The Disabilities Trust

Cotswold

Inspection report

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Ratings

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

Overall summary

This inspection took place on 24 April 2015.

Cotswold is a residential care home which provides care and support for up to five people diagnosed with Autism, as well as associated Learning Disabilities. The service supports people to be as independent as possible and helps them to access the community safely.

At the time of our visit there were five people living at Cotswold, all of whom were unable to communicate with us verbally.

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

The registered manager was performing an interim senior role for the provider; as a result day-to-day management

Summary of findings

of the service was overseen by an interim manager. The interim manager had worked in the service as a deputy manager and was in regular contact with the registered manager.

People were protected from harm or abuse by staff that knew and understood safeguarding and reporting principles.

Risks to people's safety had been assessed and plans put in place to minimise risk levels whilst still promoting people's choices and independence.

There were sufficient numbers of staff to meet people's needs. Robust recruitment processes had been followed to ensure that staff were suitable to work with people.

Systems were in place for the safe administration, storage and recording of medicines.

Staff had been appropriately trained to perform their roles, but did not always receive sufficient formal supervision from senior and management personnel.

People were encouraged to make choices for themselves and consent to care was sought out. The principles of the Mental Capacity Act 2005 had been followed, as well as the Deprivation of Liberty Safeguards when people couldn't consent to their care.

People had sufficient food and drink to maintain a healthy, balanced diet and had choices regarding what they wanted to eat and drink.

Staff supported people to book and attend health appointments and made referrals to appropriate health professionals.

Positive relationships had been formed between people and staff. Staff displayed kindness and compassion when interacting with people.

People were supported as much as possible to be involved in their care.

Dignity and privacy were promoted by the service and people's rights were protected.

People received person-centred care which was based on their individual strengths, interests and needs.

There was an effective complaints procedure in place.

The service had an open, positive and forward thinking culture.

There were internal and external quality control systems in place to monitor quality and safety and to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from harm and abuse. Staff were knowledgeable about the principles of safeguarding and how to report concerns.

Risks to the service and individuals were assessed and managed appropriately.

Staffing levels were sufficient to meet people's needs. Staff had been recruited safely.

People received their medicines as prescribed and the service had systems to ensure they were managed safely.

Good

Is the service effective?
The service was not always effective.

Staff had received appropriate training to perform their roles however, they did not receive regular supervision from senior staff.

People's consent was sought where possible. Where people couldn't consent or make their own decision, the principles of the Mental Capacity Act 2005 were followed to make a best interests decision.

Deprivation of Liberty Safeguards applications had been made and approved for all the people living at the service.

People were supported to maintain a healthy and balance diet.

People were supported to access healthcare professionals as and when they needed to.

Requires improvement

Is the service caring?
The service was caring.

There were positive relationships between people and staff. Staff treated people with kindness and compassion.

People were supported to express their views and opinions as much as possible.

People's privacy and dignity were respected and promoted by the service.

Good

Is the service responsive?
The service was responsive.

People received care which was personalised and responsive to their individual needs.

Good

Summary of findings

People regularly attended activities of interest to them, both within the service and the local community.

Complaints and concerns were welcomed by the service and taken seriously.

Is the service well-led?

Good

The service was well-led.

There was a positive open culture at the service. People and staff were empowered by the provider.

There were clear goals for the development of the service in the future.

The interim manager was aware of their responsibilities and had worked to ensure the service ran smoothly in the absence of the registered manager.

Staff were well supported by the service management.

The service had a number of quality assurance processes in place to ensure high levels of service delivery were maintained.

Cotswold

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 22 April 2015 and was unannounced.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service.

We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service in order to gain their views about the quality of the service provided. We also spoke with two relatives, four care staff and the interim manager, to determine whether the service had robust quality systems in place.

We reviewed care records relating to all five people who used the service and five staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

People were protected from harm and abuse by staff who had been trained appropriately and understood the principles of safeguarding. People were unable to tell us if they felt safe, however it was clear in their behaviour and manner that they were relaxed and comfortable within the service and in the company of staff and their peers. We asked one person if they felt safe and they responded with a thumbs-up sign. People's relatives also told us that they felt their family members were safe.

Staff told us that they took safeguarding very seriously and worked to protect people from abuse. One staff member told us, "Safeguarding is important. It means protecting vulnerable people from harm." Staff members were also able to describe different types and signs of abuse to us. They were also able to explain appropriate reporting procedures and actions they would take if they felt that a situation was not being dealt with appropriately. They also explained that the provider had a whistle-blowing policy which outlined procedures to take if they suspected their colleagues or managers were implicit in abuse. All the staff we spoke to told us they wouldn't hesitate to use this policy to report abuse if necessary. They informed us that they would contact outside agencies, such as the local authority safeguarding team or the Care Quality Commission (CQC) if necessary.

