The Fremantle Trust

Cotswold Cottage

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 04 and 11 December 2015. The first day of the inspection was unannounced; the second day was announced.

We previously inspected the service on 24 April 2014. The service was not meeting the requirements of the regulations at that time in one area of practice: assessing and monitoring quality of care. The provider wrote to us and told us what action they would take to make improvements at the home. We carried out a desktop review in August 2014, when we found the home was meeting the regulations.

Cotswold Cottage provides accommodation for up to eight adults with learning disabilities. Seven people were living at the home at the time of our inspection.

The service had 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.

We received positive feedback about the service. Comments from people included "The new manager is very hands on and proactive in looking after the welfare of the residents" and "The staff I have met with have always shown a caring and respectful stance towards the service users within this service." A relative told us their family member "Has been happy with the care that they have received and formed positive relationships with staff and other service users. When there have been changes in the home and in their life, they have been handled sensitively and professionally with health and safety as a priority." Another relative said "The manager continues to manage Cotswold very well in spite of the problems caused by a lack of good staff. Some of the newer staff have the qualities that we like to see. They are willing and able and are determined to give the clients those extras that should be a right not an exception."

We found people were protected from the risk of harm. Staff had undertaken training on recognising and reporting signs of abuse. Any concerns were referred to the appropriate agencies, such as the local authority and the Care Quality Commission.

Robust processes were used when recruiting staff, to ensure they had the right skills and attributes to work with vulnerable adults. Staff undertook training to keep their skills and knowledge up to date.

Some of the feedback we received was about staff vacancies at the home and the implications this may have on the consistency of people's care. We found the home had advertised vacant posts and was interviewing prospective staff members whilst this inspection was in progress. Temporary care staff were being provided by recruitment agencies. We saw a consistent, small group of temporary staff were working at the home. Those we met worked well with the people they supported to ensure needs were met.

People's health and welfare needs were being met. Staff supported people to access healthcare agencies as necessary. Any recommendations made by external professionals were put into practice by staff. People received their medicines safely.

The building complied with gas and electrical safety standards. Areas to improve the building had been identified by the registered manager and provider. Agreement had been given for work to go ahead to improve the environment.

The service was managed well by an experienced registered manager. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice. The provider monitored the service to make sure it met people's needs safely and effectively.

We have made a recommendation about cleanliness at 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?

Requires Improvement

The service was not always safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

People lived in premises which were well maintained and free of hazards, to protect them from the risk of injury. However, we have made a recommendation about standards of cleanliness.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

Staff treated people with dignity and respect and protected their privacy.

People were supported by staff who engaged with them well and

took an interest in their well-being.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service to listen to people's views.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was not consistently well-led.

The provider monitored the service, to make sure people's needs were met safely and effectively.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

People were protected from the risks associated with poor record keeping.

Cotswold 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 checked 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 04 and 11 December 2015. The first day of the inspection was unannounced; the second day was announced.

The inspection was carried out by one inspector. 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 reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted five health and social care professionals, for example, the GP practice and the local authority commissioners of the service, to seek their views about people's care. We took into account information from other agencies, such as Healthwatch. We also contacted four people's relatives after the inspection, to ask them about standards of care at the service.

We spoke with the registered manager and three staff members. We checked some of the required records. These included two people's care plans, seven people's medicines records, three staff recruitment files and staff training and development files.

People living at the service were unable to tell us about their experiences of care, due to their learning disabilities. 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.

Requires Improvement

Is the service safe?

Our findings

People were kept safe at the service. We observed staff guided people away from potential risks in the kitchen at meal times, for example, the kettle. Doors to rooms where people may come into contact with harmful substances, such as the laundry room and medicines storage room, were kept closed when not in use.

People were safeguarded from the risk of abuse. There were safeguarding procedures to guide staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Records showed staff had taken appropriate and timely action when they had concerns and had followed correct procedures. Staff we spoke with during the course of the inspection told us they did not have any concerns about how people were cared for at the home. They said they would not hesitate to report any issues, if they arose.

The home had systems in place to reduce the likelihood of injury or harm to people. Risk assessments had been written for a range of situations. These included people's likelihood of developing pressure damage, use of bed rails, bathing and travelling. We noted there was no moving and handling risk assessment in the care plan for one person who required a hoist to help them reposition. Whilst we saw two staff supported the person when they needed to move, staff did not have written guidance to ensure they always followed safe and consistent practice. We spoke with the registered manager about this. They said they had prepared a draft risk assessment but they were waiting until after a physiotherapist visited in the new year, to advise on how to support this person safely. We advised the registered manager to put the moving and handling risk assessment in place, which could be amended, if required, following the physiotherapist's visit.

People were cared for in a safe environment. The building had been well maintained. We saw current certificates to confirm the premises complied with gas and electrical safety standards. The registered manager and provider had identified areas where improvements needed to be made to the building. For example, one person's bedroom doorway required widening to ensure staff could safely manoeuvre a wheelchair. The registered manager told us approval had been given for work to proceed.

