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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cotswold is a 5 bedded residential care home for people with autism and learning disabilities. The service supports people to access the community and to develop their independent living skills as much as possible. At the last inspection, the service was rated Good.

People were safe at the service. Staff knew about abuse and how to prevent and to report any concerns that they had. Risks to people were well-managed and staffing levels were sufficient to ensure people received the care they needed. People's medicines were administered by the service and there were systems in place to ensure that this was done safely.

Staff had the training and support they needed for their roles. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Nutritional needs were being met and people were supported to attend appointments with healthcare professionals.

There were positive relationships between people and members of staff. Staff adapted their communication and involved people and their families in decisions about their care. People's privacy and dignity were maintained by members of staff.

Care was person-centred. People had individual care plans in place which provided staff with information about specific goals, preferences, needs and abilities. Activities were provided in the service and local community and the feedback of people and their family members, including complaints, was welcomed.

There was a positive culture at the service and staff members were motivated by their roles. The registered manager had a visible presence and was known to people, relatives and members of staff. There were quality assurance processes in place to monitor and review the care being provided.

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 remains good.

Is the service effective?

Good

The service was effective.

There had been improvements to the system for staff supervisions so that staff were able to speak with senior staff when they needed to. Staff also received regular training to help them perform their roles.

People's consent was sought where possible. When people were unable to make their own decision the Mental Capacity Act 2005 was used appropriately. People had Deprivation of Liberty Safeguards authorisations in place.

The service encouraged people to be as independent as possible with their eating and drinking and ensured that their nutritional needs were being met.

People were supported to see healthcare professionals when required. The service promoted their physical and mental well-being.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

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 comprehensive inspection took place on 11 January 2017 and was unannounced. It was carried out by one inspector.

Prior to this inspection we reviewed the Provider Information Return (PIR), which contained information about the service and how the provider planned to develop and improve. We also reviewed other information which we held about the service including our previous report and statutory notifications which the provider had send us. Statutory notifications are pieces of information about important events which took place at the service such as safeguarding incidents or events which stopped the service, which the provider is obliged to send us. We also contacted the local authority, who have a commissioning role with the service.

We met with all five of the people who were living at the service. Due to the complexity of their needs and communication difficulties, none of them were able to talk to us and tell us their views or opinions of the care they received. We carried out observations of the interactions between people and members of staff, as well as the support that staff provided people with. We also 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. In addition, we received feedback from three family members of people who lived at the service.

We spoke with 4 members of care staff to seek their views and opinions of the service, as well as two team leaders and the registered manager.

We reviewed the care records for all five of the people living at the service to see if they were reflective of the care and support which they received. We also looked at staff records for three staff members, which included information about their recruitment, induction, training and supervision. We reviewed further

records regarding the management of the service, including staff rotas and quality assurance procedures, to see how the service was run.

Good

Is the service safe?

Our findings

People were protected from harm and abuse. People felt safe and relatives also told us their family members were safe at the service. One said, "I think [Name of family member] is very safe there."

The service took appropriate action to manage accidents and safeguarding incidents. Staff members were prepared to report any suspected abuse and knew about the procedure for this. One staff member said, "Safeguarding is very important. We report any concerns we have."

There were systems in place to manage risks at the service. The registered manager and team leaders also showed us that there were individualised and general risk assessments in place as well as a continuity plan, to provide staff with important information to take in the event of an emergency.

There were enough staff members on shift to meet people's needs. One relative said, "I think there are enough staff, they seem to be very good." During the inspection we saw that there were sufficient numbers of staff to meet people's needs and ensure the environment was safe.

Staffing levels were consistent and regular to help provide continuity. Suitable pre-employment checks, such as Disclosure and Barring Service (DBS) checks and references from previous employers were carried out, to ensure staff were of good character.

Systems were in place to ensure that people received their medicines correctly. One relative us, "They make sure all their tablets are correct, we don't have to worry there." We saw that staff gave people time to take their medicines and were careful when preparing them to ensure they were correct. Medicines were securely stored and checks were in place to ensure they were stored at the correct temperature. Records were completed to show that medicines had been given.

Good

Is the service effective?

Our findings

In our previous inspection on 22 April 2015, we found that staff members did not receive regular supervision from senior staff. This meant that staff members were not always supported within their roles and did not always have the opportunity to discuss their concerns or individual training and development needs.

During this inspection we found that there had been improvements to the systems in place for providing members of staff with supervision and support. Staff told us that they felt they received sufficient supervision from senior and management staff at the service. One staff member said, "We get all the supervisions we need." Other staff members confirmed that they had received regular supervisions.

We spoke with the team leaders and the registered manager about supervisions at the service. They explained that staff had regular meetings where they could discuss any concerns, but that there was also an open-door policy whereby staff were able to raise any concerns that they had. They told us this meant that staff members were regularly able to have informal supervisions. We saw that there were systems in place to plan and record staff supervisions, and that there were plans to further improve this system, so that more informal supervisions were also recorded.

People's relatives felt staff members received training which helped them to perform their roles. One relative said, "I would say that they get the training they need, they seem to know what they are doing." Relatives told us that they felt staff members possessed the skills they needed to care for their family members.

Staff members also felt that they received the training and development that they needed. They told us that they received induction training as well as regular on-going training to help develop and maintain their skills and knowledge. One staff member said, "The training is very good." Another told us, "We get the training we need and we do refreshers each year." Staff went on to explain that they had training in areas such a safeguarding, learning disabilities and autism awareness, which helped them to develop the skills they needed.

