

Dalskats Limited

Summer Cottage

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

Summer Cottage is registered to provide care and accommodation for two people, and at the time of the inspection there were two people living there. People living at Sunset Cottage are young adults who have a learning disability or autistic spectrum disorder.

This inspection took place on 20 June 2017 and was unannounced.

Summer Cottage is registered under the provider name of Dalskats limited, and operates under a brand name of "Home Orchard", along with three other local services. One of the other services is registered under a partnership, but remains under the brand name of Home Orchard. The three other services and Summer Cottage share some administrative facilities, records and management systems, and are all located within approximately 400 yards of each other. The services work closely together; staff work between the services by agreement and people living in each service mix socially and share some day activities. One of the services, Palace Farm, operates as a small holding with horses, sheep and growing vegetable crops.

The service has a registered manager. 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. The registered manager is also a director of the company.

Summer Cottage and Dalskats Limited had a clear ethos and philosophy which was shared among the staff and management team. Senior staff operated clear and effective oversight of the home. This helped ensure people received consistent care and staff received the support and guidance needed to enable them to carry out their role working with people in line with good practice.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns. Policies, procedures and information were available to help staff in raising any concerns, including in an easy read format. Staff were friendly and positive in their relationships with people, and we saw people seeking support and reassurance from staff during the inspection.

There were sufficient numbers of staff to meet people's needs and ensure they could lead a full and active life. People at the home were supported by one to one staffing levels throughout the day, which meant people could follow activities and lifestyles of their choice. Staff recruitment systems were robust, and ensured people were not cared for by staff who were unsuitable to be supporting people who may be vulnerable. Staff had the skills and support they needed to ensure people's care needs were met. Staff received training that helped them understand the experiences of people living at the service and how to support them. They also had training in core areas such as first aid and healthcare conditions such as epilepsy. Staff worked well as a team.

People's healthcare was promoted. The service worked with other agencies and professionals to ensure specialist support was provided when needed. This included specialist help to reduce people's anxiety regarding healthcare and 'hospital passports' to provide information for hospital staff about how to support the person in an unfamiliar environment. People's medicines were stored securely and people received their medicines as prescribed to promote their health.

People were supported to take risks to ensure they were able to have opportunities to live a full and active life. Risks to people from activities, support, their healthcare needs or the environment were identified and plans were put in place to minimise these risks.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005 and how it worked in practice to support people's rights and decision making. Where people lacked capacity to make an informed decision, staff acted in their best interests, and this was recorded. Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink, and to be involved in shopping for and preparing their own meals with staff support. Snacks and drinks were available, and people had free access to the kitchen to help themselves to drinks if they wished.

People were encouraged to have a say in how the service was run, and to make choices each day, for example about what activities they followed and what meals they ate. The service had a happy and welcoming atmosphere. People were treated with dignity and respect; their privacy was maintained and staff understood when people wanted to engage with them and when they wanted quiet time to themselves. People were encouraged to maintain positive relationships with people outside of the service. This included maintaining contacts with friends and family and celebrating people of importance to them.

Staff understood people's needs well, and ensured their care plans including personal aspirations were met. We saw staff reviewed these plans to reflect any changes and reflected upon strategies to ensure they were the most effective to support the person. We saw support that showed us the plans were being followed.

People took part in personalised activities that met their choices and interests. People mixed with other local services run by Dalskats Limited as well as the local community, and had opportunities to follow their interests and hobbies. Staff told us they were always looking for new experiences for people to try, for example a staff member was looking into canoeing facilities in the area.

The provider had systems in place to assess, monitor and improve the quality of care. This included gathering the views of people living at Summer Cottage about what was working well and what could be improved. Systems were in place to ensure complaints were responded to and investigated. Systems were in place to support people raise concerns, including regular contact with an advocacy service who supported people to complete questionnaires and attend meetings to air any views.

Records were well maintained and kept securely. The service had notified the Care Quality Commission (CQC) of incidents at the service as required by law.

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 were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines safely. Medicines were stored securely.

Risks to people from activities, support, their healthcare needs or the environment were identified and plans were put in place to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs and ensure they could lead a full and active life. Staff recruitment systems were robust, and ensured people were not cared for by staff who were unsuitable.

Summer Cottage provided a safe environment where risks to people had been assessed. Action plans were put in place to mitigate any risks.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and support they needed to ensure people's care needs were met. Staff worked well as a team.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005 and how it worked in practice to support people's rights and decision making.

