Brandon Trust

The Cottage Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 20 and 22 January 2015 and was unannounced. The Cottage Care Home provides accommodation and personal care for four adults with a learning disability or an autistic spectrum condition. Both younger and older adults use the service. The four people living at the home had a range of support needs including help with communication, personal care, moving about and support if they became confused or anxious. Staff support was provided at the home at all times and people required the support of one or more staff when away from the home.

There was 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 and associated Regulations about how the service is run.

At the last inspection on 6 August 2014, we asked the provider to take action to make improvements to the way medicines were stored and recorded. This action has been completed.

Summary of findings

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The evidence was gathered prior to 1 April 2015 when the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in force.

Accurate records relating to medicines, risk assessments and evacuation plans were not available in some instances. People had decisions made on their behalf that were not fully documented to make sure their changing needs and circumstances were addressed. We had not received some relevant notifications from the service. Services tell us about important events relating to the service they provide using a notification. You can see what action we told the provider to take at the back of the full version of this report.

People were supported by a caring staff team who knew them well and treated them as individuals. For example, staff understood the ways each person communicated their needs and preferences. One relative said “Brandon Trust have given him a wonderful life. They support him and help him emotionally.” People were supported to stay active at home and in the community. Staff supported people to take part in activities they knew matched the person’s individual preferences and interests.

People were encouraged to make choices and to do things for themselves as far as possible. In order to achieve this, a balance was struck between keeping people safe and supporting them to take risks and develop their independence. One relative said “staff have worked hard to help [name] reach their potential.”

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff met with their line manager to discuss their development needs and action was taken when concerns were raised. Learning took place following any incidents to prevent them happening again. Staff understood what they needed to do if they had concerns about the way a person was being treated. Staff were prepared to challenge and address poor care to keep people safe and happy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People received the medicines they needed but information about some medicines was not available to staff.

Most of the risks people faced had been assessed but a small number of protective measures had not been justified in writing to ensure the least restrictive approach had been adopted.

People were protected from preventable harm as learning and action took place following any incidents and staff had a good understanding of safeguarding requirements.

Sufficient staff with the relevant skills, experience and character were available to keep people safe and meet their needs. The premises were well maintained and clean.

Is the service effective?

Requires Improvement

The service was not always effective. People had decisions made on their behalf that were not fully documented or regularly reviewed to make sure their changing needs and circumstances were addressed.

People's immediate health needs were responded to but some records needed updating. People were supported to eat a healthy diet by staff.

The training staff needed to support people had been assessed and training was planned to address the gaps identified. Staff met with their line manager to receive feedback on their practice and discuss development needs.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect by staff who understood the importance of dignity and confidentiality. Relatives spoke positively about the care provided.

People were supported to communicate by staff who knew them well. They were encouraged to make choices and to be as independent as possible. Staff were prepared to challenge and address poor care. Staff showed a passion for supporting everyone in a personalised way.

Is the service responsive?

Good

The service was responsive. Staff knew people well and people's support plans reflected their likes, dislikes and preferences. Each person was treated as an individual. People were supported to take part in a variety of activities in the home and the community.

Complaints had been dealt with appropriately in the past and relatives said they would be able to complain if they needed to. Staff monitored people's behaviour to identify if they were unhappy.

Summary of findings

Is the service well-led?

The service was generally well-led but some required notifications had not been shared with CQC.

The quality of the service was regularly audited by staff from the home and the provider. Family members were asked for feedback and comments from 2014 had been very positive. Action was taken to address any shortfalls identified.

The registered manager was well supported by the provider to manage the service effectively. The provider had clear expectations about the way staff should support people and staff understood and acted in accordance with these expectations. Staff understood their responsibilities and felt able to share concerns with the registered manager.

Requires Improvement

The Cottage Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 20 and 22 January 2015 and was unannounced. An adult social care inspector carried out this inspection.

Prior to the inspection visits we reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification.

