Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Cottage Care Home

The Cottage, Old Hill, Longhope, GL17 0PF

Tel: 01452830373

Date of Inspection: 19 August 2013

Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Brandon Trust
Registered Manager	Mrs. Tammy Michell Perchard
Overview of the service	The Cottage is a care home that provides care and support for four adults with a diagnosis of autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 19 August 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We were unable to ask people about their views of living in the home because of their complex communication needs. However, we observed that staff understood people's communication needs and were able to support people to make choices about their daily living. Staff we spoke with showed that they had a clear understanding of involving people in day-to-day decisions about their care.

Care plans were personalised to each individual's needs and detailed how staff should work with people to meet those needs. Risk assessments had been completed where necessary and all care records were regularly reviewed.

There were enough qualified, skilled and experienced staff to meet people's needs. Care was provided in an environment that was safe, well maintained and met people's needs. The provider sought the views of people's families and visiting professionals and used these comments to improve and develop the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider involved relatives and other professionals when making best interest decisions on people's behalf where they did not have capacity.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People living in the home did not have the ability to verbally communicate their consent to receive care. We looked at the care plans for two people and saw that these described what certain gestures or behaviours were communicating in relation to different aspects of their care.

We observed that staff understood people's communication needs and were able to support people to make decisions about their daily living. During our visit we observed staff talking to people about how they wanted to spend their time and what they wanted to eat and drink. Staff we spoke with showed that they had a clear understanding of involving people in day-to-day decisions about their care.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. In the two care files we looked at we saw that mental capacity assessments had been carried out to assess people's ability to make specific day-to-day decisions. Records also detailed the type of decisions that would need to be made in the person's best interest and who should be involved in making those decisions. All care plans we looked at recorded that they had been written in the individual's best interest. Records showed who had been involved in writing the care plan and also what input the individual may have had, where they were able to.

At the time of our visit one person had been sleeping downstairs for a few weeks because they had broken their foot and were unable to manage the stairs. We saw records of the decision for the person to move downstairs that had been taken in their 'best interest'. This decision had been made together with other health professionals.

The home had completed end of life plans with people and their families. We saw that

these had been developed over a period of time and took into account people's life histories. For example one person had practiced a certain religion when they were younger and careful consideration was given as to whether or not they still held the same religious views.

There was evidence that the home had considered if any restrictions were in place that might impact on an individual's liberty. At the time of our visit the home had not made any applications to deprive any individual of their liberty.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Appropriate care plans were in place that were followed by staff. People experienced care and support that was flexible and could be adapted to meet their changing needs and wishes.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for two people living in the home. Each person had an assessment of need in place from which care plans were developed. Care plans were personalised to each individual's needs and detailed how staff should work with people to meet those needs. This included comprehensive details of people's routines for different times of the day and different activities they took part in. Risk assessments had been completed where necessary and all care records were regularly reviewed.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Some parts of the main downstairs living area had been allocated for each individual to use and other parts had been left for everyone's use. People could identify the specifically allocated areas by pictures of each individual and other personal items. These defined areas gave people the choice to spend time on their own or with others, particularly at meal times. We could see that this arrangement was beneficial to the well-being of people and was in line with each person's identified social needs in their person centred plans.

The home sought advice from external health professionals and people had individual health action plans. We saw that people living in the home had access to regular checks with dentists, opticians and chiropodists. We also saw that everyone living in the home had an annual health check with their GP. On the day of our inspection a health professional from the community learning disability team (CLDT) visited to assess how one person was progressing since they had been unwell.

Activities were individualised and relevant to people's needs. The home had the use of a vehicle and was able to take people out daily. Some external activities were planned for particular days for people. Others activities, such as going out for drives and to local shops, were more spontaneous and decided on the day depending on people's wishes. On the day of our visit everyone went out in the vehicle to go food shopping and complete a

variety of errands with staff. We could see that people enjoyed being part of this activity.

Two people living in the home went on a holiday every year. The other two people chose not to go away on holiday. We saw that for these two people regular days out were arranged throughout the year to venues they had chosen.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. There was a planned programme for on-going maintenance and re-decoration.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We walked around the home with a senior member of staff and observed that it was clean, odour free and mostly well maintained. We saw that the downstairs bathroom was in need of re-decoration because the bath panel was damaged, walls needed painting and the floor was permanently stained. The registered manager advised us that this bathroom was due to be re-decorated in September 2013. The provider may find it useful to note that the planned re-decoration did not include changing the flooring or the bath panel.

People's rooms were situated on the first floor with access to the first floor by stairs only. One person had temporarily moved downstairs because they were unable to use the stairs. An assessment completed on the day of our visit indicated that the person would soon be able to manage the stairs again and move back to their bedroom. Baths in the two bathrooms had been fitted with adjustable bath seats to help people who required assistance in and out of the bath. Rails had recently been fitted around the home to assist one person who had become less steady on their feet and had fallen. These adaptations were sufficient to meet the current needs of the people living in the home.

The building and grounds were secure and a visitors log was maintained. We saw people freely going in and out of the garden and there was a choice of areas to sit in including a sensory area. The provider carried out monthly audits of the premises and equipment. We saw that furniture and equipment was replaced when necessary and any repairs were reported to the landlord. We saw evidence that the appropriate legally required checks had been carried. These included checks for fire safety, electrical equipment, fridge and freezer temperatures and water temperatures.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs. The provider had assessed staffing levels in line with people's needs and had systems in place to change staffing levels as people's needs changed.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. On the day of our inspection there were two care staff on duty and the registered manager arrived later in the morning. We looked at rotas for the current week and the week after and saw that at least two staff were on duty every day. One member of staff covered the night duty and we were advised that the needs of people at night were minimal. The registered manager also managed other services and spent about two days a week at this home.

Everyone living in the home needed two staff to support them to go out into the community for activities. Often people would go out together either as a joint activity or because people liked to accompany other people to their external activities because they enjoyed the drive. We were advised that the home had 40 staffing hours per week above the two staff always on shift. These additional hours were used flexibly to rota extra staff on the days that people went out separately. This would include some days that people had external activities or the days that were planned as special days out for specific individuals. Evidence from daily notes showed that people had been given the opportunity to take part in their agreed activities.

Staff we spoke with told us they enjoyed working in the home and felt supported to carry out their role. Most of the staff had worked in the home for many years and it was clear that staff understood people's needs and worked together as a team to meet those needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider had asked people's families for their views about the care and support provided and used the feedback to improve the service.

Reasons for our judgement

We looked at the systems that the provider had in place to monitor the quality of the care provided. The home carried out regular audits for health & safety, infection control, care plans, medication and a self-assessment of the service. A manager from another home, within the organisation, also carried out quality assurance monitoring visits every two months. We looked at the last three audits and saw that any actions set had been completed. For example one audit had set an action to purchase sensory equipment in the garden. We saw that this action had been completed.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The home regularly sought the views of people's families and visiting professionals. We looked at the results of surveys carried out in February 2013 and saw that all respondents had made positive comments about the home. Comments included; "they understand the specialist needs of autism", "no worries at all" and "during my visits staff are always helpful and keen to assist".

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Incidents and accidents were being recorded in the home. We looked at records of these and found that appropriate action had been taken and where necessary the home had made changes to learn from the events. For example rails had been fitted around the home after one person had fallen.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk