Education and Services for People with Autism Limited

Cedars 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

The inspection took place on 7 January 2019 and was announced. We do this to ensure there is some at the service to help with the inspection.

We previously inspected Cedars Lodge in December 2017, at which time the service was rated requires improvement. At this inspection, the service was rated good. This was because we found medicines administration practices were not in line with good practice and were not well audited. At this inspection we found medicines practices to be in line with good practice and oversight of them was robust. As the appropriate improvements have been made, the service was rated good at this inspection.

Cedars Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 supports people living with a learning disability.

The care service is designed and run in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also responsible for the management of the provider's other small service nearby and was supported by an assistant manager.

Medicines administration practices were now safe and in line with national best practice guidance. This included improvements to homely remedies, 'when required' medicines, and prescribed creams. Staff were trained appropriately, had their competence assessed and demonstrated a good knowledge of people's medicinal needs.

Risk assessments were specific to people's individual needs and did not restrict people's freedoms to keep them safe. Staff demonstrated a good knowledge of the risks people faced and how to help them minimise them.

Staffing levels were appropriate to people's needs and to ensure the service was not task orientated; rotas were planned in advance.

Staff understood their safeguarding responsibilities. They knew what to do should they have concerns about people's wellbeing or safety. People who used the service felt safe and secure.

Training and support was well planned and effective. The induction covered all core areas and ensured new staff had the skills and confidence to support people. Staff told us they were well supported.

People had a choice of meal options and were encouraged to improve their own cooking skills.

People were supported to have maximum choice and control of their lives in the least restrictive way possible. Staff had received training in the Mental Capacity Act (2005) and consent was evident in care planning and through day to day interactions.

Care plans contained sufficient detail for staff to ensure people's needs were met and that visiting healthcare professionals could understand people's recent healthcare needs and wellbeing. Care plans had been reviewed and audited.

People who used the service were clear that staff were patient and respectful with them. We observed such interactions, as well as good levels of mutually shared humour. Relatives confirmed that people got on well with staff.

People who used the service played an active role in planning and accessing the outings and activities they were interested in. Staff supported them to be as independent as they could be in this.

There had been no complaints but people who used the service were clear they knew how to complain and to whom, if they needed. An appropriate, accessible policy was in place.

The assistant manager and registered manager interacted well with people who used the service and staff. Audits were in place and the managers demonstrated an awareness of areas of recent good practice. They were aware of their responsibilities with regard to making appropriate notifications to CQC.

The culture was open, inclusive and the atmosphere vibrant and welcoming. People felt at home and part of the home.

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.

Medicines practices had improved and were safely managed.

Risk assessments were up to date and described how staff should best support people to keep them safe.

There were sufficient staff on duty to ensure people were cared for safely.

Is the service effective?

Good

The service was effective.

Staff received a detailed induction and regular training updates. Training was specific to people's individual needs.

Staff supervisions and meetings took place regularly and all staff we spoke with felt well supported.

Staff liaised well with external healthcare professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

People who used the service told us they liked all staff members.

We observed positive interactions throughout the inspection, with a focus on humour.

People played a part in the running of the service and were regularly consulted and involved.

Is the service responsive?

Good

The service was responsive.

Activities were planned with a focus on people's individual likes, dislikes and longer-term aspirations and goals.

Care records were regularly reviewed and were up to date.

Staff were aware of the potential for people's needs to change. They knew how to identify change and what action to take.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to the governance of the service, with clearly delegated roles.

Staff confirmed the culture was open and inclusive and the atmosphere was homely and welcoming.

The assistant manager and registered manager interacted well with people who used the service and staff.

Cedars 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.

We visited the service on 7 January 2019 and the inspection was announced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time speaking with two people who used the service. We observed interactions between staff and people who used the service throughout the inspection. We spoke with five members of staff: the registered manager, the assistant manager and three support workers. We looked at one person's care plans, risk assessments, medicines records, staff training and recruitment documentation, quality assurance systems, meeting minutes and maintenance records. Following the inspection we contacted two relatives and two health and social care professionals.

Good

Is the service safe?

Our findings

At the last inspection we found the management of medicines was not always safe and in line with national good practice. The provider had not ensured homely medicines were risk assessed, that topical medicines (creams) were safely administered, that staffing competence was suitably assessed, or that the auditing of medicines records was sufficiently robust.

At this inspection we found the registered manager had ensured a range of improvements had been made in a timely manner. For instance, where homely remedies were used, the registered manager had ensured these had been checked with each person's GP to ensure there was no risk when used alongside already prescribed medicines. Where people required creams to be applied we saw there were now clear body maps in place demonstrating the whereabouts on a person the cream was required. Competency assessments were well planned and medicines audits took place regularly.