During and after our visits we spoke with the registered manager and four members of staff. We spent time observing the care provided and interactions between staff and people living at the home. We looked at three support plans, staff training records and a selection of quality monitoring documents. Following our visits we received feedback from one relative. We also saw a report from a recent local authority quality monitoring inspection.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 6 August 2014 the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to the management of medicines. We asked the provider to take action to make improvements to the way medicines were stored and recorded. During this inspection there was evidence that the necessary actions had been taken. Accurate records of the medicines administered were now being completed by staff and regular checks of the medicines in stock were taking place to make sure good practice was being followed. People received their medicines from trained staff who had their competence to administer checked annually.

Some people had medicines prescribed that staff could administer when they were needed (PRN). There were protocols describing how these medicines should be used for most but not all of the PRN medicines. Some of these protocols did not contain all of the information staff may need to administer the medicines safely. For example, information about one person who may need extra encouragement to take medicines. The missing information increased the risk people would not receive their medicine in the most appropriate way. **This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We did not find any examples of PRN medicines being administered incorrectly but the lack of information increased the chance this could happen. Staff began reviewing the protocols during our inspection to address the omissions. Each person had a medicines profile that identified the medicines they were taking. The medicines on the profile did not always match the medicines on the person's current prescription. This could cause confusion and result in administration errors.

The risks people faced were being managed by staff. The way most of these risks should be managed had been assessed and recorded using risk assessments. A small number, however, were being managed without records to reflect the decisions made. For example, it was not safe for some people to spend time unsupervised in the kitchen so the kitchen was locked when staff were not present. The door was kept open as much as possible and staff supported people to use the kitchen if they wanted to. However, the decision making process around locking the kitchen door had not been documented and there was no record of this decision being reviewed regularly to make sure it was the least restrictive option. **This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** Staff told us they would review and document these decisions.

A new format for risk assessments was being introduced and where the new format was in use, the benefits and risks of activities were recorded to show how decisions about risk had been made. People's rights to make choices and take risks were reflected in the risk assessments, as was the importance of keeping them safe. The new style risk assessments were detailed and gave staff clear guidance to follow that matched the content of people's support plans. The old style format identified the risks and how they were being managed but there was little information about how the management approach had been decided upon. Staff told us they were transferring all risk assessments to the new format.

There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. The plans did not, however, explain what to do if the person refused to leave. This was a possibility as one person had refused to leave during the last fire drill but their evacuation plan had not been updated with this new information. The risk of staff not supporting this person safely was increased because accurate records had not been kept. General fire guidance displayed around the home did include guidance for staff on what to do if someone refused to leave and staff were familiar with this. Fire alarms and equipment were regularly tested to ensure they were in working order.

Staff had a system for requesting building maintenance and they said requests were actioned in a timely fashion. A weekly check of the premises was completed and any maintenance requests submitted. Other checks to keep people safe, such as water temperature checks and portable device testing were completed and acted on.

Requires Improvement

Is the service safe?

During our inspection, staff spoke with the provider of one person's wheelchair to clarify the type and frequency of checks needed to make sure it was safe to use as these had not been formally agreed.

People lived in a home that was clean and tidy. Pictures of the people living there had been used to personalise the private and shared spaces and furniture was carefully arranged to help people stay safe and calm. For example, people were supported to eat at individual tables as described in their support plans to prevent them becoming anxious. People had private space when they wanted to be alone and this was especially important to those people with an autistic spectrum condition.

Staff had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They had received safeguarding training and safeguarding was also discussed at staff meetings and individual supervision meetings. Staff described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Most people would be unable to verbally communicate if they were being abused so staff monitored their behaviour for unexpected changes that needed following up. Staff also spoke with people's families regularly to see if they had any concerns. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

The risks of people suffering preventable harm were reduced because learning and action took place following any incidents. This reduced the likelihood of similar incidents occurring in the future. Incidents were recorded and reviewed and this resulted in changes to people's risk assessments and support plans. All incident reports were reviewed to identify any patterns and to make sure the necessary actions had been completed before they were signed off.

There were enough staff on duty to meet people's needs and staff had the time to sit and talk with the people they were supporting. The number of staff needed for each shift was calculated using the hours contracted by the local authority. Staff confirmed the required number of staff were on duty for each shift. Recruitment was ongoing to replace some staff who had recently left. Where possible, shifts were covered by existing staff but some bank and agency staff were used when needed.

