The Fremantle Trust

Cotswold 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

This inspection took place on 7 and 8 March 2018. It was an unannounced visit to the service.

We previously inspected the service on 4 and 12 December 2015. The service was meeting the requirements of the regulations at that time and was rated 'Good' overall.

Cotswold 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. Eight people were living at the service at the time of our inspection. People had complex learning and physical disabilities.

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.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback about the service. A healthcare professional told us "From what I have observed and heard from the staff, they manage and cope well with complex patients such as tube fed patients, alongside having the appropriate tools to manage such patients…If staff have any queries then they do not hesitate to contact myself for advice or another dietetic assessment."

People were kept safe at the service. Robust recruitment procedures were used to make sure staff had the right skills to support people. Medicines were managed safely. Improvements had been made to standards of cleanliness at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received support to help them develop as workers and to meet the needs of the people they cared for. This included regular meetings with their managers and good training opportunities.

People's nutritional and healthcare needs were effectively met. Staff followed any guidance from community professionals to keep people healthy and well.

Staff were kind and caring towards people. They promoted people's independence and treated them with

dignity and respect.

People received person-centred care. Their needs were recorded in written care plans; these were kept up to date. People were supported to take part in social activities. There were procedures for making complaints and compliments about people's care.

The service was managed well. The provider carried out checks and audits of people's care to ensure it met their needs. Recent audits showed the service was performing well.

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 has improved from Requires Improvement to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Cotswold Cottage

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 8 March 2018 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted community professionals, for example, the local authority commissioners of the service and healthcare workers, to seek their views about people's care. We also contacted five people's relatives after the inspection, to ask them about standards of care at the service. We had only received one reply at the time of writing our report.

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

Some people were unable to tell us about their experiences of living at Cotswold Cottage because of their complex disabilities. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Cotswold Cottage provided a safe service to people. People were protected from the risk of abuse. Staff undertook training to be able to identify abuse and had procedures to follow if they were aware of or suspected any incidents.

People were protected from the risk of injury or harm during the delivery of their care. Detailed risk assessments had been written to identify any potential risks or hazards and to reduce these. These had been written for areas of practice such as supporting people with moving and handling, use of bed rails and epilepsy. Equipment to assist people with moving had been serviced and was safe to use.

Staff received training to ensure they followed safe practices when they supported people. This included first aid training, moving and handling and fire safety awareness. Updated courses were attended to keep these skills refreshed.

Checks were made to ensure the premises were safe. This included certificates to show the building complied with gas and electrical safety standards. Fire safety checks were also carried out routinely. These included fire drills and weekly checks of call points. Emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises.

Staffing levels had increased since the last inspection. We observed there were enough staff to support people and to access the community. People's needs were met in a timely way and busy times of the day were managed well. For example, the beginning of the day when several people went off to day services.

People were protected by the recruitment processes used at the home. Robust processes were undertaken to make sure people were only supported by staff with the right skills and attributes. The recruitment files we checked contained all required documents. For example, a check for criminal convictions, written references and proof of identity.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. Staff maintained appropriate records to show when medicines had been given to people. Medicines which required additional controls because of their potential for abuse (controlled drugs) were stored and recorded appropriately.

Accidents and incidents were recorded appropriately at the home. We read a sample of recent accident and incident reports. These showed staff had taken appropriate action in response to accidents to prevent recurrence.

The registered manager took action where staff had not provided safe care for people. For example, where errors or omissions had occurred. Disciplinary proceedings were used where necessary.

People were protected from the risk of infection. At the last inspection we made a recommendation to improve standards of cleanliness. On this occasion we saw the premises were kept clean and hygienic. Staff followed good infection control practices such as the use of disposable gloves and aprons when they supported people with personal care. There were appropriate arrangements for the disposal of clinical waste.

People were kept safe as the service kept abreast of national safety alerts and made improvements when things went wrong. For example, there was learning from investigations, such as when someone had not received the care they needed. Staffing rotas now identified a shift leader to co-ordinate each shift and ensure all care was carried out.

People's records were accessible for staff to refer to as needed. The records we looked at were accurate and had been kept up to date following changes to people's care needs.