Equipment to assist people with moving had been serviced and was safe to use. Appropriate measures were in place to safeguard people from the risk of fire. Emergency evacuation plans had been written for each person. These outlined the support they would need to leave the premises. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately in emergencies.

We observed there were enough staff to support people. Staff met people's needs without rushing them. For example, people who needed to go out for the day were given sufficient time to enjoy their breakfast and get ready before their transport arrived. Staff told us they were given enough time to interact with the people they supported.

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. Shift planning records were used to ensure all essential tasks were completed and that people received

continuity of care.

People were protected from the risk of harm by the use of robust recruitment processes. The recruitment records we checked contained all required documents, such as a check for criminal convictions and written references. Staff only started work after all checks and clearances had been received back and were satisfactory. This helped ensure people were supported by staff with the right skills and attributes.

People's medicines were managed safely. No one at the home was able to manage their own medicines. Staff had access to procedures to provide guidance on safe medicines practice. Staff handling medicines had received training on safe practice. We saw medicines were kept and stored safely. Records were maintained of when staff had administered medicines, to ensure there was a proper audit trail.

There was a system in place for the reporting and recording of incidents and accidents. The Care Quality Commission had been appropriately informed of any reportable incidents as required under the Health and Social Care Act 2008. The registered manager took action where it was required to keep people safe. For example, referral to external agencies where one person had hit another.

There were systems in place to protect people from the risk of infection. For example, staff completed training to increase their awareness about good infection control practices. We saw staff had access to disposable gloves and aprons, which they used when they assisted people with personal care. There were arrangements for the safe disposable of clinical waste to ensure this was managed in accordance with environmental regulations. The home had achieved the highest level award for safe practice when last inspected by the Food Standards Agency.

We noted some parts of the building would benefit from deep cleaning. For example, there was fluff on some of the skirting boards, on the upstairs bathroom alarm chord and below some of the radiators. We also noted stains on the hallway carpet and on the laundry floor.

We recommend the service follow good practice guidance on the maintenance of standards of cleanliness.

Good

Is the service effective?

Our findings

We received positive feedback from health and social care professionals about how the home managed people's healthcare needs. One commented "I have found Cotswold Cottage to be offering an effective service in many respects e.g. assisting in the collection of data and hypotheses for guiding positive behaviour support plans as well as referring appropriately to the (team), attending relevant meetings."

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work, which covered areas of practice such as food hygiene, infection control, fire safety and safeguarding people from abuse.

People were cared for by staff who were encouraged to keep their skills and knowledge up to date. Staff completed all training considered mandatory by the provider, as part of their induction. There was then a programme of on-going staff training to refresh and update skills. Specialist training was also undertaken to ensure staff met people's individual needs. This included epilepsy awareness and enteral feeding, where people receive nutrition via a tube directly into the stomach or intestine. The provider supported staff to undertake courses to help with their professional development. For example, one member of staff was undertaking a level 5 diploma in management.

Staff received appropriate support for their roles. We saw records were kept of when staff had met with their line manager for supervision. Probationary assessments and annual appraisals were carried out to assess and monitor staff performance and development needs.

Staff told us communication was good at the home. We saw a range of communication systems were used. For example, staff maintained daily records of people's health and welfare. Staff meetings took place to discuss and improve practice, such as the role of the member of staff leading the shift.

People were allocated a keyworker. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date. There had been changes to people's keyworkers due to some staff leaving. One relative felt this had had an impact on the consistency of their family member's care.

People were supported with their nutrition and hydration needs. Care plans documented people's needs in relation to eating and drinking. Staff were following guidance from specialists such as the speech and language therapist regarding appropriate consistency of food and the management of meal times.

People were supported to keep healthy and well. Care plans identified any support people needed regarding healthcare. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people routinely attended appointments or received visits from GPs, district nurses and dentists, as examples.

The registered manager told us they had joined the patient-doctor group at the surgery used by people who

lived at Cotswold Cottage, to help improve people's experiences of accessing healthcare. They also told us about links the provider had made with learning disability specialist nurses at the local general hospital. They showed us a specially designed "Accident and emergency grab sheet" the nurses had provided in case people needed to be admitted under emergency circumstances. These forms provided opportunity for essential information about people's needs to be available to hospital staff, often at a time of crisis.

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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the home had made appropriate applications to the local authority regarding the front door being kept locked. At the time of our inspection, they were waiting to be informed of the outcome of these applications.

Good

Is the service caring?

Our findings

We received positive feedback from people. Comments included "The staff I have met with have always shown a caring and respectful stance towards the service users within this service." A relative told us their family member "Has been happy with the care that they have received and formed positive relationships with staff and other service users. When there have been changes in the home and in their life, they have been handled sensitively and professionally with health and safety as a priority." Another relative said "Some of the newer staff have the qualities that we like to see. They are willing and able and are determined to give the clients those extras that should be a right not an exception."

