

# Stockport, East Cheshire, High Peak, Urmston & District Cerebral Palsy Society

## Cheddle Lodge

### 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

Cheddle Lodge is a residential care home providing accommodation and personal care for up to 13 people with learning disabilities. At the time of the inspection there were 13 people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by how the service was organised and how people were supported. People using the service received planned and co-ordinated person-centred support which was appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The home was clean and free from malodours. Risks were well managed and health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment. Staff were aware of their responsibilities in safeguarding people from abuse. Medicines were managed safely. Safe systems of recruitment were in place.

There were sufficient staff to meet people's needs and staff received the induction, training and support they needed to carry out their roles. People's nutritional and health needs were met.

Staff knew people well and took a pride in providing kind and caring support. People's individual communication styles were valued by staff. People had access to independent advocates. People's preferences and routines were respected. Records gave detailed descriptions of how people liked their support provided.

Care records were person centred, reviewed regularly and updated when people's needs changed. People took part in a wide range of activities that were based on their interests and hobbies.

There were good systems of quality assurance checks and audits. Everyone was positive about the registered manager and the way the service was run. The provider had notified the Care Quality Commission (CQC) of significant events such as safeguarding concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 16 October 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of those regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cheddle Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector on the first and second day. A second inspector undertook the third day of inspection.

#### Service and service type

Cheddle Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a health care professional involved with the service. We asked Healthwatch Stockport for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

### During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, the Chief Executive and care staff. We 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.

We reviewed a range of records. This included seven people's care records, multiple medication records and records of care provided. A variety of records relating to the management of the service, including training, policies and procedures were reviewed. We also spent time in communal areas of the home observing the support people received and how staff interacted with people who used the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found hot surfaces posed a scalding risk, portable electrical appliance testing (PAT) had expired and some open doors could have allowed unauthorised people to access the home. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Health and safety checks in the home had been carried out. PAT testing had been carried out and radiators had appropriate covers in place. There was a programme of regular maintenance to the building and servicing of equipment. Concerns or repairs were dealt with effectively.
- Risks to individuals and staff were identified and well managed. Risk assessments were detailed and person centred. They gave clear guidance to staff on what needed to happen to keep people safe whilst respecting peoples choices.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- Staff were trained to identify the signs of abuse that they needed to be aware of.
- Staff told us they were encouraged to raise even the most minor concerns and records supported this. They were confident any concerns would be dealt with appropriately. One staff member said, "I am very confident without a doubt." A relative said, "I have no concerns. If I did I would just talk to the staff."

### Staffing and recruitment

- There were safe systems for staff recruitment in place. At our last inspection we found staff files contained the necessary checks and documents to ensure fit and proper people were employed. No new staff had been recruited since our last inspection.
- Staffing levels were appropriate to meet people's needs. One staff member said, "You have the time to do the job and to spend time with people."

### Using medicines safely

- People received their medicines safely. Staff were competent and confident with supporting people with

their medicines. Staff had received training in the administration of medicines and had regular competency checks.

- Robust processes were in place to ensure people were able to access their medicines safely when in the community.
- People's medicines were reviewed very regularly. A health care professional told us that staff always worked with them to ensure alternatives to medicines were explored where appropriate. This included looking for reasons why people were showing signs of distress. They told us. "They look for why the person isn't sleeping, not automatically for medicines."

Preventing and controlling infection; Learning lessons when things go wrong

- There were robust systems in place to prevent the spread of infection or disease. The home was clean and free from malodours.
- Staff had completed training in infection prevention. Personal protective equipment (PPE) was available and used by staff when providing personal care.
- Records were kept of accidents and incidents that occurred to people who used the service and to staff. The registered manager and senior managers also monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found some support workers had not undergone update training in line with national guidance. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. Staff completed an induction and a range of training the provider considered mandatory. There were systems in place to check staff competency. A relative said, "Staff always seem to know what they are doing."
- Staff told us they received the training and support they needed to undertake their roles. One staff member said, "You can always talk to someone if you need to."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found applications had been made for DoLS authorisations, however the authorisations for some people had expired and had not been renewed. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- The provider was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed. Records showed where appropriate people's representatives had been involved in decisions about their care. Where required, independent advocates had been involved in decisions. A health care professional told us that whenever best interest meetings were held about people's health issues the person, and where appropriate their family, were always in attendance. They said, "I can't think of a single best interest meeting where the person and family haven't been involved."
- The correct procedures for applying for DoLS had been followed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started living at the home their needs were assessed and their individual preferences identified. People were offered visits including overnight stays to see if they liked the home. This also helped staff get to know people. The registered manager told us, "This helps us understand what people's needs are and we can assess people during visits. It also helps people get to know staff and vice versa." This would help to ensure people were appropriately placed and the home could provide people with the support they needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. People were offered two menu options and menus were changed seasonally. Where people were at risk of poor nutrition, records were kept of what they ate and drank and their weights were monitored.
- The home had been awarded a 5-star food hygiene rating in October 2019 by the food standards agency. This meant that food was stored and prepared safely.
- Where people had specific dietary requirements or needed their food modifying because of the risk of choking, records gave guidance to staff on how the food should be prepared and how to support the person safely.