The interim manager told us that incidents were reported to the local authority and action plans produced where appropriate to manage future risks. We looked at safeguarding records and found that where abuse may have occurred it had been reported appropriately and actions had been taken to try to minimise the chances of it re-occurring. We found that the service had worked in collaboration with the safeguarding team to investigate incidents and put actions in place. We found one incident where physical intervention had been used to manage a situation. This had been reported appropriately and complied with the provider's policy and best practice guidelines regarding the minimal use of force. Staff had received training in safe restraint techniques and specific behavioural management plans were in place for each person to minimise the use of restraint. Lessons had been learned from the incident to reduce the need to use physical intervention again in the future.

Risks to people and the service were managed to keep people safe and promote their freedom. Staff told us that risks to people were assessed to reduce the chances of harm, without limiting their opportunities. They told us that risk assessments identified areas which could cause harm and actions to take to manage risks. The interim manager explained that risk assessments were vital tools used to help maintain people's safety, they were not used to prevent people from doing things they wanted to do. We looked at general risk assessments for the service, as well as individual ones for each person. They detailed specific activities and areas where risks may be posed, as well as actions to take to reduce those risks. We saw evidence that risk assessments were reviewed on a regular basis to ensure their content was up-to-date and relevant.

Staffing levels were sufficient to meet people's needs. Staff told us that there were enough staff to support people during each shift. One member of staff said, "The staffing level is good, there is enough of us on shift." The interim manager told us that staffing levels were not set in stone for each day, they were flexible to allow for busy periods of the day or specific activities. They explained that this reduced the amount of staffing hours wasted, whilst promoting people's opportunities to engage in activities, in the service and community, with 1 to 1 staffing ratios. During our visit we observed that there were sufficient staff on shift to support people with their morning routines and additional members of staff came on shift later in the day to provide additional support. We looked at staffing rotas and found that these were planned well in advance and ensured that there was a minimum of three staff on shift during the days, plus additional staffing for activities each day.

The interim manager told us that staff levels in the service were steady and that they had a low turnover of staff. Some of the staff we spoke to confirmed this, having been at the service for a number of years. We looked at staff recruitment files and found that people had been recruited safely. The provider had carried out background checks, including obtaining two employment references and criminal record checks before people commenced their employment.

People's medicines were managed safely to ensure they received them properly. Staff told us that they received training and underwent competency assessments before they were allowed to administer people's medicines. They also told us that after each time medicines were given,

Good

Is the service safe?

another member of staff came to check medication stock levels and Medication Administration Record (MAR) charts. This ensured that the correct medication was given and that paperwork had been completed appropriately. We observed medicines being given twice by two different members of staff at different times during our visit. We saw that they consulted the MAR charts and spoke to the individual before preparing the medicine. The staff members gave the medication in accordance with best practice and individual guidelines for each person. We looked at MAR charts and found that there were no gaps where signatures had been missed and that codes were available for staff to use to record unusual situations, such as missed doses.

The interim manager told us that, in addition to the checks by staff, there were medication audits in place which were completed by the provider and the results fed back to the service. We saw that these were completed regularly and actions set out if required. We saw that medicines were stored appropriately and that checks were carried out to ensure they were at the correct temperature. We also found that there were some medicines which were still in date, however were in contravention of the provider's medication policy, which stated that tablets in their original packaging should be discarded after one year. We found some medication in their original packaging which were first administered in 2013. We spoke to the interim manager about this and they immediately took action to correct the issue.

Requires improvement

Is the service effective?

Our findings

Staff did not always receive the formal support from managers to help them perform and develop in their roles. Staff told us that they did receive support from their manager and had formal supervisions to identify areas for development. One staff member said, "I like my supervisions, I like to set targets for the next areas of improvement." We spoke to the interim manager who explained that supervisions were carried out by management and senior members of staff. They informed us that it had been difficult to get supervisions carried out for all staff on a regular basis. We looked at staff records and found that staff were not receiving regular supervisions. For example, one staff member's most recent supervision was on 04 March 2014 and the one before that was on 04 July 2013. The interim manager told us that they had implemented a system to address this issue and that all staff had received an annual appraisal recently. Records confirmed that appraisals had been completed for all staff and that supervisions had been booked in for all staff for the rest of the year.

People received care from staff who had the necessary skills and knowledge to perform their roles and meet people's needs. Staff told us that they had received appropriate training to equip them with the skills they needed. One staff member told us, "Training is good, it builds confidence."