Where people lacked capacity to make an informed decision, staff acted in their best interests, and this was recorded. Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink. People were involved in shopping and preparing their own meals.

The premises were reflective of the service's ethos – to enable

people to lead a full and active life in a homely and comfortable environment.

Is the service caring?

Good ●

The service was caring.

We saw staff were supportive, friendly and positive in their relationships supporting people.

The service had a happy and welcoming atmosphere. People were encouraged to have a say in how the service was run, and to make choices each day.

People were treated with dignity and respect. Privacy was maintained and staff understood when people wanted to engage with them and when they wanted quiet time to themselves.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs well, and ensured their care plans including personal aspirations were met.

People took part in personalised activities that met their choices and interests. People mixed with other local services as well as the local community.

Systems were in place to ensure complaints were responded to and investigated. Systems were in place to support people raise concerns.

Is the service well-led?

Good ●

The service was well-led.

Summer Cottage had a clear ethos and philosophy which was shared among the staff and management team.

The provider had systems in place to assess, monitor and improve the quality of care. This included gathering the views of people living at Summer Cottage about what was working well and what could be improved.

Records were well maintained and kept securely. The service had notified the Care Quality Commission (CQC) of incidents at the service as required by law

Summer 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 was 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 20 June 2017 and was unannounced.

The inspection was carried out by one adult social care inspector. People at the service were living with complex needs, including autistic spectrum disorders. For this reason we were not always directly able to ask people about their experiences, and one person refused to speak with us altogether. We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. Sofi is a specific way of observing care to help us understand the experiences people had of the care at the service.

Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider to give some key information about the service, what the service did well and improvements they planned to make.

On the inspection we looked at the support plans for both the people living at the service. We spoke one person living at the service (and the other person briefly), a member of care support staff and two joint heads of care and development who supported the service directly. We also spoke with a care consultant who supported the service, and the manager of the external advocacy team. We looked at other records in relation to the operation of the service, such as risk assessments, medicine records, policies and procedures and two staffing files. We looked around the building and garden, and one person showed us their bedroom.

Is the service safe?

Our findings

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. People living at Summer Cottage were not able to tell us if they felt safe, but we saw people responding well to staff, seeking them out for guidance and support. Staff had received training in safeguarding people, and people who lived at Summer Cottage had access to advocacy services and a regular advocacy meeting off site. This ensured they had access to independent people away from the home to raise any concerns or discuss aspects about their lives if they wished to do so. Information about external agencies to contact in case of a safeguarding concern was available in the service for staff reference. As both people living at Summer Cottage were female, the organisation ensured that only female staff worked there delivering personal care and support, which was in line with people's wishes.

Policies, procedures and specific assessments were made to support people with staying safe, for example we saw risk assessments in one person's support plan about their potential vulnerability from others when out in the community

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. For example, one person had a healthcare condition that meant they may experience seizures. The person had been regularly reviewed by a consultant, and had clear protocols in their support plan on how staff should support them, including when to seek emergency assistance. People were also supported to understand and reduce anxiety around their health, for example one person had been supported with some de-sensitisation around a bodily function which they had found anxiety provoking and distressing.

People were kept safe because the service identified potential risks and put in place support to reduce or mitigate risks to the person. Risk assessments were in place for activities people followed, including working with animals on the farm, managing their finances, and staff supporting them at times of high anxiety or distressed behaviours. One person had been identified as being at risk of choking due to the speed at which they ate their food. Staff ensured there was always a staff member at mealtimes with the person and plate guards were in use to help the person eat more easily. This person also took their medicine in jam, not because it was being concealed from them but because it made it easier for them to swallow.

Regular fire precaution checks were undertaken, including evacuation procedures. Assessments included the risk that one person might not want to leave their room. Staff had access to emergency contact numbers, and the service was situated within 400 yards of three other services operated under the brand name Home Orchard, so staff told us there was regular contact throughout the day with other services who could provide support in an emergency.

Risks presented by the building had been assessed and managed. Summer Cottage was single storey property in a residential area. The property had an attractive enclosed garden and a choice of living space, so people could choose to spend time together or apart if they wished. Each person had their own bedroom and bathroom, which had been subject to risk assessment. One person showed us their bedroom which

reflected their personal choices and interests. Assessments had been carried out to ensure people living at the home were safe in the environment for example using kitchen areas to prepare snacks and drinks with staff support. Summer Cottage was designed to reflect a comfortable and homely living environment.

There were enough staff to support people. Each person at Summer Cottage had one to one staffing during the day until 10pm. After 10pm there was one person sleeping in, with staff on call within 400 yards to assist in an emergency. This meant people had sufficient staff to support them to carry out activities of their choice either together or separately if they wanted. We saw there were two staff on duty supporting people on the day of our visit and this was reflected on the staff rota. Pictures of staff were on display in the home so people could see who was next on duty.

Robust systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who may potentially be vulnerable. We looked at two staff files in the administration office which showed us a full recruitment process had been followed, including disclosure and barring service (police) checks having been undertaken. Staff were chosen as much for their personal qualities, values and interests as for previous experience.

People received their medicines as prescribed, and there were policies and procedures in place to support staff to manage medicines safely. We discussed the management of medicines with a staff member. We looked at the medicines administration records of MAR. These were completed correctly, and showed people had received their medicines as prescribed to promote their health. Staff had received training in medicines administration. Policies were in place for homely remedies or over the counter products such as paracetamol or cough linctus. The systems for the administration of medicines were audited regularly and any errors in recording or administration were identified, collated and action plans drawn up, for example support to retrain the staff member concerned.

Risks from potential infections were identified and managed well. Staff had access to information about how to reduce the risk of cross infection and had cleaning materials, aprons and gloves to help them maintain a clean and infection free environment. One person had recently suffered ill health as the result of taking antibiotics. Staff had managed this well and contained any risk of cross infection.

Is the service effective?

Our findings

People living at Summer Cottage were supported by skilled staff who knew them well and could meet their needs. Staff understood how both individuals wanted their support delivered, and had received training to enable them to meet people's needs. This had included the organisation working with specialist behavioural support teams to identify positive strategies to support people living at the home. Training had included bespoke and specialised training on autism which staff had found particularly interesting and had influenced the way people's needs and experiences were understood. A staff member we spoke with told us they felt confident they had received sufficient training to help them support people.

Staff training needs in the organisation had been mapped against the Care Certificate standards, which is a national award recognising core training needs for care staff. Training records were held on computer in the central office, ensuring updates needed were identified quickly. Certificates of achievement were kept in staff files. Training was provided through online resources or face to face. It had included breakaway and de-escalation training, which ensured staff understood how to reduce people's anxiety and avoid any physical confrontation. It also included training specific to people's needs, such as epilepsy or person centred planning.

Staff received the support they needed to carry out their role. The organisation had systems in place for staff supervision and appraisal, which were tailored to each staff member's individual needs at that time. Staff we spoke with told us the organisation worked well to support them – there was good team work and senior staff were always available for advice and support.

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. Staff had a good understanding of the MCA in practice and had received training in the principles of the Act.

At Summer Cottage we found people were involved in making decisions about their day to day lives where they had the capacity to do so. Staff understood people benefitted from clearly spoken communication and time to process any information before responding, to ensure they had sufficient information to make a choice. Some communication tools such as photographs and signs were in use in support plans, including for example for one person a photographic diary and activity programme. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff understood the need to follow the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had as a group made decisions in the best interests of the person. For example one person became very distressed before a blood test, which was considered essential to their health. The person was assessed and found not to have the capacity to make the decision or understand the implications of not having the test. The issue was discussed with the person's family and GP, and the person was prescribed a small amount of medicine to reduce their anxiety in their best interests.

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. We saw that appropriate applications had been made to local authorities to deprive people of their liberty for both people living at the service. Information was available in easy read formats to help people's understanding about this process.

People were supported to have sufficient to eat, drink and to maintain a balanced diet, and no-one was identified as being at risk of poor nutrition at Summer Cottage. The home had a domestic kitchen and dining room, and people were involved in choosing and preparing their own meals and eating as a group with staff. On the day of the inspection people went out to do shopping for the evening meal. Snacks and fruit were available, and people had access to the fridge and could make themselves drinks if they wanted. As people had one to one staffing they could do this at any time. Staff told us they were proud of the food served to people and of how the providers had a clear commitment to high quality meals and fresh produce being available at all times. This included fresh produce from the farm associated with Home Orchard. People's weights were measured regularly, and where people needed support to manage their weight this was provided. Picture cards could be used to help people make menu choices and assist with shopping.

