

Community Integrated Care Glen 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

About the service

Glen Cottage is registered to provide accommodation and personal care for one person. The home is located in a residential area close to community facilities. At the time of the inspection there was one person living at Glen Cottage.

People's experience of using this service and what we found

The person had a stable staff team caring for them and this helped to ensure they were safe and secure. Medicines were administered safely by staff who had received training and had been assessed as competent. The service was overall visibly clean. Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns.

Care plans were holistic and detailed. Staff were, overall, suitably trained, well supported and had the necessary skills and knowledge to perform their roles and meet their responsibilities. Meal choices were provided, and the person was supported to eat a healthy and nutritious diet. The design and layout of the building was suitable but some of the internal décor and fixtures and fittings would benefit from being updated or replaced.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that the person lived as full a life as possible. They had maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff had developed caring and meaningful relationships with the person. Staff understood the importance of providing dignified care and of maintaining the person's independence.

The small and stable staff team knew the person well and this helped to ensure that they received person centred care that met their individual needs. Their communication needs were identified and planned for. Meaningful activities were provided, although not always well evidenced.

Feedback about the registered manager was positive. The registered manager was open and collaborative and worked in partnership with staff, local organisations and agencies to strengthen local relationships and improve care.

Rating at last inspection

The last rating for this service was 'Good' (May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Glen Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also responsible for managing another of the provider's local care homes.

Notice of inspection

The inspection was announced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had not been asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We instead discussed this information with the registered manager during the inspection.

During the inspection

Due to the complex nature of the needs of the person using the service, we were not able to seek their views about their care. We therefore spent time in the communal areas listening and watching how staff interacted with them.

We spoke with the registered manager and three care workers. We reviewed the person's care records and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

After the inspection

Following the inspection, we sought feedback from five health and social care professionals who worked closely with the home but received no responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Most risks had been assessed and planned for. Care records contained detailed moving and handling risk assessments and risk assessments relating to choking, falls, managing behaviour which might challenge and the risk of financial abuse. Whilst staff were clear about the actions they should take in the event of the person experiencing a seizure, there was no specific epilepsy care plan or risk assessment in place. We discussed this with the registered manager and this was immediately put in place.
- Where bed rails had been recommended as a safety measure, relevant risk assessments had been completed.
- Regular checks of the safety of the premises and equipment used for care took place. This included checks of fire safety and of the gas. A recent check of the safety of the electrical wiring had identified that some remedial works were required. The registered manager has now confirmed that these works are to take place later this month.
- The person continued to have a personal emergency evacuation plan and fire drills took place.

Staffing and recruitment

- There were enough staff available to support the person to stay safe and to meet their needs.
- The staff team was small and consistent, and this helped to provide good continuity of care.
- Commissioned care and support hours were monitored and reviewed to ensure these remained appropriate to the person's changing needs.
- No staff had been recruited since our last inspection, but the registered manager demonstrated an understanding of which checks were required to support safe recruitment.

Using medicines safely

- Medicines were managed safely and were only administered by staff who had received training and had been assessed as competent.
- Staff followed a safe process for the storage and disposal of medicines.
- The medicines administration records (MARs) contained all the information needed to support the safe administration of their medicines. These provided assurances that the person received their medicines as prescribed.

Learning lessons when things go wrong

- Overall staff understood their responsibility to raise concerns and report incidents, concerns or near misses.
- We did find one example where an incident of bruising had not been formally reported as an incident

which meant that the registered manager had not had the opportunity to review this. This is important to help ensure that all necessary remedial actions are taken and to ensure that they have oversight of potential risks within the service.

- Lessons were learnt and communicated to staff and more widely within the organisation to support improvements. For example, learning from recent inspections elsewhere within the organisation had identified the need for risk assessments to support the use of bed rails and for the need of a duty of candour policy.

Preventing and controlling infection

- During our inspection, we observed that the service was visibly clean throughout.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to keep the person safe from harm and abuse. They had received training in safeguarding people from harm and had a positive attitude to reporting concerns and about not tolerating poor care.
- Staff were confident that any concerns raised would be acted upon by the registered manager.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were skilled at observing the person's body language to determine whether they were consenting to the care or support being proposed.
- The registered manager and staff constantly reviewed the support provided to ensure this was being provided in the least restrictive way possible.
- Mental capacity assessments had been undertaken to ascertain whether the person could consent to managing finances, their care and support and to having their medicines administered by staff. Whilst there was some evidence of relevant persons being involved in the subsequent best interests' consultations, there was scope to more fully document this which we discussed with the registered manager.
- Staff recognised restrictions on the person's liberty and applications for these to be authorised had been submitted to the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Feedback from relatives was positive about the effectiveness of the care provided. One relative said, "This is the one [Care home] that you can show everyone else to show how it should be done".
- The person's needs had been assessed and these were reviewed regularly.
- The support plans contained an appropriate level of detail to support staff to deliver effective care and covered a range of needs, including, communication, mobility, nutrition, personal care and continence care.
- In line with guidance from the National Institute for Health and Care Excellence (NICE), the person had an

oral health assessment.

