

Westelm Homes Limited

Cedar Lodge

Inspection report

169 Westbury Road
Southend On Sea
Essex
SS2 4DL

Tel: 01702301652
Website: www.cedarlodgeresidentialhome.co.uk

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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

We inspected Cedar Lodge on the 15 February 2016.

The service provides accommodation and support for up to eight people with learning disabilities. There were eight people living at the service at the time of our inspection. Due to their complex needs some people found it difficult to communicate with us verbally. To help us gather views we also spoke with people's relatives.

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

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well. Staff were attentive to people's needs and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them, these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's G.Ps and other health professionals.

Relatives knew how to raise a concern or make a complaint, any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including holding meetings with people, staff and talking with relatives.

The manager and provider carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on medication management, finance and the environment.

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 was safe.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available.

People were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and how to support their independence. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local

community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Cedar Lodge

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 the 15 February 2016 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with six people and two relatives, we also spoke with the deputy manager and two care staff. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person said, "I feel safe living here, it's like a home, when I lived with my mum and dad." A relative told us, "The home is excellent."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "We have all just completed level 2 certificates in safeguarding, it covered all aspects of keeping people safe." Another member of staff told us, "If I had any concerns I would report them to my manager or go to outside agencies depending on the worry." The deputy manager had a good understanding of safeguarding and what their responsibilities were they told us that they would report any concerns to the local authority. The service also had policies for staff to follow on 'whistle blowing' should they need to do this. The deputy manager showed us where a safeguarding concern had been raised in the past what measures they had put in place to keep the person safe and how they could be best supported by staff.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence with everyday activities of daily living. The assessments covered such things as assisting people with personal care, road safety, using public transport, managing money, using the kitchen, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. For example people were encouraged to make their own drinks and light snacks when they had been assessed as safe to use the equipment needed. Staff knew which people needed more supported than others, one member of staff told us, "Some people needed more support when in the kitchen due to them not being aware that the oven may be hot or they may need more support in the community as they have no road awareness." This told us staff managed people's safety needs.

Staff were trained in first aid should there be a medical emergency staff knew how to deal with this. The service carried out regular fire alarm tests and people and staff knew what to do should the building need evacuating.

People were cared for in a safe environment. The manager completed a health and safety checks every month and addressed any issues arising from this. For general repairs the manager employed a handy person to do these. For more specific needs the manager contracted work to plumbers and electricians for example. In case of an emergency staff had numbers clearly displayed in the office to call.

There were sufficient staff on duty to meet people's needs, which included being able to support people with their individual programs and access to the community. When indicated due to need the staffing numbers could be increased. The deputy manager told us that they used regular staff and did not have a need for agency use. If there was a shortfall due to sickness, regular staff would usually cover these shifts.

Staff told us that they felt the shifts worked well and that there was enough staff available throughout the shifts to support people with their needs.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I saw the job advertised in the paper, I came in for an interview with the manager then a week later I came back for another interview with the residents, they asked me all sorts of different questions."

People received their medication safely and as prescribed. One person told us, "The staff give me my medication." Staff who had received training in medication administration and management dispensed the medication to people. We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by the GP. The service had systems in place for the correct storage, ordering and disposal of medication and the manager carried out regular audits of medicine practices. This told us the service was checking that people received medication safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they all did lots of training. One member of staff said, "I recently completed first aid and I did a dementia course where you got to experience what it was like to have dementia." Another member of staff told us they had completed a level 3 national vocational qualification in health and social care and was now doing a level 5 in management. One member of staff told us, "When we have training we discuss what we have learnt, for example how important it is not to lift people by holding under their arms."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked 'shadowing' more experienced staff. This gave them an opportunity to get to know people and how to best support their needs. Staff told us that they were having supervision and were in the process of having their yearly appraisal completed. The deputy manager told us that staff were currently completing a self-assessment of their skills using the topics from the new care certificate to identify if they needed further training in any areas. The deputy manager was also taking on the responsibility for arranging supervisions with all the staff.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they supported people to have full and active lives at the service and in the community. People at the service mostly had the capacity to make their own decisions. The manager clearly advertised an advocacy service should people feel they needed support with decisions. An advocate is an independent person who has training to support people with decisions they may need to make about their life. One person told us, "I have an advocate they come and see me every month."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People had enough to eat and drink. We saw throughout the day people could help themselves to drinks and snacks. We saw one person who had returned from an activity in the community making themselves lunch independently. Staff told us that they tended to make the main hot meal of the day for everyone but people tended to make their own lunches and drinks. One person told us, "I like making cakes with staff." Another

person told us how they enjoyed having takeaways and eating out. We observed a lunchtime where staff had prepared food and sat and ate with people, engaging in social conversation with everyone together.

Staff monitored people's weight monthly and knew to refer people to other professionals if they had concerns about weight or dietary needs. Staff knew people well including their likes and dislikes and knew how to best support people with eating to avoid choking and other issues at mealtimes.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. People had health action plans in place describing how to keep them healthy and what support they needed. When required people received specialist support and review from mental health professionals and their GP. We noted in records that people had received an annual health review from their GP and had reviews from the practice nurse. Staff told us if people were unwell they would usually be able to obtain an appointment the same day with the GP or they could access a local walk in centre. One person told us, "If I am not well [staff name] comes to the doctors with me." This told us people's health needs were being met.