People received good healthcare support, and the service had built positive working relationships with other professionals such as GPs. People living at the home had hospital and communication passports which detailed their health needs and support they might require to reduce anxiety and promote good communication in case of a need to attend hospital. We heard about how the service had worked with specialist support teams to help one person's understanding of medical care to help reduce their anxiety. This had included them spending time at a local GP surgery becoming acclimatised to blood pressure recording and bandaging, as well as needles.

Summer Cottage is a single storey property set in a residential area of Chudleigh, and close to other services that make up the brand of Home Orchard. People living at the home had their own rooms and bathrooms, which they had personalised as they wished. There was shared communal space in a lounge and separate conservatory, which also acted as a dining room. There was also a small office/sleep in room for staff who were at the home overnight. The service had private enclosed gardens with a patio and seating areas to the rear of the home which were about to be replanted as people had requested. We were told this was an area where people lived to have barbeques and other social events. The environment was comfortable, clean and well presented. One person nodded when we asked if they liked their room and living at the home.

Is the service caring?

Our findings

People living at Summer Cottage were supported by staff who demonstrated genuine caring towards them, and a wish to support them to lead as full and active a life as possible. We saw people responding positively to staff, and staff told us how important it was to them that people 'had a voice' and a say in how they lived their life. Senior staff told us staff at the service 'went the extra mile' to support people, and had particularly done so when one person had been seriously physically ill. They told us they were proud of the work the staff team had carried out, and made sure staff understood how appreciated they were.

Throughout the inspection we saw staff supporting people in a person centred way. Staff knew people well, and knew what made them happy. One told us "When you work with people for such a long while you get really close". Staff spoke positively about people, about their aspirations and the personal qualities they had, rather than just focussing on needs and areas where they needed support or presented challenges.

Staff worked to provide a sense of community and establish positive relationships for people, both within the service and the wider community. Where people had existing relationships these were valued and respected. Staff told us about how the service had supported a person living at Summer Cottage who had been close to a person living in another service who had died. To commemorate the person's life they had released balloons with messages on and held their own ceremony as a celebration of the person's life. A photograph of the person was on display in the home, to remind people of their life, and staff told us the person really treasured this. The caring approach had also extended to staff who had supported the person in their final illness. Staff were all spoken to individually at home before they came into work to let them know the person had died. This demonstrated respect for the positive impact that the person had had on staff. Summer Cottage also had a house cat, who we saw people enjoyed interacting with.

People were encouraged to maintain contact with friends and family, although one person needed support before any visits happened as this had the potential to raise their anxiety levels. One person kept in touch with family with a tablet computer and emails. This enabled them to share details of the things they had been doing and places they had been. We also heard an open day was planned for the service to allow families to meet each other and see what happens at the home and the lives people experienced. It was planned that this would be a fun garden party for everyone. One person from Summer Cottage attended a local church with two people from other Home Orchard services.

People were treated with respect, and their views were listened to, for example with replanting in the garden. Advocacy arrangements were in place for people living at the home, including an off-site meeting, led by an advocacy organisation, where people could discuss any concerns they may have or changes they would like to see. People living at Summer Cottage were very much at the centre of the home. Staff guided and suggested activity opportunities but people themselves chose what they wanted to do. Staff were respectful that this was people's home. We saw them respecting people's property and decorative choices. People were able to maintain their privacy with locks on their bedroom doors, although staff had a master key in case of emergencies. Privacy was maintained and staff understood when people wanted to engage with them and when they wanted quiet time to themselves.

Staff told us they understood how it was important for people to remain as independent as possible. People were encouraged and supported to be involved in the life of the service, including keeping their rooms clean and tidy, doing personal laundry and helping prepare meals. Staff were positive about finding new opportunities for people and supporting them to have new experiences.

A regular newsletter helped keep people and their relatives up to date with changes to the service as well as what individual people were doing. This helped to foster a sense of community across all the linked services. Information was available for people in easy read formats where they wanted this, for example about how to raise concerns. Staff told us they would discuss anything verbally with people to re-enforce this if needed.

Is the service responsive?

Our findings

People living at Summer Cottage received individualised and planned care and support. This was based on an assessment and knowledge of their needs, wishes and aspirations, which had been incorporated in a plan for their care. People or their supporters/advocates had been involved where they wished to be in drawing up their support plans, and had signed them to show they agreed with them. Plans had been regularly reviewed and updated to reflect any changes.