We were told that staff received induction training when they started working at the service. This included training courses as well as an introduction to the service and the people living there. Staff told us that they started shadowing an experienced member of staff before working independently to build their knowledge and confidence.

The interim manager explained to us that staff received regular training and refresher skills to keep their skills up-to-date. The provider used a variety or training methods, including face-to-face and e-learning packages to help people develop their skills. We looked at training records and saw that dates were recorded when staff had completed training on a variety of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, medication and health and safety. We saw that staff had completed most of the training courses within the past year and where there were gaps in people's records, there were plans in place to address these. We also saw up-to-date training certificates in staff files.

Consent to care was sought from people before they received care. Staff told us that, where possible, they asked people what they wanted before carrying out a task. They explained that this wasn't always possible due to the nature of the people living at the service, particularly with more complex issues. Wherever possible, staff offered people choice. We observed staff discussing people's medication and meals with them and offering appropriate choices. We also saw that pictures and symbols were available throughout the service to support people to make their choices known to members of staff.

The service was acting in accordance with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The interim manager told us that each person had their capacity assessed for admittance to the service, finances and medication when their placement commenced. This was done with the support of Psychologists and people's families. Where it was found that people lacked capacity, a best interest decision was made, which included input from stakeholders who were important to the person, such as family members and social workers. We looked at care records and found that MCA assessments had been completed in these areas and others which were specific to people's individual needs.

We also found that a DoLS screening tool had been used to identify whether or not people may be deprived of their liberty. Each person had been assessed and had an application for DoLS submitted to, and approved by, the local authority. This meant that people were deprived of their liberty, in accordance with legislation, to keep them safe from harm.

People were supported to have sufficient food and drink to maintain a balanced diet. Staff told us that food menus were planned out in advance and included meals that people liked. Choices and alternatives were available if people wanted something different. One member of staff explained to us that they would hold two different options out for people to choose from, as people found it difficult to make complex decisions. Choices were based on what staff already knew about the individual. One staff member told us, "You get to know people and who likes what." We observed lunch being served and saw that all staff,

Requires improvement

Is the service effective?

including management, sat together with people to eat. During the meal people were encouraged to perform tasks such as pouring drinks and opening packets for themselves to help promote their independent living skills. People appeared happy with their meals and were encouraged to eat in a supportive manner by staff.

Staff told us that people were supported to attend to health appointments if necessary. Staff worked closely with health professionals to attend to people's health needs.

One staff member told us, "We have a good rapport with people's doctors and dentists." The interim manager told us that in addition to community based health services, such as GP's, people also saw Speech and Language Therapists, Psychologists and Psychiatrists in the service. We saw records in people's files to support this, as well as individual health action plans which contained information regarding each person's health support needs and treatment plans.

Good

Is the service caring?

Our findings

There were positive relationships between people and staff. People's relatives told us that staff were very good and worked well with their family members. Staff told us that they valued people and worked hard to ensure they were happy and had a good quality of life. One staff member told us, "It's great seeing positive change for people." Another member of staff said, "People know staff well and staff know people well."

Throughout our visit we saw that staff treated people with kindness and compassion. People couldn't speak about how they felt, however it was clear that people were comfortable in the service and trusted the staff around them. When people approached staff for support, staff easily understood their needs and communicated with them clearly and calmly. Staff were respectful and spoke to people appropriately. People appeared happy with the environment. Doors were open to people and they could go throughout the building as they wished, including regular visits to the office where they interacted with management and other members of staff. The interim manager explained that this was people's home and they should be able to go into the rooms they wanted to.

People were supported to express their views and opinions. The Interim manager explained that people were involved in their care planning as much as possible, however this was limited due to the nature of people's Autism. We looked at care records and saw that planning had involved family members and people who already knew each person well, such as their social workers and previous placements.

Easy-read versions of care plans and other pieces of documentation, such as guides to the services, were available. Staff went through these with people to try to help them understand what care they would receive and how they could express their views. Pictures and symbols were also used to help provide people with useful information on a daily basis, such as who was on shift, what activities they would be doing and what was on the menu.

The interim manager told us that people's families were involved in their care and, as a result, there was not a regular advocacy service which people used. They did have contact information for local advocacy services which could be contacted if people needed additional support.

People's privacy and dignity were promoted by the service. Staff explained to us that they respected each person and their right to privacy and dignity. They told us that if they provided personal care they closed the door and ensured people were covered as much as possible. They took care to ensure that people's dignity was maintained whilst in the community. Throughout our visit we saw that people were treated with respect and dignity.

Good

Is the service responsive?