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "I like living here." Another person said, "The staff are very good we laugh and joke." A relative told us, "The staff are very good very caring."

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other's company. There was free flowing conversations about people's wellbeing and how they planned to spend their day. We observed staff were not rushed in their interactions with people and that they took their time to listen closely to what people were saying to them. We noted people sought out the company of staff and were excited at times when talking with them.

People and their relatives were involved in the planning of their care and support needs. A relative told us, "Staff always keep us up to date about everything." Staff knew people well including their preferences for care and their personal histories. Staff had worked at the service with people for a number of years and could describe all aspects of people's personalities and how they liked to be supported. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. However people also told us that they worked with all the staff and that all the staff were good. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs. People's diverse needs were respected. People also had access to individual religious support should they require this. One person told us, "I go to church every Sunday."

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff told us that some people liked to have keys to their rooms so that they could lock their door when not in there, and that they also had keys to let themselves in the front door. Other people preferred not to have keys as they may lose them, however it was their preference whether their room doors were open or not. People could spend time with each other in their rooms if they wished as well as in communal areas at the service. Staff afforded people privacy when assisting with personal care by making sure doors were closed. We noted from resident meetings that one person was encouraged to cover up properly when walking to the bathroom from their room to maintain their dignity and stop embarrassment from others.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. One person told us how they liked to go home every couple of weeks, other people told us how family members visited them and they went out together. Staff said that they supported people to keep contact with their families through home trips and with telephone calls. Staff said in addition if there were relatives birthdays they would support people to go and buy presents and cards. A relative told us, "[person name] comes home at weekends but always has bag packed and is ready to return they are very happy living at the home." The service was spacious and encouraged visitors at any time to see people.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. Before people finally came to live at the service there was a gradual increase of time spent there. This included spending days and then having overnight stays. This gradual build up gave people and staff the opportunity to get to know each other to ensure that they would be happy living there. The deputy manager told us that they also spoke with other professionals involved in people's care to ensure that their needs could be met at the service.

Care plans included information that was specific to the individual. Each care plan included information about the person's health, medication and individual support needs. There was also information about their capacity to make day-to-day decisions. There was limited information about people's life history however all the staff knew people well, and knew their histories and backgrounds. The deputy manager told us the care plans were updated when required and all staff informed of any updates. Relatives told us they had been involved in reviewing care. This told us that the care provided by staff was up to date and relevant to people's needs.

The service took measures to respond to people's changing health needs. For example as people began to get older at the service their support needs could change, to assist people with getting into and out of the bath they have fitted grab rails for people to use. The deputy manager was also aware that as people became older there was a potential of more people developing dementia related needs. To assist staff with this they had recently undergone training on dementia and had started to adapt the service to accommodate a person who had displayed these needs.

People were encouraged to follow their own interest and hobbies. People were supported to access the local community to attend social and educational activities. Staff told us that people tended to have activities in the community every day. Some people attended college and day centres to further develop their independence and life skills. People were supported with social activities of their choice; these included attending local friendship clubs, sporting activities and other social activities. One person was interested in trains and they collected these, staff supported the person to go on train rides. We saw that other people enjoyed completing jigsaw puzzles and art work whilst at the service. Some people enjoyed cooking and one person told us that they went to cooking classes. We saw that people had active programs that they followed which was individual to their choices and needs.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. A relative told us, "If I had any concerns I would talk to the manager I have

known them for a long time." The deputy manager told us if complaints were raised they tended to deal with them immediately to resolve any issues or they discussed them in resident meetings.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager, to address the issue.

Is the service well-led?

Our findings

The service had a registered manager and deputy manager. The manager was very visible within the service, and spent time working with people and staff.

Staff felt supported at the service. Staff said they felt very supported by the manager and deputy manager, one member of staff said, "The manager and deputy are very good to talk through any issues." Staff told us that they all worked well together as a team and supported each other where needed. In addition staff had regular meetings to discuss people's care and the running of the service. Staff felt that their ideas were listened to at the meetings and any suggestions were taken on board to try new ways of working. The deputy manager told us how they had changed the way the shifts worked as all staff were in agreement that at certain times of the day it was necessary for more staff to be available for support. One member of staff said, "We have changed some of our start times so that there is always staff available in the morning to support with breakfast and personal care." Staff all agreed the new staggered shift system was working well. Staff also had handover meetings between each shift and used a communication book and diary to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

Staff shared the manager's and provider's vision for the service. One member of staff said, "We help people have a fulfilled life and do as much as possible for themselves." Another member of staff said, "We help people make choices for themselves and live their lives as full as possible."

People's opinions were sought within the service. We saw the manager held regular meetings with people and sought their opinions on the service they received and if they were happy at the service. We saw from minutes people discussed activities, outings and the menu amongst other things. People were also asked for their input with the environment, one person told us, "I chose the colour of my room." This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out daily audits on medication management and finances as well as environment and health and safety checks. The manager was responsive to other stakeholders and feedback and listened to their suggestions to make improvements at the service. The manager also commissioned an independent audit of the service to gain feedback on how the service was performing. This told us the manager was keen to maintain continual improvements at the service.