needed. Examples of this were care staff gently enabling people to organise their time and to maintain their personal hygiene.

We noted that people were receiving all of the individual support they needed to plan, shop for and prepare their own meals. In addition, we noted that the registered manager had consulted with speech and language therapists to ensure that people were fully supported to have enough nutrition and hydration.

Records showed that care staff were helping people to safely manage and live with particular health care conditions. We also noted that people had been given all of the help they need to see their doctor and other healthcare professionals such as dentists and opticians.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this was the arrangements that had been made to involve people in making decisions about the goods and services they wanted to buy. We saw that people had been given meaningful information about how much things cost and how this related to the funds they had at their disposal.

Records showed that when people lacked capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and with health and social care professionals so that a decision could be made about whether a person should have an operation in hospital. This had enabled all of the circumstances to be considered after which it had been concluded that the operation would not be in the person's best interests. This was because the benefits derived from the operation would be outweighed by the distress the person was likely to experience from being in hospital.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made suitable arrangements to ensure that authorisations were obtained so that people only received lawful care.

Good

Is the service caring?

Our findings

People were positive about their relationships with care staff and about the support they received. One of them commented, "The staff help me with all sorts and I like that." The relative with whom we spoke told us that care staff were kind and genuinely committed to caring for the people who lived in the service.

We saw that people were being treated in a kind and respectful way. Care staff took time to speak with people and we witnessed a lot of positive occasions that promoted people's wellbeing. An example of this was a person who was assisted by care staff to spend time in their bedroom without too many interruptions. This was helpful because the lounge was being redecorated and the person did not like seeing things out of place.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this was care staff having established with people how they wished to be addressed. Another example was care staff carefully establishing how much help people wanted to be offered when deciding what they wanted to do each day.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which was their own personal space that they could use whenever they wished.

We found that people could spend time with relatives and with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives. This included one person being helped to regularly contact their relatives by using a social media application on their mobile telephone. Care staff also regularly spoke with relatives by telephone and email to let them know how their family member was doing.

Most people had family and friends to regularly support them. However, for one person who did not have frequent contact with their family, the registered persons had arranged for them to be supported by a local lay advocate. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised care staff.

Good

Is the service responsive?

Our findings

People told us that care staff provided them with a lot of care so that they could be as independent as possible. One of them said, "I go shopping with staff and they help me get what I need like for meals and if I need new clothes." Another person said, "The staff know me and they help without being bossy."

Each person had a written care plan that described the care they needed. The plans also focused on supporting each person to achieve goals that were important to them. An example of this was a person being helped to get themselves ready for their next family holiday. We noted that when doing this care staff carefully helped the person to remember that the holiday was not due to take place for some time. This helped to reassure the person that they had plenty of time to make all of the plans they considered to be necessary.

Care staff understood the importance of promoting equality and diversity. An example of this was the arrangements that had been made to support a person to purchase personal grooming products that reflected their cultural identity.

Records showed that people were being supported to enjoy a wide range of opportunities to engage in occupational and social activities. The social activities people enjoyed included attending exhibitions of cars, going to football matches and eating out at restaurants.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. Records showed that the registered persons had not received any complaints during the 12 months preceding the date of our inspection visit.

Good

Is the service well-led?

Our findings

People considered the service to be well run. One of them said, "My home is good and the staff make sure I'm okay and have things I need." The relative with whom we spoke told us that the service was well run by the registered manager and the service lead.

We noted that as part of the care planning process people had been regularly invited to give feedback to care staff about their home and to suggest improvements. There were a number of examples of improvements being made. One of these was people being invited to choose the colour of the paint that was being used for the redecoration of the lounge.

Records showed that the registered persons had regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. In addition, we saw that the registered manager had suitably displayed the quality ratings we gave the service at our last inspection.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there were regular staff meetings so that care staff could review how well the service was performing and suggest how it might be improved. Care staff were confident that they could speak to a representative of the registered person or to the manager if they had any concerns about the conduct of a colleague.