

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 

Overall summary

This was an announced inspection carried out on 8 October 2015. This was the first inspection we had completed since the service was first registered on 2 February 2014.

The Cottage Specialist Residential Service can provide accommodation and care for up to four people who have a learning disability. There were three people living in the service at the time of our inspection.

There was 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.

Summary of findings

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were helped to promote their wellbeing and to avoid having accidents. Medicines were safely managed, there were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way including helping them to eat and drink enough. People had received all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order

to keep them safe. In relation to this, the registered manager had consulted with the relevant local authorities to ensure that people only received lawful care and that their rights were protected.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who had special communication needs or who could become distressed. People had been consulted about the care they wanted to receive and they were supported to celebrate their individuality. Staff had supported people to pursue their interests and hobbies and there was a system for resolving complaints.

Regular quality checks had been completed and people had been consulted about the development of the service. The service was run in an open and inclusive way and people had benefited from staff receiving good practice guidance.

Summary of findings

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to promote their good health, to stay safe by managing risks to their wellbeing and to use medicines safely.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

Good



Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

People were helped to eat and drink enough to stay well and they had received all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to celebrate their individuality and to pursue their hobbies and interests.

There was a system to resolve complaints or concerns.

Good



Is the service well-led?

The service was well led.

Quality checks had been regularly completed to ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Good



Summary of findings

There was a registered manager and staff were well supported. People had benefited from staff receiving good practice guidance.	
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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 were 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.

Before our inspection we reviewed the information we held about the service. This included the notifications of incidents that the registered persons had sent us since the last inspection.

We visited the service on 8 October 2015. We gave the registered persons a short period of notice before we called

to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spoke with all of the people who lived in the service. We also spoke with two care workers, the service lead (or deputy manager) and the registered manager. We observed care that was provided in communal areas and looked at the care records for each of the three people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety.

After the inspection visit we spoke by telephone with three relatives and with one health and social care professional. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Is the service safe?

Our findings

People showed us that they felt safe living in the service. We saw that people were happy to seek the company of staff and were relaxed when staff were present. For example, we saw a person pointing towards a nearby member of staff, smiling and moving closer to them. Another person pointed to a member of staff and said, “Not bad, actually I’m joking they’re all good.” All of the relatives said that they were confident that their family members were safe in the service.

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that since the service was first registered the registered manager had acted appropriately to raise two concerns about the safety of two of the people who lived in the service. This had resulted in action being taken to help prevent the same things from happening again so that the people were kept safe.

Staff had identified possible risks to each person’s safety and had taken positive action to promote their wellbeing. For example, a person had been helped to only use grooming products that were appropriate for their skin type. Another example involved a person being helped to use an alternative to conventional cigarettes that was less harmful to their health. In addition, staff had taken action to reduce the risk of people having accidents. For example, safety glass that would not splinter had been installed throughout the service. This reduced the risk of people being injured. Another example involved staff ensuring that people securely fastened their seat belts

when travelling in a vehicle. In addition, each person had a written personal emergency evacuation plan and staff knew how best to assist them should they need to quickly leave the building.

Records showed that no significant accidents or near misses had occurred since the service was registered. There was a system to ensure that any accidents or near misses that did happen would be analysed so that steps could be taken to help prevent them taking place again.

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

The registered manager had established how many staff were needed to meet people’s care needs. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the practical assistance and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service indicated that there were enough staff on duty to meet their needs. For example, we noted that each person was pleased to receive the individual assistance that they needed at the same time as each other. This was possible because there were enough members of staff available to respond to their individual requests. A person said, “The staff are pretty good and are always around”.

Records showed and staff confirmed that the registered persons had completed background checks for new staff before they had been appointed. These included checks with the Disclosure and Barring Service to show that staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

Staff had regularly met with someone senior to review their work and to plan for their professional development. We saw that staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who have a learning disability and who have complex needs for care. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. Staff confirmed that they had received comprehensive training and we saw that they had the knowledge and skills they needed. For example, we saw that staff knew how to effectively support people who had special needs to organise their day to follow a particular routine. A relative said, "I'm sure that the staff know my family member as well as anyone does and I can tell that they're on the ball with the care they provide."

People said and showed us that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had people's best interests at heart. For example, when we asked about their relationships with staff a person who had special communication needs gave a thumbs-up sign and said, "Okay with staff."

People were provided with enough to eat and drink. Staff were keeping records of how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. People were offered the opportunity to have their body weight checked to identify any significant changes that might need to be referred to a healthcare professional. We noted that the registered manager had consulted with healthcare professionals to develop special arrangements to help a person to lose some weight. Records showed that previous arrangements had not always successfully provided the person with all of the support they needed. The new plan involved staff providing advice about how to follow a healthy diet and then gently encouraging the person to effectively manage their weight.

We noted that one person prepared their own meals. Staff had consulted with the other two people about the meals they wanted to have and records showed us that they were provided with a choice of meals that reflected their preferences. We saw that staff supported people to be as involved as possible in all stages of preparing meals from shopping, cooking, laying the table and clearing away afterwards. This helped to engage people in taking care of themselves and in addition it contributed to catering being enjoyed as a shared activity.