Safe recruitment procedures were in place and managed by the provider. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people. Any gaps in an applicant's employment record were followed up to ensure a full history was obtained. There had been no new staff recruited to the service in the last 12 months.

Requires Improvement

Is the service effective?

Our findings

People's rights under the Mental Capacity Act 2005 (MCA) were not being fully met. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Some mental capacity assessments and best interest decisions had been completed by staff for decisions they were not qualified to make. For example, decisions about medical interventions and examinations. These decisions should have been made by the responsible clinician. Making these decisions indicated staff did not fully understand their responsibilities under the MCA although they had received training.

A record should be kept of decisions made on a person's behalf to show their rights have been respected. MCA assessments and best interest decisions had not been documented for some relevant decisions. For example, the use of an extra harness to keep one person safe when travelling in the car and locking one person's wardrobe to stop them throwing items out of the window. Some mental capacity assessments and best interest decisions had not been reviewed within the timescales specific by the provider. This risked changes in the person's needs and circumstances not being addressed in a timely fashion. This included decisions about the support people needed with their finances and the use of monitoring devices to check on people's safety.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager understood when and how an application to deprive someone of their liberty should be made. Proper policies and procedures were in place and were being followed. Applications to deprive people of their liberty had been submitted to the local authority and approvals had been received.

There was a possibility that some people may need to be kept safe by staff using physical interventions so each person's GP had been consulted to find out which techniques would be safe to use for that person. Staff had been trained in appropriate techniques but none had been used in the last 12 months. Staff understood their responsibility to act to keep people safe but also to avoid restricting their freedom. They also knew they needed to complete an incident form and that a debrief meeting would be held if needed.

People's health needs had been assessed and were recorded in their health file. The majority of information was current but the list of medicines people took had not been updated following changes. Staff told us they would remove this list and direct professionals to the medicine administration record in the future. One relative said "they take care of him physically". Staff booked routine appointments for people when they received a reminder from the relevant health care professional. People's immediate health needs were addressed quickly by staff. Guidance provided by professionals around supporting people if they became anxious and posture were followed to help keep people well.

People were offered a healthy diet and appeared to enjoy the food prepared for them. One relative said "they have nice food". People did not have specific dietary requirements but staff monitored what people ate and drank to make sure they had enough. Most people could not express their preferences verbally so staff monitored their response to the food prepared to make sure they were enjoying it. A weekly menu was in place but staff provided an alternative if needed.

People could not verbally express what they thought of potential new staff so current staff observed applicants working with people to check their skills and attitude before they were recruited. Applicants were also asked to comment on a list of skills they would need to work with people successfully. New staff had a clear learning plan in place with expected completion dates so their progress could be monitored.

People were supported by staff who had received training specific to their needs. For example, staff had completed training on supporting people with an autistic spectrum condition. Staff told us they felt competent and could ask

Requires Improvement

Is the service effective?

for additional training when they needed it. A small number of staff needed to complete refresher training in line with company policy. A plan was in place to address the gaps and plan training needs for the future.

All staff met with their line manager to discuss their performance and training needs and had annual appraisal meetings. They also discussed the needs of the people they worked closely with. Where actions were needed these were followed up at future meetings. There was some variation in the frequency of meetings but this was generally explained by personal circumstances.

Good

Is the service caring?

Our findings

There was a friendly atmosphere in the home and staff behaved in a caring and professional manner. Each person was treated as an individual by staff who knew them well. People looked comfortable with the staff supporting them and chose to spend time in their company. One relative said, "Brandon Trust have given him a wonderful life. They support him and help him emotionally…He wouldn't go back if he didn't want to." In recent feedback to the service another relative wrote, "We are delighted with the way [name] is looked after."

People were spoken with in a patient and caring manner by staff. They talked with people about topics of general interest that did not just focus on the person's care needs. They also used physical contact, such rubbing a person's hand or painting their nails, to reassure and comfort them. Staff understood the different methods people used to communicate and gave them time to express themselves. Staff shared information with people about what was happening in a way they could understand. This included ensuring one person could see staff when they were speaking to help overcome a hearing impairment. Staff had received training in sign language and we saw them using this to help people understand what was being said to them.

Staff had detailed knowledge about the people living at The Cottage. Staff explained what could upset people, what helped them stay calm and what people were interested in. This closely matched what was recorded in people's support plans. We saw staff applying this knowledge during our visit. We observed staff running a short sensory session for one person. Staff were guided by the person about how long the session should last and what they wanted to do. Staff responded flexibly to the person and encouraged them to take part and make decisions. The person smiled and made sounds and movements that showed they were excited and happy.

People were encouraged to make choices, for example about what they drank, when they got up or the equipment used during an activity. Staff patiently explained choices to people and then waited for a response. Some people had specific cultural and spiritual preferences and staff were sensitive to these. For example, one person was helped to attend religious services in the past but no longer wanted to go. Staff had communicated with one person's family to get guidance on religious festivals as they wanted to make sure they were supporting the person in the right way.

Staff described how they had consulted relatives about the best way to support people and how they valued the detailed knowledge some relatives had. One relative told us they felt very involved in the person's care as their views were regularly sought and they were always invited to relevant meetings. When people had no friends or family a relevant person's representative had been put in place for people who were deprived of their liberty.

Staff were aware of the need to protect people's dignity, particularly whilst helping them with personal care. Some people behaved in ways that might make others feel uncomfortable. Staff took this into account when planning activities so people's dignity would not be compromised. For example, one person liked being in water but attending public swimming sessions had not been successful. Staff had now arranged private pool access for them. Some people tended to use the toilet without closing the door. Staff had tried using self-closing doors to help maintain people's dignity but this has not been successful as people had become confused. Now staff manually closed the doors after telling the person what they were doing.

Staff ensured people had privacy when they wanted it and were careful to hold confidential conversations away from other people. Care records were stored securely to make sure people's personal information was kept confidential. Staff always spoke about people and to people in a respectful way. The risk of people experiencing poor care was reduced as staff and the registered manager were prepared to address problems as they arose. Staff were observed by senior staff on an ongoing basis to ensure good practice was followed. They received feedback to help them improve the way they worked with people.

Good

Is the service responsive?

Our findings

People were supported by staff who could explain their needs and preferences in detail. Some people's needs were complex and staff spoke confidently and competently about the best ways to support the person. For example, staff explained how important routine and structure were for some people and the importance of following agreed timetables. Each person's needs were discussed at team meetings and meetings between shifts. Staff told us they watched for changes in the way people behaved and worked closely with their families to ensure a joined up approach. For example, one person's mood had started changing so staff were looking at why this might be happening.

Each person using the service had a support plan which was personal to them. Support plans included information on maintaining people's health, their daily routines and how to support them emotionally. It was clear what the person could do themselves and the support they needed. There was a lot of detail included for those people who could not easily express their preferences. Where people could become very anxious, there was clear information about how to support them to manage their anxiety. We observed staff using these techniques. Support plans also detailed how each person communicated. This included listing what different movements or sounds could mean. Each support plan recorded who had contributed to the plan and how involved the person concerned had been.

Staff got to know each person and the support provided was built around their unique needs. There was very low staff turnover within the home and the newest member of staff had worked there for over 12 months. People knew staff well and benefitted from the knowledge and skills of experienced staff. One relative had sent written feedback to the service saying, "all staff are friendly and knowledgeable."

Staff monitored how people responded to different situations and used this to build up a picture of their likes and dislikes. Each year a planning meeting was held to review the needs and preferences of each person. The person and their family were encouraged to attend and be involved in planning their future. All care plans were reviewed every six months to make sure the information staff had was current and accurate. When changes occurred and new information came to light the person's care plan was updated. For example, one person went to the cinema but the visit did not go well so this information was added to their support plan to prevent the same thing happening again. Each month, a summary was produced to highlight any significant changes for that person, including new activities they had tried or any incidents they had been involved in.

People were supported to take part in activities within the home and in the community. The activities were selected to match people's interests, age and health. One relative said "They try to do new things with him. He likes new activities." Another relative had sent written feedback to the service saying, "staff have worked hard to help [name] reach their potential." Staff were working to find new activities for people to take part in. These ranged from having someone visit the house to demonstrate beauty products to arranging private pool sessions. Staff were also investigating local events such a coffee morning that might suit some people. Each person was seen as an individual by staff and the focus was on finding activities to suit their specific interests and abilities. Staff watched how people responded to activities to gauge whether they enjoyed them and if they should be repeated.