Our findings

People received care which was personalised and responsive to their individual needs. Relatives told us that they were involved in planning people's care and attended regular review meetings. Staff told us that each person had a specific care plan in place which detailed their own strengths, interests and needs. They used the information in these plans to support people to be as independent as possible and to carry out as many activities of daily living for them. One member of staff told us, "We create a plan which suits each person perfectly. It's not the same for everybody as everybody has different needs." Another staff member said, "The care plans are good, people follow them as they are simple."

The interim manager told us that each person had a keyworker who knew them well and helped with care planning. They also told us that care plans were regularly reviewed to meet people's changing needs and to introduce new developments. We looked at care records and saw that they were reviewed and updated on a regular basis.

People regularly attended activities of interest to them, both within the service and the local community. Staff told us that people enjoyed these activities and that they were constantly looking for ways to develop what they were doing for people. One staff member told us, "We gradually introduce new activities for people. We are looking at introducing activities which challenge and help people to achieve new heights." Another member of staff said, "People do lots of internal and external activities." The interim manager explained that they try to get people out and about every day. Pictures and symbols are used to help people choose their activities and a timetable for each week is produced. During our visit we observed that each person accessed the community at least once and appeared happy on their return to the service. In addition, there were activities available to people in the service, as well as tasks to complete. For example, the service had a chicken coup which people helped staff to maintain. We saw that activities were planned in people's care records and were based upon information regarding their past and their interests.

Complaints and concerns were welcomed by the service and taken seriously. The interim manager explained to us that they didn't' receive many complaints, but they had clear procedures to follow when they did. They described one complaint and explained they had investigated and contacted the complainant to put the situation right. We looked at complaints records and saw that they were dealt with appropriately. They were investigated and actions were taken to resolve and learn from them. We also saw that the service recorded compliments which they received and that these were shared with the staff team.

The interim manager told us that the provider carried out annual stakeholder satisfaction surveys. These included questionnaires which were sent out to families, as well people using the service. We saw that the questionnaire for people had been adapted to make it simple to complete, using pictures and symbols to ask questions about the service and staff. The forms we looked at showed that people were very happy with the service. We saw records to show that these surveys were conducted and analysed each year, with this years' survey currently being analysed.

Good

Is the service well-led?

Our findings

There was a positive open culture at the service. People and staff were empowered by the provider and had developed strong, mutually beneficial relationships. The interim manager had an open-door policy, both to people and staff which allowed all people in the service to feel part of it and involved in developments.

Communication was well organised within the staff team. When staff started their shift, even if they were additional staff for activities, they received a full handover, regarding what had taken place already and what tasks were required to be completed during the shift. There was a communication book in place so that staff could leave messages for their colleagues to read. Staff meetings took place so that the team could discuss issues together and come up with a joint solution.

There were clear goals for the development of the service in the future. The interim manager explained that there were plans to move the service to a new, better site. People and staff had been involved in thinking about where they could move to and it was hoped that the new site could involve a small holding with a number of different animals which people could care for with the staff team. Staff told us that they had been involved in discussions about the potential move and what would be important to people in the new service. We saw a suggestion sheet displayed in the office where staff could record what they thought would be important as well. One staff member told us, "I'm excited about the move and have participated in decision making about it." The interim manager explained to us that best interest assessments had been completed for people and that people's families and funding authorities had been consulted.

The service had a registered manager in place; however they did not have day-to-day management of the service when we visited as they were performing a more senior role for the provider. As they anticipated returning to their role in a number of months, a deputy manager was promoted to an interim management role. The interim manager had been working in this service prior to this which provided continuity whilst the registered manager was away. The interim manager also kept in regular contact with the registered manager so that they were aware of any developments.

The interim manager was aware of their responsibilities and had worked to ensure the service ran smoothly in the absence of the registered manager. We observed that they had continued to complete set tasks which formed part of the role, but had also worked to implement new systems and ideas for the development of the service.

Staff were well supported by the service management. Staff told us that they were motivated in their roles and that they felt they could rely on their managers. One staff member told us, "Managers are good, I feel very supported." Another staff member said, "Managers are good, I have a lot of faith in them." Staff were encouraged to use their initiative and implement ideas and activities for the benefit of people living at the service. The management had allocated certain responsibilities to members of staff to give them ownership of tasks and to develop strong teamwork.

The service had a number of quality assurance processes in place to ensure high levels of service delivery were maintained. These included areas such as medication, complaints, care plans and finances. We looked at records and saw that audits were conducted on a regular basis both by the interim manager and the provider. Action plans were produced as a result of these audits to identify areas for development and timescales for their completion.