Adapting service, design, decoration to meet people's needs

- The home was clean, tidy and clear from clutter and obstructions.
- Bedrooms were very well decorated, personalised and contained possessions and photographs that were important to people. Some rooms were also themed around people's interests, such as one bedroom which had wallpaper with a photograph of the northern lights and stars that glowed at night. One person's room replicated the room they had before they came to live at Cheddle Lodge. Staff told us this had helped the person settle and feel comfortable in familiar surroundings.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their health needs and had access to a range of health care professionals and regular health checks. People's health action plans (HAP) contained information about their health conditions and support they needed to promote good health.
- Where people had specific health needs additional training was provided to staff.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety. This would help ensure

important information staff might need was transferred with the person if they went into hospital. A health care professional told us, "Whenever a person goes into hospital, the staff are there everyday and they are straight away working to get the person home."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person said, "I like living here." A relative told us, "Yes they [staff] are caring. There is always a good atmosphere." A health care professional said, "They are really impressive with the care they provide."
- Our observations during the inspection showed that staff were kind and caring. Support was provided in an unhurried way. Staff took time to explain things and spoke respectfully to people. They spoke with pride about working at the home. Staff members said, "I love working here. It's a lovely environment", "I like it here. I enjoy it. The clients get the care they should" and "It's great when you get a smile from people."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service. People's cultural, religious and spiritual beliefs were respected.

Supporting people to express their views and be involved in making decisions about their care

- During the inspection we saw that people's choices were respected. Where needed people had access to independent advocates.
- Where people did not use words to communicate records gave staff clear guidance on how to best support people to make decisions and how to understand what people were indicating they wanted.
- People's preferences and routines were respected. Records gave detailed descriptions of how people liked their support provided. One said the person liked to 'have a cup of tea with the night staff before going to bed.' Staff gave examples of how they ensured people were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- All care records were written with a focus on how to improve people's lives and demonstrated a 'can do' approach. They gave good information about what people could do and how staff could encourage people's dignity and independence.
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records and support were based on the needs and preferences of individuals. Care records included person-centred risk assessments and support plans. They gave information about the person, who and what was important to and for them and how they can be supported with choice and control.
- People or where appropriate those who were important to them, had been involved in decisions about their care and support. Care records were reviewed regularly and updated when people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were based around people's individual interests, hobbies and ambitions. People took part in a wide range of activities both in the home and in the wider community.
- People had been supported to go on holidays both in Britain and abroad. Where the person had complex health needs staff worked closely with health care professionals to work through any difficulties so that the person could still go.
- We saw that people were encouraged to keep in contact with family and friends. This included people who had been supported to visit family who lived abroad. People also used telephone video links to have face to face discussions with their relatives.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. Complaints were handled in the correct way and responded to in a timely manner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in alternative formats including large print, pictorial, easy read and written formats.
- Care records included information about how people communicated. They included information about what people's sounds, facial expressions, gestures and actions might mean. They also guided staff on how they should respond and how to check out they were understanding correctly what the person meant.
- People had access to assistive technology to help them communicate and maintain their independence. One person used a communication system that they controlled using their eyes. This enabled them to let

staff know clearly what they wanted. It also included being able to change their television channel if they wanted to.

#### End of life care and support

- At the time of our inspection, nobody was receiving support at the end of their life. Processes were in place to enable people to be supported at home if they chose. People's wishes were also identified and recorded.
- We spoke with relatives of a person who had been supported by staff at the end of their life. They told us the support their relative received was very compassionate and caring and they felt they were very involved in their relative's care. The service had worked with health care professionals to ensure the person was able to spend their last days at the home with people they were comfortable and familiar with.
- Staff had supported someone who used the service very compassionately when their family member had passed away. They had arranged the funeral and ensured that the person was able to be fully involved.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection management systems and oversight had not identified or actioned the concerns we found during the inspection. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Systems of daily, weekly and monthly quality assurance checks and audits had significantly improved.
- Where issues were found they were dealt with promptly. One example was during a recent audit had identified improvements needed to be made on the way night time checks were made and recorded. This had been dealt with promptly and discussed at staff meetings.
- People were positive about the service and the way it was managed and organised. A relative told us, "We like the way it is run. It runs smoothly." Staff said, "The best thing about the service is the quality of care that we deliver" and "People here get a good service. It's not like a care home. It's their home."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found the registered manager to be very compassionate and caring towards people and their wider families. People said, "[Registered manager] Is okay", "He is very easy to talk to." A health care professional said, "You can see the respect staff have for him. He makes sure staff are safe and supports them with new skills."
- Staff members said, "[Registered manager] is approachable and fair ", "He is a fair manager. He does everything, he does shifts, goes on holidays with people, he doesn't ask you to do anything he wouldn't do", "He is a very caring manager" and "He is all for the residents. That's what I like about him."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility regarding duty of candour.
- The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw that the rating

was displayed in the reception area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a statement of purpose and service user guide. This gave people details of the facilities provided at the home. They explained the service's aims, values, objectives and services provided.
- People's view about the service had been sought. At the time of our inspection the results were being reviewed. The chief executive told us that as soon as this was completed feedback including any planned action would be given to people.

Continuous learning and improving care; Working in partnership with others

- The home worked closely with the local authorities who commissioned the service and healthcare professionals to achieve good outcomes for people.
- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.