

# Mr & Mrs J Dobbin S Dobbin and Ms S Dobbin

# Loreto 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

We inspected the service on 3 January 2018. The inspection was unannounced.

Loreto Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Loreto Cottage accommodates 15 people living learning disabilities and or an autistic spectrum disorder. On the day of our inspection 13 people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Since our last inspection there had been a change to the registered manager. The previous registered manager had de-registered and was the home manager who had day to day responsibility for the service. A new registered manager was in place who was also the registered manager for the provider's second service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During the home's previous inspection in December 2016 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 and one breach of the Registration Regulations 2009. Following this inspection the registered provider was required to send us an action plan, to inform us of the action they would take to make the required improvements. We also identified further improvements were required in all the key areas we reviewed.

The breaches in regulation identified in 2016 were; Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was in relation to the way people were safeguarded from avoidable harm and abuse. Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered person had implemented some systems to assess and monitor and improve checks on quality and safety but these were not as effective as they should have been. Regulation 18 of the Registration Regulations 2009. The registered person had failed to notify the Care Quality Commission of incidents of abuse in relation to people using the service.

During this inspection we checked to see whether improvements had been made, we found the breaches in regulation had been met and all areas of the service had improved resulting in positive outcomes for people.

People received safe care and support. Staff had received safeguarding refresher training and had information and instruction of how to respond to any allegations or suspicions of abuse. Risks in relation to people's needs including the environment were assessed, planned for and monitored. Some improvements had been made to the environment that increased safety and supported people's needs. There were sufficient staff employed and deployed to support people. People received their prescribed medicines safely and these were managed appropriately. People lived in a clean, hygienic service and the registered manager agreed to review the prevention and control of infections policy and procedure guidance. Staff supported people effectively during periods of anxiety that affected their mood and behaviour. Accidents and incidents were reported, monitored and reviewed to consider the action required to reduce further reoccurrence.

People received an effective service because their needs were assessed and understood by staff. Staff received an appropriate induction, ongoing training and the frequency of formal supervision meetings had increased. People's dietary needs had been assessed and planned for and they received a choice of meals and drinks. Systems were in place to share relevant information with other organisations to ensure people's needs were known and understood. People were supported to access healthcare services and their health needs had been assessed and were monitored. Staff worked well with external health and social care professionals in managing people's health needs and outcomes. Improvements had been made to the signage around the service to support people with short term memory needs. People had choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care. Deprivation of Liberty Safeguards were in place for some people where required.

People were supported by staff who demonstrated a good understanding of their needs and were found to be caring and kind, showing empathy and compassionate in their approach. People's diverse needs were known and understood by staff, and they were encouraged as fully as possible to be involved in discussions and decisions about their care and support. People were provided with information about how they could access independent advocates. There were no restrictions of when people's relatives could visit them.

People received a responsive service that met their individual needs, routines and preferences. Improvements had been made to the information to support staff to understand and meet people's needs effectively. Social inclusion was promoted and people led active and fulfilling lives where they were supported with interests and hobbies. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People had access to the provider's complaint procedure that was provided in an appropriate format to support people's communication needs. Discussions had started with people and or their relatives where appropriate, about making plans for people's end of life wishes.

The service was well-led by an experienced registered manager. Improvements had been made to the systems and processes in place to check on quality and safety. Staff were positive about the improvements made and were clear about their role and responsibilities. People who used the service, relatives and others were invited to give feedback about 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?

Good ●

The service was safe..

Improvements had been made in how people were protected from abuse and avoidable harm.

Risks to people's health and safety, including the environment, were assessed. Staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff who had been recruited safely.

People received the support they required to ensure they took their prescribed medicines which were stored and managed safely. The service was clean and hygienic and a more detailed infection control policy was being developed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs.

People's mental capacity to make decisions was assessed. DoLS had been applied for when required.

People's nutritional needs had been assessed and planned for. People received a choice of meals and were support to eat and drink sufficiently.

Staff understood people's healthcare needs and their role in supporting them with these. Staff worked well with external healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff, who respected them as individuals who knew them well.

People and their relatives were involved as fully as possible discussions and decisions about their care and support.

Staff had developed positive relationships with people and respected their privacy and dignity.