We looked at the support plans and review documents for both people living at the home. Plans were 'person centred', and included assessments of risk and of any support the individual person needed at times of increased anxiety or distress. Plans also contained detailed information about their specific support needs, personal preferences, preferred routines, personalities, and strengths. The plans were comprehensive and showed us all areas of people's needs had been considered and planned for, including people's needs with regards to family contact, activities and social needs.

Staff had a clear understanding of potential triggers for anxiety related behaviours for each person and could tell us how they supported the person to de-escalate their anxiety. This had led to people having more positive outcomes and a reduction in their experience of distressed behaviour. Staff reflected on the support given to people after any incidents to ensure they were supported consistently and in the way that worked best for the person.

People's support plans contained a health action plan, and a quick reference support plan, with condensed information for use by staff unfamiliar with the person. We saw plans being followed in practice. For example we saw staff communicating with a person who was unhappy at having a new person in their house. We saw this was done in accordance with their support plan, and was aimed at reducing the person's anxiety.

People were supported to have an active life and follow activities of their choice. People's chosen activities were detailed on an individual programme for the week, including pictures and photographs to support their understanding. People living at Summer Cottage both had one to one staffing levels which ensured they were able to follow activities or make changes to the plans at short notice if they wanted to. One person who lived at Summer Cottage enjoyed sports, such as badminton, swimming and swing ball. We saw there was a swing ball set in the garden for their use. People also took part in varied activities of their choice such as carriage riding, a walking group, attending local nightclubs, and shopping. Staff were enthusiastically exploring additional activities such as canoeing that people might enjoy. Some activities could be carried out with other services, for example taking part in activities on the farm. These included animal care and collecting eggs.

The home had received no formal complaints or concerns since the last inspection. An easy read complaints process was available for people to use but staff told us they were confident people would feel confident to raise anything they were not happy about.

Is the service well-led?

Our findings

Summer Cottage was well led. The service's website said they wanted people to be able "to access a fulfilling outdoor life", based on a framework of rights, independence, choice, dignity and fulfilment. We saw the management team led by example, with clear values, positive and visible leadership, and a clear management structure. This helped ensure the service's ethos was well developed and shared across the staff and management teams throughout the organisation. Staff we met were enthusiastic and positive about the home and the people living there. They told us the service very much had "people at its heart".

The home's PIR told us "Managers are available at all times and at short notice to give support to staff members and people who use the service and their families. Regular staff meetings and monthly staff forums are held to address performance issues and to ensure lines of communication are open within the service. At staff meetings and forums updates to policies, procedures, guidelines and legislation is communicated." Staff confirmed this was the case, that they received good management support and oversight and communication.

People received high quality care because the provider had put in place systems to monitor, assess and improve the quality of services provided. These systems were in use across all services operated by Dalskats limited and Home Orchard. Regular audits and spot checks were carried out by the management team, including for care planning and risks. Where errors had been identified, for example with medicines recording or administration, action plans were put in place to address these. People were encouraged to give their views about how well the service was working and what could be improved. This was achieved through the use of an external advocacy service who supported people to give feedback through questionnaires and at regular meetings held off site to encourage people to speak freely. Families, supporters and others such as visiting professionals were able to give their views about the operation of the home, via questionnaires sent out each year. These were analysed and any actions or improvements taken were actioned. The results of the feedback was published on the service's website, including an easy read version and action plans setting out the improvements the home intended to make.

The management team had contacts with other local and national services for advice on good practice such as the Association for Real Change. A care consultant was employed three days a week to ensure good practice, carry out audits and ensure management systems were up to date. The service management told us they updated their care practice by reading journals and the care press, attending local good practice forums, and using a specialist legal service for management advice and support, for example with employment law.

Records and information management systems we saw were well maintained, which helped ensure staff had access to up to date guidance to follow. Policies and procedures were available for staff reference and were updated regularly. Summer Cottage had a small office where records could be maintained securely. Records were maintained in hard copy in the home and on computer in the administrative office, situated about 400 yards from the service. These were password protected to maintain confidentiality. Backup copies were also held in the administrative office, along with some centralised management records. Hard

copy records were maintained securely and destroyed when no longer needed. The home had safe facilities for the destruction of records.

Notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.