A team leader explained that new staff members were supported by experienced and senior staff, to ensure they were comfortable with their role and the people they were supporting. New staff members shadowed experienced staff before working independently, which helped people to get to know them and start to develop a positive relationship. We saw records showing that staff members received regular training and that new staff completed the Care Certificate, to help them develop the basic care skills required. In addition, staff were able to complete vocational courses, such as Qualification Credit Framework (QCF) awards in Health and Social Care.

Staff members sought people's consent as much as was possible. People's relatives told us that they felt staff offered people choices where they could and did everything they could to make sure people were able to make decisions for themselves. They explained that, due to the nature of their family member's learning disabilities, their ability to make their own decisions was very limited. Staff members displayed a good understanding of the limitations of choices that people could make, and worked to promote the decisions

that they could, such as supporting simple decisions like what they wanted to eat or drink.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was meeting the requirements of both the MCA and DoLS.

Staff members had a good understanding of this legislation and told us that they followed a best interest's process when making a decision on people's behalf. We saw that mental capacity assessments were completed and complex decisions were made in conjunction with people's family members, staff members and professionals, such as psychologists. This helped the service to ensure that decisions were made in people's best interests'. We also saw that DoLS authorisations were in place for each person and staff members were able to tell us about them and what they meant for each individual.

People were supported by the service to have their nutritional and hydration needs met. We asked people if they liked the food and drink at the service and they responded with smiles and nods. One person gave us a 'thumbs up' sign when we asked them. Family members told us that they were happy with the food and drink provided by the service. One family member told us, "His diet and nutrition is great. They are very good on that."

We saw that people were provided with drinks and healthy snacks, such as fruit, throughout our visit. Staff member supported people to prepare these for themselves as much as possible to help build independent living skills. We also observed lunch at the service. All the people and staff who were in the building ate together at a large table. People helped to set the table and clear it away after the meal and there was a positive atmosphere during the meal. People appeared calm and relaxed and were comfortable with having their meal together.

People were encouraged to choose their food and drinks for themselves. Staff explained that each week a menu was devised with involvement from people and that pictures and symbols were used to help people make those choices. There were also pictures on display in the service to help remind people what was on offer each day. People's specific nutritional needs, including the support they required and what they could do for themselves, was recorded in their care plans. This helped to ensure that people's nutritional needs were being met.

People were supported to access healthcare professionals when they were needed. Relatives told us that the service informed them when appointments were needed, but that they were happy for the service to take the lead and support people to attend these appointments. One relative said, "I am very happy, they make sure he sees the doctor when needed and they always tell me how it went."

Staff members told us that they supported people to see healthcare professionals both within the service and at local healthcare settings. They told us that people saw professionals such as GP's, psychiatrists and psychologists on a regular basis. The provider had an internal Multi-Disciplinary Team (MDT) who worked with people and helped to develop their care plans. In addition, the service worked closely with local

professionals, to ensure people's needs were met. We saw in people's records that the service had supported appointments when necessary and had been proactive in booking them. We saw one example where a person's behaviour had become increasingly settled as a result of the work done by the service in seeking the support of healthcare professionals.

Good

Is the service caring?

Our findings

There were positive relationships between people and members of staff. A relative told us, "The staff are all lovely and really know him well." We saw that people were comfortable in the presence of staff and observed staff members adapting their communication to meet the needs of each individual. People we relaxed and comfortable in the presence of staff and looked to staff for reassurance if they felt unsettled or anxious.

The service involved people as much as possible in making decisions about their care and treatment. Staff members had pictures and augmented communication systems, which they used to help people understand their care and to enable them to make decisions for themselves. Relatives were involved in care planning and kept updated with any developments at the service. Information was available throughout the service and guides were given to people and their family members to ensure they had all the information they needed.

People were treated with dignity and respect. A relative told us, "They always make sure they treat [name of family member] right. I have no concerns whatsoever." We saw that took care to ensure that people were treated in a dignified manner. Tasks such as personal care were discussed discretely with people and carried out in private. People were supported to be part of their local community and helped to be as independent as possible.

Good

Is the service responsive?

Our findings

People received person-centred care. One relative said, "They all work to make sure [name of person]'s specific needs are met. I know they do things just for him and different things for each of the others."

Staff members told us that each person had a personalised care plan in place which were regularly reviewed and updated. We saw that care plans were in place and contained information about people's preference, needs and the things that they could do for themselves. They also contained information about specific goals which people were working towards, and their progress against those goals.

Activities took place at the service on a regular basis. One relative told us, "He can do lots of different things there." People took part in activities in the service and within the local community. They were specific to the preferences for each individual and supported them to develop their independence and achieve their goals.

Feedback, including complaints, was welcomed by the service. A relative said, "They are very responsive to any concerns and listen to what you say." The registered manager told us that any comments were used to help develop and improve the service. We saw that they were policies in place for complaints and that information on how to raise complaints was readily available. Complaints and compliments were recorded, along with the action that had been taken by the service as a result.

Good

Is the service well-led?

Our findings

There was a positive culture at the service. Staff members were motivated to perform their roles and meet each person's specific needs. One staff member said, "I love working here, each resident is so different and needs our help in different ways."

Staff were positive about the potential for the development of the service. They told us that there had been discussions about improving the environment or moving the service to a different site. They went on to explain that they felt this would help them further improve the care that people received and help develop their activities and independence. They told us that the provider was considering how best to achieve these improvements for people at the service.

There was a registered manager at the service. 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.'

People and their relatives knew who the registered manager was and felt they were approachable and accessible. One relative told us, "She [registered manager] is very good. I can get hold of her if I need her." Staff members felt well supported by the registered manager, as well as other senior staff members and the provider.

There was a range of different quality assurance systems in place at the service. We saw that different audits and checks were carried out to identify areas for improvement. Action plans were in place to ensure that those areas which were identified were addressed.