People had independent advocacy information made available to them. People's communication and sensory needs had been assessed and planned for.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Improvements had been made to people's support plans. Staff had up to date and detailed information.

People were supported to lead active and fulfilling lives where social inclusion, interests and hobbies were encouraged and supported.

People had information made available about how to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Improvements had been made to all areas of the service. The staff team were clear about their role and responsibilities and confirmed improvements had been made.

The management team had developed an open and transparent culture. People and their relatives and others, received opportunities to share their views about the service.

Improvements in the systems in place to check on quality and safety were more effective and embedded.

# Loreto 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 was a comprehensive inspection that took place on 3 January 2018 and was unannounced. The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners of adult social care services (who fund the care package provided for people) and external health and social care professionals for their views about the service. We received feedback from a consultant clinical psychologist, a physiotherapist, a speech and language therapist, consultant nurse epilepsy and intellectual disability, learning disability community team manager and a community care officer.

On the day of the inspection we spoke with three people who used the service. We also used observation to help us understand people's experience of the care and support they received. During the inspection day we also contacted seven relatives via telephone, to ask for their views about the care and support their family member received.

During the inspection we spoke with the registered manager, home manager, two support workers and two agency staff. We also spoke with a visiting community nurse. We looked at all or parts of the care records of three people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes, policies and procedures and arrangements for managing complaints.

# Is the service safe?

## Our findings

During our inspection on the 7 and 9 December 2016 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the way safeguarding incidents were identified, investigated and acted on. During this inspection we found improvements had been made.

Prior to our inspection we were aware of safeguarding incidents that had occurred and the action taken by the registered manager to mitigate these risks. On the day of the inspection we reviewed records relating to safeguarding incidents at the service and found they had been appropriately investigated, reported to the relevant authorities and actions put in place to support people to reduce the risk of reoccurrence. In addition staff had received safeguarding refresher training and information was on display for people who used the service, visitors and staff about how to report any safeguarding concerns. Safeguarding policies and procedures were in place to guide practice.

People who used the service told us they felt safe at Loreto cottage. One person said, "Yes, I feel very safe." Relatives were equally positive their family member was cared for safely. One relative described how they would know if this was not the case, describing a change in their family member's behaviour would be an indication something was wrong. This relative added that their family member was always happy to return to Loreto Cottage after visiting them, which gave them reassurance they were happy and settled at the service.

People could be assured safe staff recruitment practices were followed. Staff told us about the checks that were completed before they commenced their role. From viewing staff files this confirmed what staff had told us. A criminal record check, proof of identity and reference checks had all been completed. This meant as far as possible, people were protected from staff who were unsuitable to provide care and support.

At our last inspection we identified there were issues with the risks associated with people's needs and that aspects of the environment required improving. At this inspection we found these improvements had been made.

People's care records confirmed any identified risks had been appropriately assessed and planned for. Staff had detailed information of the action required to manage risks effectively protecting people's safety. For example, risk assessments had been completed for skin care where people were identified at being at risk of pressure ulcers. Preventable measures were in place such as pressure relieving mattresses and cushions were available, and being used. Where required, people were repositioned and had their food and fluid intake monitored. Staff had been given NHS factsheets advising about pressure ulcer prevention and other health conditions such as diabetes as a method to raise their awareness and understanding. A visiting community nurse told us they were satisfied that staff were following their recommendations of how to safely manage a person's pressure ulcer care.

Staff were positive about the improvements made to information available to them to understand and

manage risks. One staff member said, "We now have clear, detailed information to support us and the changes to the environment is much better and supportive."

Since our last inspection action had been taken to improve the safety of the internal and external environment. This included a door into the garden being alarmed to alert staff if people had entered the garden independently. Whilst some people were safe to do this independently, other people required staff support to remain safe. Radiator covers were now in place for some radiators and where these were not, a risk assessment had been completed. Some internal alterations had been completed to widen doorways and to remove a step from a person's bedroom who had increased mobility needs. A summer house in the garden that was no longer used and posed a safety risk had been removed.

Some people had restrictions placed upon them such as requiring staff to support them to access the community for safety reasons. People told us they did not feel they had any undue restrictions placed upon them. If they required staff support to go out this was provided. Staff confirmed this to be correct. People had access to all parts of the service.