- A 'Read and Sign' file alerted staff to new policies and procedures or developments in health and social care practice. For example, one of the documents described changes to guidance on storing controlled drugs.

Staff support: induction, training, skills and experience

- No new staff had started to work at the service since our last inspection and so we did not review induction records.
- Staff completed a range of training which was relevant to their role and to the needs of the person using the service. This included, safeguarding people from harm, medicines management, first aid and moving and positioning.
- Overall completion rates for training were good. However, the provider was not able to demonstrate that two staff had undergone training in epilepsy. They have provided assurances that these staff would be placed on the next available course.
- Staff received regular support and supervision which considered their development.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were knowledgeable about the person's specific dietary needs and their personal preferences.
- We observed that staff offered the person a choice of foods and supported them in a person-centred manner to eat and drink.
- Staff devised the menu based on the person's known preferences and most nights the meal was freshly cooked and included healthy and nutritious options.

Adapting service, design, decoration to meet people's needs

- The design and layout of the home met the person's needs. The home was spacious and suitably adapted to ensure safety and to promote independence wherever possible.
- The provider did not own the premises and repairs to, and maintenance of, the structure of the property was the responsibility of the landlord. Records showed that these were mostly being completed in a timely manner.
- Staff had worked with healthcare professionals and relatives to ensure that any equipment needed to meet the person's care needs was provided in a timely way. For example, the person now had a new specialist chair.
- Some of the internal décor and fixtures and fittings would benefit from being updated or replaced. Staff were taking action to try and address this with the housing provider.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The person had access to a range of health care professionals such as GP's, community nurses, speech and language therapists, opticians and community learning disability professionals. For example, staff had recently worked with a community occupational therapist to review the person's moving and handling requirements and supported to person to attend NHS health checks.
- Staff clearly knew the person and their health care needs well and this helped to ensure that they received timely and appropriate healthcare support. For example, staff had worked effectively with community nursing teams to ensure that a pressure ulcer had healed quickly.
- The person had hospital and dental passports. These are designed to give healthcare staff personalised information about each person, helping them care for people more effectively.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke passionately and fondly about the person they supported. They had each developed a clear bond with the person and each brought something different to the relationship. For example, staff told us how it was evident that the person preferred one staff member to cook with them, a different one to provide sensory activities and another to take them out. One staff member told us, "There is nothing better than when you have a day when [Person] is giggling. We work hard on days she is out of sorts, we give her personal space. Every day is different. This is [Person's] home and I am a visitor here".
- A relative told us staff treated their family member with kindness. They told us, "They do more than she needs, they are her family".

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured that the person was involved in planning and making choices about their care. To support this, their support plans contained a decision-making profile which described which decisions the person could be involved in and those they needed help with.
- Staff spoke about how the person decided when to get up, what they would like to eat and which activities they took part in and we saw that this happened in practice.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain the person's privacy and dignity.
- It was evident that staff took care to ensure that the person they supported was well groomed.
- Staff showed respect for the person by addressing them using their preferred name and maintaining eye contact.
- Staff understood the importance of supporting the person to maintain their independence and shared examples with us which demonstrated how they encouraged this in practice. For example, the person was encouraged to hold their own cup so that they could control how fast they drank. One staff member told us, "The more she uses her hands the more she will maintain this. She can assist with dressing and so it's important not to rush it through, we need to let her have that time".
- The person was supported to maintain family relationships. Family were welcomed at the service and staff ensured that family were sent birthday and Christmas cards.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as 'Good'. At this inspection this key question had remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person's support plans remained person-centred and contained detailed information about their likes, dislikes, preferred daily routines and the things that made them happy.
- We observed that staff used their excellent understanding of the person's needs and communication methods to effectively provide individualised care and support. This included, for example, being aware of changes in body language or mood that might indicate the person might be in pain or wanted some quiet time for example.
- It was evident that the person was treated as an individual and despite their communication challenges staff worked hard to support them to make their choices and to have some control over their life.
- A relative told us, "They give [The person] exactly what they want, it's fantastic".
- Staff maintained both daily and monthly records which reflected on what had worked well and what had not been so effective in terms of the person's support over the period. This helped staff to identify any themes or trends that might require an adjustment in terms of how care was being delivered. This helped to ensure that the person's care remained relevant and responsive to their changing needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff continued to support the person to enjoy activities that were meaningful to them. Many of these had a sensory focus. For example, staff encouraged the person to get involved, as much as possible, in cooking and baking. This allowed them to have the sensory experience of smelling the different food items cooking. Staff took the person for drives to the beach where again, they would experience the different smells of the sea air. The person also particularly enjoyed trips out for ice-cream. Within the home they enjoyed sensory experiences such as foot spas and other beauty therapies and music therapy.
- At an annual review in November 2018 some new goals or aspirations had been agreed, however, there was limited evidence to demonstrate how these had been progressed over the last twelve months. We discussed this with the registered manager who advised that staff had for example, tried to find a suitable swimming venue for the person, but this had not been possible. The registered manager agreed that progress with goals or trying new experiences was something the service could better demonstrate. They were implementing a system to track this so that staff could clearly see what was working well and clearly had a beneficial impact on the person's quality of life.
- Technology was used to support the provision of responsive and timely care. For example, epilepsy monitors were used to alert staff that the person might be experiencing a seizure. A tablet and wireless speaker had been purchased by the person's family and enabled staff to play the person's preferred music from any location within the house.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person had a communication plan which described how they communicated and the techniques they used to express their wishes. Staff had a very good understanding of the person's communication techniques and vocalisations and this helped them to provide responsive care. For example, staff told us the person would tap their forehead if they were experiencing pain.