The registered manager and assistant manager demonstrated a sound awareness of each person's medicinal need and the systems in place to ensure they received medicines safely. Medicines were safely stored in a locked cupboard in the management office. This meant people received medicines in a timely and safe manner and the risk of medicines errors was minimised.

People consistently told us they felt safe and well cared for. One person said, "The staff are really nice." One person's relative said, "We've never had a problem in the five years they've been there."

A concern regarding a person's safety earlier in the year had been managed appropriately. The management team had liaised closely with families, local safeguarding and social care professionals to ensure people were kept safe and the least restrictive options possible were in place. Staff confirmed they had been well supported and that debriefings had taken place to reflect on what had happened and what could be done differently in future. This meant the registered manager had ensured reflective practice was embedded as part of the culture and lessons were learned when safety incidents occurred.

There were sufficient staff to meet people's needs. Rotas demonstrated that staffing was well planned. Staff said, "The rota is always planned in advance and there is always the right time put on for one to one time." Relatives told us, "They always seem relaxed and never rushed or under stress."

Pre-employment checks remained in place for new members of staff and staff demonstrated an awareness of their safeguarding responsibilities. People we spoke with were confident they could raise concerns should they have any, as were staff.

Risk assessments were in place, detailed and specific to the needs of each person. They were regularly reviewed and informed by information from external health and social care professionals. They struck a balance between keeping people safe and allowing them to build independence and take positive risks. We saw no evidence of restrictive practices and people's independence was positively supported.

Servicing and maintenance of utilities and safety equipment remained well managed. A sample of relevant records demonstrated, for example, that gas safe testing, fire equipment testing and the five-year electrical installation test were in date. Where action was required, it had been taken by the provider.

The premises were clean throughout. All staff had received training in infection control, as had people who used the service. When we spoke with people, they were clear about how they could help maintain levels of cleanliness and tidiness and housework was included as part of timetables intended to help people improve their daily living skills.

People's confidential sensitive information was appropriately and safely stored. The management team had regard to the recent change in data protection legislation (known as the General Data Protection Regulation) and had updated their records accordingly.

Personalised Emergency Evacuation Plans (PEEPs) were in place. These help in the event of an emergency, meaning that emergency services personnel would be better equipped to help evacuate people form the building.

Good

Is the service effective?

Our findings

People received care and support from a staff team who themselves were well supported and had the right skills and knowledge to meet people's needs. The standard induction to the role lasted three weeks, with further shadowing after that to ensure new staff were competent and confident. We spoke with a new member of staff who told us, "They don't rush you with anything. I thought I might get thrown in at the deep end as this isn't my background but they have been great. I love coming to work." Where staff did not have a care background, we saw they were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Mandatory training took place regularly and the provider ensured the management team were sent updates regarding the training courses on offer. These included safeguarding, infection control, mental health awareness, first aid and fire safety. The assistant manager ensured staff took part in refresher training and any new training relevant to people's needs. For instance, one person who used the service had a specific condition so staff had training in this particular area planned. Staff confirmed they were supported to pursue training courses they felt may benefit them in their social care career, as well as to meet people's needs.

The registered manager had ensured current areas of best practice were shared with staff through attending training events or by sharing their own knowledge. For instance, they had attended an information session on the 'Stopping the Over Medication of People with a Learning Disability or Autism' (STOMP) campaign. They had also ensured staff received Prevent training before attending events at the local authority. Prevent training designed to ensure people are aware and able to identify the risks of extremism.

The registered manager was due to attend a Positive Behaviour Support (PBS) course. When completed, they would then mentor five members of staff in PBS. PBS is a means of supporting people who display or are at risk of displaying behaviours which challenge, through understanding the reasons behind such behaviours and planning better quality of life outcomes with them. We saw the service already used recognised tools to help people plan and effectively meet their healthcare and wellbeing goals, for instance the Outcome Star. This is a means of documenting and planning towards improved health and wellbeing outcomes, with people setting their own goals.

Supervision and appraisal meetings took place regularly. Supervisions are meetings between an employee and their manager whereby the staff member can talk about training or other needs they may have. Appraisals are annual reviews of performance. Staff confirmed these meetings were a meaningful opportunity to review any concerns they had and to talk about whether they needed any additional support.

People who used the service felt staff knew them well and were sufficiently skilled. Relatives also told us, "They work really well with [person]," and, "I've been impressed with how proactive they are, staying on top of things."

Staff we spoke with demonstrated a good understanding of people's healthcare needs and were able to describe in detail any triggers to anxious behaviour, likes, dislikes and people's histories. People benefitted from well-planned care that had regard to input from a range of external professionals, for instance GPs, psychiatrists, and the provider's in-house occupational therapy and speech and language therapy specialists.

The registered manager had recently introduced a keyworker system which meant specific staff would have responsibility for reviewing and updating a person's care plan. This would mean greater autonomy for staff and also that people who used the service had their care planning reviewed by the same person consistently.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw no one using the service was subject to a DoLS and people could come and go as they pleased. In line with the principles of the MCA, people's capacity had been presumed unless there was a reason to assess it. The registered manager and assistant manager demonstrated a sound understanding of the principles of the MCA and gave examples of how they had ensured people had been supported in the least restrictive way possible previously.

We observed staff ensured people consented to day to day choices such as what time they would like to get up and have breakfast, where they would like to go and what they would like to do.

The premises were appropriate for the needs of people who used the service and there were sufficient bathing and toileting facilities. We noted there had been some refurbishment since the last inspection, with calmer colours on the walls. The registered manager told us they had regard to Autism best practice when choosing the colour scheme. There was dining space in the kitchen and in the living room/dining area. There were plans to put raised beds in the outdoor space so that one person could pursue their interest in growing produce.

People had a choice of meals and were involved in their own meal preparation, appropriate to their level of need and independence. Healthy options were encouraged, for instance through use of fresh produce, or, when there was a takeaway night, through suggested appropriate portion sizes.

Good

Is the service caring?

Our findings

People who used the service told us they felt at home and, throughout the inspection, were comfortable in the presence of staff. Likewise, staff knew people well and engaged with them warmly, with humour where appropriate.

Relatives agreed that staff made sure people who used the service felt at home and respected. They said, "He's like a new person. He loves it there, it's his home," and, "They are much more independent and happy now. I used to go and see them, now it's the other way around!"

Survey results from 2018 demonstrated that people who used the service and relatives felt the staff team met people's needs well, and were caring in their approaches.

The culture was open and the atmosphere relaxed. People were supported to attend a range of activities and appointments. Whilst this was well planned, staff encouraged people to take responsibility for their own arrangements, prompting when needed. Staff actively encouraged people to build and maintain their independence. For instance, detailed and specific plans were in place to ensure that one person was able to access public transport with less and less help from staff, with a view to being able to visit family on their own. Their relative told us, "He's always getting about on the Metro, no problem."

People were encouraged to play a part in the planning of their care and the running of the home. Some people enjoyed cooking and one person we spoke with agreed the household tasks they were encouraged to do promoted their independence.

Residents meetings were held regularly to ensure people who used the service had further opportunities to discuss how the service was being run. Recent meetings included discussions about meals and planning Christmas events.

Staff respected and supported people's individualities. We saw people being treated with dignity and respect during the inspection, for example when staff knocked on people's doors to see if they were ready to get up, rather than just walking in, and asking permission to view photographs on a person's phone for the purpose of creating a wall display in the home.

Staff communicated well with people and understood non-verbal cues as well as the topics people most liked to talk about (and those topics that should be avoided).

People were encouraged to maintain the relationships that were important to them. Staff had ensured people who used the service were able to stay with their families over Christmas and we received positive feedback from people about this. This had not happened in previous years. The importance of people maintaining adult friendships and relationships was evident through staff actions and the care plans in place.

Good

Is the service responsive?

Our findings

Each person had a person-centred support plan which set out their life history, what was most important to them and what things they wanted to achieve (for instance, more independence, achieving qualifications). Person-centred means that care is planned and delivered in a way that sees people as equal partners in planning and puts their needs and individualities first. These plans were extremely detailed and gave staff a good understanding of why people may be interested in certain pastimes or behave in particular ways. Staff confirmed they had the time to make sure they were aware of people's backgrounds before supporting them. Throughout the inspection, staff demonstrated a strong working knowledge of people's preferences.

Activities provision was well planned and geared to each person's preferences. For instance, one person liked to visit their family and enjoyed the social evenings at the service. Another person preferred a busy range of weekly activities, including cookery courses, volunteering at a shop, and woodwork. At a recent meeting people who used the service had decided they wanted to try keeping a pet, in this case guinea pigs. People were evidently encouraged to act and think independently. One relative said, "Their independence has come on more than we were expecting - they have got to know and trust the staff."

People who used the service attended college to pursue a range of vocational qualifications and this was actively encouraged by the service. Where one person's needs meant that the college could on occasion struggle to communicate with them, the service had done some preliminary work to ensure college staff were more aware of the person's needs. This meant the provider ensured people were not disadvantaged and had the opportunity to access educational opportunities.