People were living in a safe environment where health and safety checks were completed on a regular basis to minimise any risks. These checks were completed on the internal and external environment of the premises, including equipment that was regularly serviced and fire safety. We found these checks were up to date and equipment seen was appropriate and in working order.

Improvements had been made to the information to support staff on how to manage people's anxiety that affected their mood and behaviour. We saw examples where the support from external healthcare professionals had been requested for staff to effectively manage periods of anxiety. For one person, transition had been identified as a trigger for an increase in their anxiety. We noted this person's behavioural support plan had been changed to reflect a different approach used by staff when the person left and returned to the service.

At the last inspection some concerns were identified about staffing levels. Staff were found to be task centred, this at times affected their availability to spend time with people. At this inspection we found improvements had been made.

Relatives were confident there were sufficient staff available to support people safely. All felt staff met people's needs in a timely manner. One relative said, "There's more than enough staff." Another relative said, "Even when I go unannounced, out of the blue everything is the same as it always is."

Staff told us there was an expectation that a member of staff was present at all times in communal areas. Our observation confirmed what we were told to be correct. We noted improvements had been made to the deployment of staff resulting in staff having time to spend more time with people. Staff were positive about staffing levels and raised no concerns.

Some people required additional staff support and on the day of our inspection we found staffing levels met the assessed needs of people. The staff roster also confirmed sufficient staff were employed and deployed appropriately. Agency staff were used to cover any short falls and agency staff spoken with, were positive about working at the service. One agency worker said they felt well supported and had noticed improvements in communication and team working. The registered manager told us staffing levels were flexible and changed to accommodate people's needs and any planned appointments or activities.

People received their prescribed medicines appropriately. People who used the service and relatives raised



no issues or concerns about how medicines were managed.

The home manager told us about the process for ordering, receiving and returning unused medicines to the pharmacy. They also advised of the audits and checks in place to monitor the management of medicines. These systems followed best practice guidance and were found to be up to date. We observed a person received their medicines appropriately. Staff records confirmed they had received appropriate medicines training. The registered provider had a medicine policy and procedure to support staff. Staff had been provided with the required information to safely administer people's medicines, including medicines given as and when required for pain relief or anxiety. We found medicines were stored and managed correctly, records confirmed people had received their prescribed medicines appropriately and a sample stock check of medicines were found to be correct.

People lived in an environment that was clean and hygienic. Staff were aware of the importance of infection control measures to reduce the risk of cross contamination and had received infection control training. Cleaning schedules demonstrated staff were completing cleaning tasks as required. We identified some cleaning tasks the home manager said staff completed was not documented on the cleaning schedules, the registered manager said they would update these records. Cleaning materials were stored safely, whilst staff had an infection and control policy and procedure in place this required a review to ensure it provided more detailed information and guidance. The registered manager agreed to review the infection and control policy.

## Is the service effective?

### Our findings

The registered manager told us they attended local authority care home forums and used the National Institute for Health and Care Excellence guidance, to keep their knowledge and awareness up to date. Where people had specific health conditions the registered manager had provided staff with NHS information factsheets to develop their awareness and knowledge to effectively support people. People's support plans had been reviewed to ensure staff had up to date information that was based on best practice guidance. Staff said information was easier to understand and follow.

People could be assured their diverse needs had been assessed and planned for to ensure they did not experience any discrimination; consideration had also been given of the protected characteristics under the Equality Act. People had a range of support plans that gave staff clear and up to date information of how to effectively support them with their needs and preferences.

Relatives were confident that staff understood their family member's needs well. One relative said, "They know [family member] well. They know what makes them tick." Another relative said, "The staff have the right skills" to help their family member "lead a normal life." Feedback from external professionals was also positive about how well staff knew and understood people's needs.

At our last inspection we identified staff did not receive regular formal opportunities to discuss their work, training and development needs. At this inspection we found improvements had been made and staff had received opportunities to meet with their line manager to discuss their work. Staff confirmed the frequency they had one to one meetings had increased; they said records were made of discussions and actions agreed. One staff member said, "Yes we have had more meetings to talk about our work, we talk about the residents and if we have any problems. I find it helpful and supportive." Records confirmed what we were told.

Staff were positive they received appropriate training that they said was helpful in understanding people's needs. Training records confirmed staff had attended training in moving and handling. We observed a person being supported with their mobility needs, they were supported by two staff and best practice guidance was used by staff to effectively and safely support the person. Training also included fire safety, food hygiene, first aid and epilepsy awareness. From viewing staff records we saw new staff received an induction when they commenced work, this included a period of shadowing more experienced staff.

People received sufficient to eat and drink. One person said about the food choices, "Yes, I like the chips here. We have sandwiches at lunch times." Another person said, "It's (food) alright." Relatives were positive their family member was supported with a choice of meals and healthy eating options were encouraged and provided. One relative said, "Very good food." Another relative said, "The food is very good and generous." A third relative said, "Excellent food."

We observed people's lunchtime experience. People received a variety of sandwiches that met their personal preferences. We also noted sandwiches were presented in different ways to suit people's individual

needs. Staff were seen to provide appropriate support and encouragement and were unrushed adding to a pleasant and relaxed atmosphere.

We saw a four week menu had been developed and staff said this was based on people's dietary needs, preferences, religious and cultural needs. Staff also told us the menu could be easily changed if people asked for alternative menu choices and a person who used the service confirmed this to be correct.

People's nutritional needs had been assessed and planned for and staff were found to be knowledgeable about these. Some people had been prescribed food supplements due to a lack of food intake affecting their health. We saw these were available and records confirmed they had been provided as prescribed. People had access to the kitchen and we saw people made themselves drinks, and snacks were easily accessible.

People's health needs had been assessed, planned for and monitored. People who used the service told us how staff supported them to attend health appointments. Relatives told us they were kept informed about any related health needs. External professionals were positive on how staff supported people with their health needs. One professional told us staff were knowledgeable about people's health needs. They told us staff were able to answer questions about people's treatment and treatment plans were followed. They went on to say staff made contact with their team if they had concerns or needed to alter clinic appointment, they told us staff always supported people to attend clinic appointments.

People had sufficient space and facilities to support their privacy. There was a choice of communal areas and a spacious garden. Some people showed us their bedrooms that were found to be appropriately furnished and reflected their individual needs and wishes. We identified at the last inspection people with short term memory needs, did not have signage to support them to orientate around the service. At this inspection we found improvements had been made, toilet signs were used on communal toilet doors and some people had their name and or photograph or picture on their bedroom door.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had not always been appropriately applied when decisions were made about people's care. At this inspection improvements had been made. We saw examples of MCA assessments and how best interest decisions had been made.

Throughout the inspection we observed staff gained people's consent before providing support. Staff used effective communication and listening skills and activity included people in discussions and decisions. Improvements had been made to how the MCA and DoLS had been applied, showing the registered manager understood their role and responsibilities in protecting people's freedom and liberty. Authorisations had been made appropriately to the supervisory body and those that had been granted had no conditions. This information was kept in people's care records to inform staff.

Some people experienced periods of high anxiety that could affect their mood and behaviour that required support from staff to manage this effectively. Staff had been provided with information about how to support people during these times. Physical intervention was not used and staff explained how they used diversional techniques as a method to effectively support people.

## Is the service caring?

### Our findings

At our last inspection we observed some positive interactions between people who used the service and staff; however people's dignity and respect was not consistently maintained. At this inspection we found improvements had been made.

People who used the service told us that they were happy at Loreto Cottage and that staff treated them well. One person said, "Its great here." Another person said, "They (staff) don't shout at me, just talk kindly."

Relatives were complimentary about the approach of staff. One relative said, "The staff are caring." Another staff member said, "The staff are all friendly and very welcoming." A third relative said, "It's their [family member]'s home and they come first."

Feedback from external professionals was very positive about the caring approach of staff. One professional said, "Staff are welcoming and informative, knowing their residents well. It is clear that the staff team care deeply for the residents, and are committed to them, often working on their days off to ensure that a resident is not left unaccompanied when in hospital for example." Another professional said, "I have observed lots of examples of positive interaction with people who use the service and staff during visits." A third professional said, "Generally my impression is that this is a caring family run home which provides a nice home for it's residents. Staff and managers there are dedicated to the residents."

Staff spoke fondly about the people who used the service and said how much they enjoyed their work. Staff demonstrated a good awareness of people's needs, routines, preferences and what was important to them. Staff told us they had developed close relationships with the people who lived at Loreto Cottage. This was evident in the exchanges of interactions we observed between people who used the service and staff. The registered manager told us one member of staff was a dignity champion. This meant that they promoted best practice within the staff team. Staff confirmed what we had been told and said how the dignity champion, would raise any issues in how to improve dignity in the care staff provided if required.

Staff were observed to speak with people in a jokey and familiar manner which was appropriate and people responded well to this approach. Relatives told us staff treated their family member as adults by offering them choices, respecting them and including them in decisions. One relative said, "They (staff) communicate with them as an adult, they've got a good rapour with them."

A relative told us how staff had supported their family member in a decline of their health and said, "When [family member] has been poorly, they've [staff] been just so really very caring." Another relative told us about a recent bereavement in their family and how the staff have made a plan about how they were going to support the person through the bereavement and subsequent funeral. The relative went on to state that they felt, "Very relieved about this."

We observed staff to be responsive and caring in their approach making sure people were comfortable and their needs met. For example, one person fell asleep in a sofa chair and a staff member covered them with a

blanket to add to their comfort. One person required continued one to one care due to their health care needs. This support was observed to be present and the staff member providing care and support, showed a kind and caring approach and manner, ensuring the person was comfortable at all times.

People who used the service and relatives told us how staff respected privacy and dignity. A person who used the service confirmed staff knocked on their door before entering. Another person told us staff supported them with her spiritual needs. This person attended a place of worship on a regular basis which was very important to them, staff were aware of this and respected and supported the person with their wishes.

We observed people were involved in discussions and decisions with their day to day needs and preferences. The home manager gave examples of how staff advocated on behalf of people's wishes. They said that whilst there was no formal meetings with people to discuss their care and support this was done more informally. Staff supervision meetings were used as a process to discuss and agree new activities or opportunities staff felt people would benefit from or they had identified through discussions with people.

At our last inspection people did not have access to independent advocacy service information. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There are different types of advocates. At this inspection we found appropriate advocacy information had been made available to people should they have required this support. An external professional gave an example of how the staff had supported a person to access an independent mental capacity advocate to support them in important health decisions.

Staff gave examples of how they respected people's privacy, dignity and respect. This included enabling and respecting people to have their own personal space when required and how they were sensitive and respectful when providing personal care and support. Staff also told us how they supported people to develop and maintain their independence. They said they encouraged and supported people with day to day domestic tasks around the house. Some people told us how they, with staff support cleaned their bedrooms, helped with the cleaning of communal rooms and assisted with cooking. We observed a person assisted with laying dining tables in preparation for the next meal.

People's information was stored securely. The registered manager told us about their confidentiality policy but said they did not have a policy that covered the Data Protection Act. The registered manager said they would introduce a policy and procedure with immediate effect, to ensure the way sensitive information was managed complied with the Data Protection Act.

Staff demonstrated an understanding of the importance of respecting confidentiality and this was respected by sharing information on needs to know basis and ensuring personal and sensitive information shared was treated with respect. Relatives told us there were no restrictions on visiting their family member and said staff were welcoming when they visited.

## Is the service responsive?

### Our findings

At our last inspection we found people's support plans lacked up to date information and detail to sufficiently inform staff of how to meet people's needs. The registered manager told us people's care files had been reviewed and updated, to ensure staff had the required information that gave clear instruction and guidance about people's needs. We found support plans had been reviewed and updated as explained to us. Information for staff was much better presented, up to date, informative and supportive. Staff were positive about the changes made to care records and said they found information was easier to find and understand. We saw an example of how a person had been involved in the review of their support plans, they had signed their support plans to demonstrate that they had been involved and agreed with how their support was to be provided.

People's support plans demonstrated how people's diverse needs, including their religious and cultural needs and preferences, had been considered and planned for. The registered manager said the service had a commitment in treating all people equally and without prejudice and discrimination.

Relatives gave good examples of how staff provided a responsive and personalised service. For example, a relative said that due to their family member's health condition, a new bed had been purchased to alleviate any health issues. Another relative spoke about how the staff were making plans and trying to encourage their family member to gain more independence in walking after a health set back.