Improving care quality in response to complaints or concerns

- Information about how to complain was readily available within the service within an easy ready format.
- There had been no complaints since the last inspection.

End of life care and support

- Staff had ensured that the person had an end of life care plan. This had been developed with the involvement of the person's family to help ensure that it reflected as far as possible the person's character and known wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as 'Good'. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on their duty of candour responsibility

- The feedback about the registered manager was positive and demonstrated that relatives and health care professionals had confidence in their ability to lead the service and drive improvements where these were needed.
- Although they were not in the service every day, staff told us the registered manager was a good leader, approachable and available when they needed them. For example, one staff member said, "If I need clarification, I know I can go to [Registered manager]."
- A relative said, "[Registered manager] has been instrumental in keeping things together, everything is so well done, they [Staff] are such happy people".
- The registered manager was supported by the provider who had a range of systems in place to ensure the smooth operation of the home. The provider's regional manager undertook quarterly quality assurance audits which were detailed and included clear actions plans which were completed in a timely manner and helped to drive ongoing improvements within the service.
- The registered manager completed monthly self-assessments or checks of a range of areas, including medicines and health and safety, which was then reviewed by the regional manager to ensure required actions had been completed.
- Staff undertook a range of health and safety checks and infection control audits.

Planning and promoting person-centred, high-quality care and support with openness; Continuous learning and improving care

- It was clear that there was a strong focus on providing care that was centred on the needs of the person using the service. The staff team were longstanding, some had worked with the person for over twenty years, and clearly dedicated to caring and supporting the person in the best way possible. The desire to continue to improve the care provided was commented on by a relative who told us, "They [Staff] are always thinking how to improve things...[Person] has the best quality of life".
- The provider had a clear vision for providing high quality care and staff told us they valued and empowered by the organisation to achieve positive outcomes. For example, one staff member said, "I was blown away by the [Chief Executive Officer's] goals for the future, I felt I was really on board with his ideas, he is letting the government know there are good things going on in care, I feel he is in our corner, he has inspired me".
- The charity had recently been awarded 'Charity of the year' in recognition of its 'We Dare' strategy which aims to spotlight the difficulties faced within social care and to champion the care sector. The provider had

also introduced mental wellbeing counsellors for all staff in recognition of the emotional challenges of working within the sector.

- The staff team at Glen Cottage had recently won the 'We Dare' team award. They had been nominated for this by the registered manager in recognition of their dedication in overcoming challenges and their tireless support to help keep the person as independent as possible. One of the staff told us, "I felt chuffed getting the award, the recognition was fab".
- Throughout the inspection, the registered manager was transparent and collaborative and demonstrated a commitment to improve the service and to support organisational learning. Where our inspection noted areas which could be developed, they were responsive to our feedback and took prompt action to address these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- It was not possible to clearly seek the views of the person on the quality of their care due to their complex needs, although their relative was consulted.
- The provider had just undertaken an engagement survey with staff. 54% of staff had responded to this which was an increase of 40% upon the last survey in 2017. The views of the staff team reflected the organisational results in that the staff felt that they understood their roles, were motivated to perform their job and felt well supported by the registered manager.
- Staff told us morale and teamwork was good.
- Staff meetings were not held at the service due to its size, but all the staff we spoke with felt communication was good and that they could make suggestions about how the care provided could be improved. For example, one support worker told us, "It's a good team here, we all feel we can talk and discuss things. I feel like I have a voice here, that's really important".

Working in partnership with others

- The registered manager was open and collaborative and worked in partnership with local organisations and agencies to strengthen relationships to support good outcomes for the person. For example, staff had worked closely with the community learning disability team to reassess and plan for changes in the person's mobility. They attended forums with professionals to look at ways in which restrictions on people's lives can be limited to improve their quality of life.