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health.

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make important decisions for themselves. These decisions include things such as managing finances, receiving significant medical treatment and deciding where they want to live. We saw examples of staff having assisted people to make decisions for themselves. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests.

In addition, the registered manager knew about the Deprivation of Liberty Safeguards. We noted that they had sought the necessary permissions from the local authority and so were only using lawful restrictions that protected people's rights.

Is the service caring?

Our findings

People who lived in the service were positive about the quality of care they received. A person said, “I get on okay with staff, I tell them I don’t like them but I do really. Well most of the time.” A relative said, “Absolutely the best indicator is that my family member never shows any concern about going back to the service after they’ve been out with us.”

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive interactions that promoted people’s wellbeing. For example, we noted that one person needed to be supported in a particular way so that they would enjoy going out into the local community. This involved staff keeping to a particular time to leave the service that had been agreed with the person and in them explaining the destination of the trip.

Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. For example, during the course of our inspection a person indicated that they wanted to spend time with a member of staff who was busy doing something else. We noted that the member of staff concerned stopped, gave the person the individual attention they had requested and in the end arranged for a colleague to complete their original task.

The service had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. Although it had not been necessary to use them, there were arrangements to quickly access an advocate if someone did not have family or friends to help them make their voice heard.

Staff recognised the importance of not intruding into people’s private space. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas with private bathrooms which meant that people could relax and enjoy their own company if they did not want to use the communal areas. A person pointed in the direction of their bedroom, smiled and said, “My room is mine and I have it how I like it.” Staff had supported people to personalise their rooms. For example, one of the rooms we were invited to see reflected the person’s interests in cars and computers.

Bedroom, bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas and waited for permission before entering. We noted that when a person indicated that they preferred not to invite our inspector to visit them in their room, staff respected their request and did not attempt to encourage them to change their mind.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. When necessary, staff had assisted people to visit members of their families and to keep in touch with them by sending birthday and Christmas cards.

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. For example, we observed that staff did not discuss information relating to any of the people who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

Staff had consulted with people about the daily care they wanted to receive and had recorded this process in their individual care plans. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose clothes they wanted to wear when they went out into the community. A member of staff described what the weather was like and this helped to ensure that the person chose clothes that were warm enough.

People showed us that staff had provided them with all of the practical everyday assistance they needed. This included supporting people to be as independent as possible in relation to a wide range of everyday tasks such as washing and dressing, organising personal laundry and managing money.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using gestures to add meaning to the short sentences they preferred to use. For example, we observed how staff knew how to respond to a person who expressed that they wanted to have a hot drink by saying they were thirsty, gesturing towards the kitchen and by moving their hands as if to hold a cup.

In addition, staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the presence

of our inspector in the service. They responded to this by reminding them why our inspector was present and by reassuring them that they could move to a quieter area of the accommodation to spend some time on their own.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. For example, a person had been supported to have their hair styled in a way that respected their cultural heritage. In addition, arrangements could be made to meet people's spiritual needs including supporting them to attend religious ceremonies.

Staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included visiting places of interest and attending social functions. In addition, people had been enabled to attend special events. For example, a person who had a particular interest in cars had been accompanied by staff to various national car shows.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. People had been given a user-friendly complaints procedure. The procedure said that they had a right to make a complaint and explained how they could raise an issue. The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints since the service was registered. A relative said, "I've never had to come close to complaining because it's not really that sort of place. If I do have concerns the staff treat them seriously and there's a discussion between us about what needs to be done".

Is the service well-led?

Our findings

The registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed and that people were correctly supported to manage their money. In addition, checks were being made of the accommodation and included making sure that the fire safety equipment remained in good working order. However, one set of checks had not been robust and had resulted in us not being told about a particular development in the service. Although the mistake had not resulted in any one experiencing direct harm, the registered manager accepted that the matter required immediate attention. They described the action they intended to take and this provided us with suitable reassurance that the mistake would not happen again.

The registered persons had identified the need to have a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

People who lived in the service showed us that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible destinations for trips out so that people could choose where to go. In addition, people were invited to complete a quality questionnaire in order to give feedback on their home. For example, we noted that a person had asked for a larger shower enclosure to be provided in their private bathroom. The registered manager said that the request had been noted and that plans were being made to secure the finances to enable the building work to be completed.

Records showed that staff had kept in touch with relatives and health and social care professionals to let them know about developments in the service and to ask for their suggestions. A relative said, "I appreciate the way staff keep in touch with me about how things are going. I want to know how my family member is doing and more generally about changes such as new staff joining the service".

People showed us that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a detailed knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and records confirmed that there were handover meetings at the beginning and end of each shift when they reviewed each person's care. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff receiving good practice guidance. An example of this involved staff consulting closely with healthcare professionals who specialise in promoting good standards of hygiene. The guidance which staff had received had promoted their ability to follow infection control practices that reduced the risk of people acquiring avoidable infections.