The registered manager told us they were aware of their responsibilities in relation to, The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People had communication care plans to advise staff of their communication needs and we observed staff used effective communication and listening skills. The provider had ensured information was made available for people in an accessible format such as easy read to support people's communication and sensory needs. One person who had a hearing impairment showed us how they used a diary which outlined what their daily activities were. Staff had written in great detail about their activities such as taxi pick up times and other important information.

We observed people who were able to, were encouraged to keep as independent as possible. One person was able to go out independently and use public transport, whilst others used a taxi service. We noted that some people had different methods of opening their bedroom doors. Some had coded keypads and some, depending upon dexterity, had different types of keys.

Some people choose to show us their bedrooms. These were found to be personalised to the person's taste and reflected their interest and hobbies. We saw evidence of family photographs, posters of special interests. One person told us about their passion for a particular football team and said they held a season ticket and staff supported them to attend home matches. It was apparent people had a pride of their bedrooms and they took personal ownership for their belongings.

Social inclusion was very much promoted and people were supported to lead active lives and to participate

in activities of their choice that were important to them. One person told us about their two different voluntary work placements. Relatives were positive their family member received a variety of activities and opportunities. One relative said, "There's plenty going off!"

Two people received one to one external support with daily activities. Some people also attended a community day service where they participated in a variety of activities and spent time with friends. People also spent time visiting or participating in joint activities with the provider's other service situated nearby. This supported people to expand their friendship group and opportunities. Some people had been supported to have a holiday during 2017 and others enjoyed day visits out. External entertainers also visited the service and a aromatherapist. People told us about evening social clubs they attended in their local community and how they attended local pubs, coffee shops, shops and places of interest. We saw records that confirmed activities people had participated in that included activities such as, dancing, poetry, attending a social club, coffee shop, pubs, and meals out. Special occasions were celebrated such as birthdays and other important events.

People had access to the complaints procedure that was presented in an easy read format to support with communication needs. Relatives told us they had not had cause to make a complaint but felt confident to do so and was positive that the registered manager would act upon anything raised.

Staff were aware of their role and responsibility in responding to concerns and complaints. We reviewed the complaints log and found no complaints had been received since our last inspection.

We saw some examples that demonstrated end of life wishes had been discussed with people and or their relative where appropriate such as funeral plans. The registered manager said when a person was at the very end stage of their life, they would ensure end of life plans were in place that instructed and guided staff of important information of how to care for the person.



## Is the service well-led?

### Our findings

During our inspection on the 7 and 9 December 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had implemented some systems to assess and monitor and improve checks on quality and safety but these were not as effective as they should have been. Concerns were identified around sustainability. There were some systems and process that mitigated risks to the health and safety and welfare of people who used the service but these were not fully established. At this inspection we found systems in place to monitor quality and safety was fully implemented and working well.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements and promoted best practice.

As part of the registered provider's internal quality assurance checks, annual satisfaction surveys were sent to people who used the service, relatives, staff and professionals. The last survey was completed in November 2017 comments were received and the outcome was positive, with no action required.

During our inspection on the 7 and 9 December 2016 we identified a breach of Regulation 18 Registration Regulations 2009. The registered person had failed to notify the Care Quality Commission of incidents of abuse in relation to people using the service. At this inspection we found improvements had been made. Since our last inspection the registered provider had notified us appropriately of any suspected safeguarding concerns and incidents.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities. 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 service had submitted the notifications to the Care Quality Commission that they were required to do. Policies and procedures were in place that were based on best practice and reflected relevant legislation where required. The ratings for the last inspection were on display in the service.

The registered manager told us they used staff meetings, one to one supervision meetings and observations to assure themselves, staff were appropriately supported to provide effective care and support.

We found improvements in how the staff team worked since our last inspection. The staff team communicated more effectively, worked better as a team, were more organised and were clear about what was expected of them in relation to their role and responsibilities. Staff told us that they found the

management of the service to be open and approachable as well as providing them with direction when needed. One staff member said, "There's been improvements, we have regular staff meetings, we can share our ideas and are listened to."

Relatives were very happy with the communication between themselves and Loreto Cottage. They said that they were kept informed of any issues arising. Relatives said the management were open and friendly. There were no barriers to stop them from contacting the management team to discuss any issues or concerns.