People's goals and aspirations were actively discussed and plans put in place to help people achieve these goals, whether they were short-term goals such as going to a local shop, or longer-term goals such as achieving specific qualifications. Staff respected people's varying levels of independence and supported them to achieve their goals.

The registered manager was aware of the risks of social isolation and the provision of activities within a weekly timetabled structure ensured people all had the opportunity to access the community. People we spoke with confirmed they enjoyed this and one relative said, "They are out and about so much more than they used to be."

Records were accurate and up to date. Risk assessments and care plans were reviewed and updated regularly. Handover procedures were well established and all staff we spoke with had confidence in the team around them, and their management.

Staff demonstrated a strong understanding of what to look out for in terms of people's needs, particularly when they were prone to fluctuation. Staff were able to describe how they had taken prompt action when people's behaviours had indicated they may be at risk of regressing. Staff took a proactive role in ensuring people's changing needs were identified and acted on. This included the completion of behavioural charts, and analysis of them. With the registered manager due to complete Positive Behaviour Support training, this

could also lead to the filling in of paperwork to describe individual behaviours and the registered manager would need to ensure this did not overburden staff or clash with existing processes.

Care plans appropriately described people's needs and the changes they may demonstrate. This meant any prospective staff would also have access to information which would give them suitable information about people's needs. Communication with relatives was a key strength, with those we spoke with feeling consistently involved. One told us, "Sometimes as a relative you have to fight to get in touch with the right people but that's never the case at Cedars. We get a weekly email from the manager and they are proactive about updating us on anything in the meantime."

The provider had acted in line with the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

There had been two complaints since the last inspection and the provider had dealt with these thoroughly. People who used the service confirmed they could raise any issues they had with the staff team. There was an appropriate complaints procedure in place.

Good

Is the service well-led?

Our findings

The service had a registered manager in place, who maintained oversight of this service and the provider's nearby small residential service. An assistant manager ran day to day aspects of the service and we found this worked well. Both the registered manager and the assistant manager had extensive relevant experience and demonstrated a good knowledge of the needs of everyone who used the service, as well as the policies and procedures at the service. The assistant manager was completing a further managerial qualification with an additional focus on the needs of one person who used the service.

The registered manager had ensured there had been improvements to the service since our last inspection. This included the identified breach of legislation regarding medicines administration, along with how these systems were managed and monitored. In addition to this the registered manager spoke openly about other issues they had identified since taking over the service, and the actions they had put in place to make further improvements. For instance, they had recognised that, when safety incidents occurred, there was not a culture of talking about the incident afterwards and reflecting on what could have been done differently. They ensured debriefings happened after any safety incident and that staff were given the opportunity to share their feelings about anything that had happened, without attributing any blame. They ensured staff were well supported and equipped to help people who used the service in the future.

Staff confirmed, "It's very open now, I feel you can ask and challenge about things and it is taken in the right way. Their door is always open."

Staff told us they enjoyed their roles and felt part of a team. We found morale to be good, with staff working well together as an established team. New staff told us they felt welcomed. External professionals raised no concerns about the style or effectiveness of management at the service.

Staff meetings occurred regularly and demonstrated how the registered manager ensured staff were involved in conversations about the future of the service, and were given the opportunity to contribute to how the service was run. The registered manager was keen to ensure keyworker roles were allocated and staff were given more autonomy in their roles.

This extended to areas of quality assurance. Currently the assistant manager and senior support worker conducted regular medicines audits and the registered manager wanted to ensure other quality assurance work could be delegated appropriately (whilst they would always maintain oversight).

The registered manager demonstrated a strong awareness of good practice. For instance, they had referred to CQC's publication 'Building the Right Support', in their action plan for 2019. Building the Right Support sets out expectations regarding buildings designed to support the needs of people living with learning disabilities and Autism. They also demonstrated an awareness of other relevant best practice, such as Stopping the Over Medication of People with a Learning Disability or Autism (STOMP) and Positive Behaviour Support (PBS). They were clearly able to describe how the implementation of such practice could be beneficial for people who used the service.

There was good corporate support in place for the registered manager, and good oversight. The general manager would visit every two to three months and undertake an audit of premises and systems, aligned to the key questions that CQC ask. Where these visits identified action was required, this action was promptly taken.

When we spoke with people who used the service they said of the registered manager, "They are really nice". Relatives told us, "They are always in touch," and, "They are doing brilliantly with him. We have every confidence."

The assistant manager and registered manager were passionate about people achieving good health and wellbeing outcomes and valued the role of staff.