Good

Is the service effective?

Our findings

People continued to receive effective care at Cotswold Cottage.

People's needs had been thoroughly assessed before they received support. This included assessment of their physical and mental health needs. Assessments took into account equality and diversity needs such as those which related to gender, sexuality, disability and culture.

People's care plans noted any support they needed with nutrition and hydration. Guidance from speech and language therapists and dietitians was followed. We received positive feedback from a healthcare professional about how the home managed people's nutritional needs. They told us "I have four patients… who require dietetic input and during my assessments of these patients, the staff always have the information I require at hand, whether that is food diaries or weight charts or information on bowels etc. From what I have observed and heard from the staff, they manage and cope well with complex patients such as tube fed patients, alongside having the appropriate tools to manage such patients e.g. Abbott nurse input (tube care specialist nurse). If staff have any queries then they do not hesitate to contact myself for advice or another dietetic assessment. Overall I have not come across any concerns with the care home and its staff."

People received their care from staff who had the appropriate skills and support. This included a structured induction which led to the nationally-recognised Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. There was regular supervision for staff to discuss with their managers how they worked and to look at their development needs. There were systems to assess staff performance such as probationary reviews for new staff and on-going development reviews.

Staff received training appropriate to the work they were expected to carry out. Staff told us there were good training opportunities at the service and they were encouraged to attend courses. One member of staff told us "I've done more training here than I did in eight years at my other place." Training included more in-depth courses such as Business and Technology Education Council (BTEC) awards. We saw the provider offered staff support to help them with training. For example, a learning and support colleague employed by the provider visited the home to meet with a member of staff to help them with their BTEC course.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily progress notes. Diaries accompanied people to day services, for either party to document any significant information. Staff worked together within the service and with external agencies to provide effective care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the service made appropriate referrals to the local authority where necessary. Any conditions were being complied with.

We saw evidence of the MCA being followed when it came to decision-making. Appropriate persons such as family members and healthcare professionals were consulted and their views taken into account. Records were kept for each decision.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these.

The design of the building took into account the needs of people with a range of disabilities. This ensured the layout and equipment provided supported people to remain independent. For example, doorways and corridors were wide enough to accommodate wheelchairs and bathrooms and bedrooms had enough space for manoeuvring hoists and other equipment. There was level flooring throughout the building and around the garden, to enable people to move around safely.

People and their families had been involved in decoration of their rooms. There were sufficient spaces for activities to take place and for people to see visitors, other than in their rooms. A summer house had been built in the garden towards the end of last year. This was nicely furnished and people had already shown an interest in using it.

Good

Is the service caring?

Our findings

Cotswold Cottage continued to provide a caring service to people.

People were treated with kindness, respect and compassion. Staff had got to know people well and what was important to them. This included their family members and what activities they liked.

We received positive feedback from people about the caring nature of staff. A healthcare professional told us "I must say the team has always been so dedicated to their residents." A relative said "Sometimes when there has been an issue it is handled with compassion." They added "Some of the new, young staff have been a delight. They are enthusiastic and caring."

We saw staff were respectful towards people and treated them with dignity. This included how they had supported people to dress for the day and the manner in which they spoke with people. People's privacy was protected when personal care was carried out by closing bedroom and bathroom doors. People's personal records were kept locked away so that only authorised persons could access confidential and sensitive information.

The service tried to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff had worked with speech and language therapists to look at different communication styles for people, although this had not been successful. Photographs were used to show which staff were on duty at the home. Pictures had been used in residents' meetings to explain things to people. The registered manager explained they intended to make more use of pictures at the home.

People were supported to be as independent as they could be. Risk assessments had been written to promote independence whilst keeping people safe. People went out during the time we were at the home. This included going to day services, going shopping and having a meal out.

Staff showed concern for people's well-being. For example, one person had showed distressed behaviours. Staff had considered many avenues to what may have caused this, including medical reasons such as pain. They had been instrumental in making sure potential causes of pain had been investigated, in an attempt to improve the person's well-being.