The service had a complaints procedure and complaints were recorded and addressed in line with this procedure. No complaints had been received recently and staff said they actively encouraged families to share this views and concerns. A relative said they felt able to complain if they needed to and were confident any complaint would be dealt with appropriately. One relative had sent written feedback to the service saying, "communication with the staff is very good." Most people living at the home would be unable to make a complaint verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy and address it.

Requires Improvement

Is the service well-led?

Our findings

Important information is shared with the Care Quality Commission (CQC) using notifications. Some notifications had been sent to us but we had not been informed when Deprivation of Liberty authorisations were approved by the local authority and when an incident had occurred between two people at the home. This prevented us monitoring the safety and effectiveness of the service. **This is a breach of Regulation 18 The Care Quality Commission (Registration) Regulations 2009.**

The provider's expectations of how people should be treated by their staff were laid out in the company's values. These values included treating people with dignity and respect, giving them independence and control, respecting their individuality and acting in an inclusive way. Staff understood these values and told us they featured strongly in the company newsletter, training and annual appraisal meetings. The Cottage Care Home also had their own values that were specific to the needs of people with an autistic spectrum condition and were a requirement of the home's accreditation by the National Autistic Society. Staff described the work they had done to achieve this accreditation and told us best practice was also discussed at regular team leader meetings and as a result of internal and external audits.

Staff were committed to listening to people's views and the views of the people important to them in order to improve the service. Most people could not express their views using words so staff gathered feedback by monitoring people's mood and behaviour. People's relatives were asked for feedback and actions were taken to address any concerns. For example, staff had spoken with one relative as they had concerns about the administration of their relative's medicines. The feedback received in 2014 was very positive and included comments such as, "we think they do an amazing job".

The home was managed on a day-to-day basis by a senior care worker. They were supported by the registered manager who was available as needed and visited the home on a weekly basis and regularly met with the senior care worker. The registered manager had regular supervision meetings with her line manager and also attended regular meetings with other registered managers in order to share best practice. Staff felt confident to raise concerns with the registered manager or senior care worker but none had needed to recently.

Staff told us they worked well together and were able to use their individual strengths to benefit the team. They told us all staff must be able to complete all necessary tasks but those with particular skills were supported to develop them further. Staff felt able to share concerns or suggestions at team meetings or during meetings with their line manager. They said their managers believed strongly that staff were more likely to support an idea they had been involved in developing. Staff were positive about the support they received to do their jobs and said they understood their roles and responsibilities. This was discussed at induction and reiterated at meetings with their line manager.

A new schedule of monthly quality visits based on the CQC five key questions was being introduced. Prior to this, quality visits were undertaken by managers from other services. These checks had not identified the breaches of regulation identified in this report. Under the new system, the same external manager would complete each visit which would allow them to follow up actions from the previous visit. Prior to each visit, the staff team would be asked to discuss the key question to help the registered manager gather relevant evidence. Senior staff from the provider also visited regularly to check the quality of the service being provided. Action plans were produced following each quality check and staff showed us the progress that had been made against these actions. The actions included implementing observations of staff performance and reviewing the content of support plans. Incidents and accidents were reviewed every six months to check for patterns that needed addressing.

We asked staff what the key challenges facing the service were at this time. They all identified the need to find new activities for people. This was particularly hard as some people had been excluded from activities by other organisations because of the way they behaved. Staff described the work they had done to address this problem, including finding more activities that could take place within the home.

The local authority had inspected the home in June 2014. Some action points had been identified, such as increasing the involvement people had in daily tasks around the

Requires Improvement

Is the service well-led?

home and ensuring maintenance took place in a timely fashion. Clear records had been kept to show how each of the action points had been addressed to improve the experience people had of living at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not maintained an accurate and complete record of the care and treatment of each service user in relation to the administration of medicines and the management of risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person was not acting in accordance with the 2005 Act when people were unable to give consent because they lacked capacity to do so.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person had not notified the Commission without delay of authorisations received from the supervisory body to deprive people of their liberty and following abuse in relation to a service user.