We observed staff were respectful towards people and treated them with dignity. People had been supported to look smart and wear co-ordinating clothes of their choice. Two people pointed out the fashionable Christmas jumpers they were wearing and smiled and laughed as they showed us.

People appeared happy and contented at the home. Each person had their own bedroom which had been personalised to reflect their interests and favourite things.

Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. Doors were closed when people were supported with personal care, to protect their privacy.

Staff knew people's individual communication skills, abilities and preferences. Staff involved people in making decisions. This included decisions about meals, going out into the community and attending Christmas events.

Families and people's next of kin were invited to care reviews to advocate about standards of care, on their behalf. We met an external advocate who was visiting the service for the first time. Advocates are people independent of the service who help people make decisions about their care and promote their rights. The visit was in response to the home requesting support for one person.

People could move freely around their home and could choose where to spend their time. The home was spacious and allowed people to spend time on their own if they wished.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. Staff were mindful not to discuss personal issues with us about people's circumstances, when there were others around who may hear.

People's visitors were free to see them as they wished. Staff recognised the importance of people's families. We saw one person had been supported by staff to attend a family funeral some distance away. This ensured the person had the opportunity to pay their respects.

Staff responded to people's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example, two people were supported to go to church.

People's independence was promoted by the staff team. We observed several people going out during the two days of our visit. This included people being supported on a one to one basis to go shopping or into town and people going out to day services.

Residents' meetings were held at the home. These provided opportunity for people to help choose the menus and to be informed about what was going on.

Good

Is the service responsive?

Our findings

People's support needs were assessed before they moved to the home. Information had been sought from relevant persons, such as the person (if able), their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

People's preferences for how they wished to be supported were noted in their care plans. People's preferences were respected wherever possible regarding the gender of staff who supported them. There were sections in care plans about supporting people with areas such as their health, dressing, washing, bathing and mobility. The registered manager and other staff were able to tell us about people's care needs and the level of support each person needed.

Care plans had been kept under review, to make sure they reflected people's current circumstances. Where necessary, health and social care professionals were involved. For example, psychology input was obtained where one person needed support in managing their behaviour.

People were supported to take part in activities. The home had acquired its own wheelchair-accessible vehicle. Staff told us this meant they could be more spontaneous in taking people out into the community. Recent outings included a local festival of lights and a Christmas fair. A Christmas party for staff, residents and their family and friends had been arranged to celebrate the festive season. The registered manager had been proactive in obtaining day care for people, to ensure they had opportunities for stimulation and development.

There were procedures for making compliments and complaints about the service. This was also available in an easy read format. We saw one recent complaint about cleanliness had been responded to appropriately. We also noted two letters of thanks and appreciation for the support given to a former resident. Relatives told us they knew how to make a complaint on behalf of their family member, if needed. One said "I am aware of what to do if there is a problem or I have a concern or complaint to make." They added staff at the provider head quarters were "Also proactive and supportive."

Verbal and written handovers took place to ensure important information was passed from one shift to the next. This helped to ensure action was taken where necessary to follow up, for example, any health concerns and monitor people's progress.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People's visitors were able to see them whenever they wished. We saw an engineer visited to assess setting up a wireless broadband connection for Cotswold Cottage. This was to help facilitate communication over the internet between people and their family and friends.

Good

Is the service well-led?

Our findings

The service had an experienced and skilled registered manager. We received positive feedback about how they managed the service. Comments included "Previously when I visited they were having problems with management and staff and I did some reviews with a 'stand in' manager who did not appear to know too much about the residents. However, now the usual manager is back and things are regularised. There also appears to be a more positive atmosphere about the whole home and this is reflected in the attitude of the staff and residents. The new manager is very hands on and proactive in looking after the welfare of the residents." Another person told us the home was a "Well run establishment." A relative commented "The manager continues to manage Cotswold very well in spite of the problems caused by a lack of good staff."

The registered manager carried out various themed audits of care practice such as on medicines practice, care documentation and safeguarding and safety. Information was also submitted to the provider each month about, for example, the number of complaints, whether any safeguarding referrals had been made and visits by external regulators. People were protected by the provider's monitoring systems. There were regular visits by senior staff external to the home, to assess the quality of people's care. We saw the provider had carried out a comprehensive quality audit in October this year. We saw recommended actions were being taken, for example, DoLS authorisations had been sent off in respect of the front door being locked.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. We observed staff and people who lived at the home were comfortable approaching the registered manager to ask for advice, pass on information or say hello. One relative told us "The home has an 'open door' approach for parents."

The provider had a statement about the vision and values it promoted. It included values such as choice, fulfilment, autonomy, privacy and social interaction. Whilst we saw staff incorporated these values in their care practice, there was no mention of the vision and values in the staff induction format. This meant new staff may not be introduced to these essential ways of treating people in a timely way.

The home had links with the local community, for example, day services, local shops, facilities and churches.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents/notifications and from these we were able to see appropriate actions had been taken.