People's visitors were free to see them as they wished. One relative told us the service could make some improvements. They said "Sometimes visitors to Cotswold Cottage aren't made very welcome. There is nowhere to sit. Not all visitors are able to carry chairs from the kitchen and they can't sit on bean bags. A smile, an offer of a drink, a few words of welcome can make such a difference."

Some people had been supported by advocacy services in the past. Advocates are people independent of

the service who help people make decisions about their care and promote their rights. The registered manager told us advocacy services did not have anyone available to support people unless there was a specific issue. They were able to name a local service they would approach if this became needed.

Good

Is the service responsive?

Our findings

People continued to receive person-centred care which was responsive to their needs.

Care plans had been written for each person. These were detailed and included assessment of a wide range of support needs. These included people's mobility, communication, health, well-being and personal care needs. Important information was recorded, where appropriate, about any allergies and equipment people needed. For example, hoists and types of sling. Care plans included sections about supporting people with any religious or cultural needs. Information had been kept up to date as needs changed.

People's choices and individuality were respected. This included hairstyles, colour of hair dye and clothing. Care plans contained information about people's preferences to help ensure they received person-centred care.

None of the people being cared for at Cotswold Cottage required end of life care. The care plan format contained a section to record people's needs and wishes for end of life care, when required. The registered manager and deputy manager were booked to attend training about end of life care shortly after the inspection, to increase their skills. There was a specialist advisor within the organisation for staff to contact if they needed support with this area of practice.

People were supported to develop and maintain relationships with those who were important to them. For example, arrangements were being made to help people celebrate Mother's Day, by organising flowers. People also liked to attend a local club for adults with learning disabilities, where they could meet up with friends.

The service supported people to take part in social activities. This included attendance at day services, meals out, going shopping and watching favourite films on DVD. The home had its own transport which was adapted to accommodate people in wheelchairs. This enabled people to have flexibility over where and when they went out. The registered manager told us they intended to create a sensory area in the home. They were involving the speech and language therapist and had seen how one of the day services provided sensory support, to give them some ideas.

The service was responsive to people's individual needs. For example, the registered manager told us about one person who was new to the home. They were helping them get a day service placement. They had contacted the person's GP to look at the possibility of reducing the frequency of one of the medicines they took. This was because staff at the day service would not be permitted to administer medicines. A reduction in medicine was made after referral to a specialist. This meant staff at the home could manage the person's medicines themselves and the person could attend day services.

People's complaints were listened to and acted upon. There were procedures for making complaints and compliments. We looked at how two complaints had been handled. In each case a response had been given and an explanation. The home had also received several compliments about the standards of people's care.

Good

Is the service well-led?

Our findings

People received care in a service which was well-led. This enabled then to receive safe, effective and co-ordinated care.

A relative told us "I think that (name of registered manager) does a great job." They added "Some things she expects of her team doesn't always happen." They went on to say "I think Cotswold Cottage is a lovely home. It's a shame if little things let it down."

The service had clear visions and values. We saw people received person-centred care and were supported to be as independent as possible.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff spoke positively about the registered manager and the support they received. One member of staff told us "(Name of registered manager) listens to you. You can take ideas to her." The staff team worked well together and there were regular team meetings to discuss practice.

People accessed the community. The home had developed more links with the local community and raised the home's profile through the addition of the summer house. For example, there had been involvement from local businesses and parish councillors.

The home made use of technology to monitor and improve people's care. Seizure monitors were used to alert staff to when people were having a seizure, particularly at night. This reduced the amount of night time disturbance people experienced from staff needing to enter their room to check on them.

People's care was monitored to ensure it met their needs and that the service continually improved. This included visits from senior managers and audits of care. We saw themed audits had been carried out by the provider. These showed the home was performing well, with an average score of 96% compliance for the five most recent audits.

People's records were well maintained at the service. All records were located promptly. There was secure storage for personal and confidential records such as staff files. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

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

Staff communicated well at the service to ensure people's needs were met. This included handovers, message books and staff meetings. The service worked well with other organisations such as healthcare

professionals and day services, to ensure people received effective and continuous care.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement but had not had an occasion where the duty of candour requirements needed to be utilised.