

Winslow Court Limited

Cedar Lodge

Inspection report

West Midlands Learning Campus
Rowden
Bromyard
Herefordshire
HR7 4LS

Tel: 01885488096

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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

This was an announced inspection carried out on the 29 March 2017.

Cedar Lodge provides accommodation and personal care for up to nine adults with learning disabilities or autism. The home is accessible for wheelchair users and is in a rural area on the border of Herefordshire and Shropshire. At the time our inspection there were five people using the service.

This service had not been previously inspected.

At the time of the inspection there was no registered manager in place at Cedar Lodge, as they had recently left the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed and was present throughout the inspection visit.

Both relatives, professionals and staff raised concerns regarding the continuity of registered managers. Since registration with CQC in June 2015, there had been three registered managers appointed to Cedar Lodge. The provider acknowledged people's concerns about the turnover of managers, however expressed confidence with the new manager in delivering continuity and stability.

People told us they felt safe living at Cedar Lodge.

People's safety and well-being had been assessed by the provider and risk assessments were in place to minimise any risks and keep them safe. People told us they had been fully consulted and involved in determining the nature of the risk and the action required by staff.

The provider ensured there were enough staff on duty to meet people's needs.

The provider carried out appropriate checks when recruiting new staff. Checks included their identity, previous employment history and at least two character references. The provider undertook a Disclosure and Barring Service (DBS) check for each member of staff before they started working with people.

Where the provider administered people's medicines, people told us they received their medicines when they need them.

People told us they felt staff were professional and, well trained to undertake their roles. Staff told us the training they received enabled them to have the right skills and knowledge to support people.

The provider understood and protected people's rights under the Mental Capacity Act 2005. Staff

demonstrated a clear understanding of the Mental Capacity Act and confirmed they had received training.

People were supported to access healthcare from other professionals.

People were supported to maintain healthy diets and were assessed for their nutrition and hydration needs.

People received care and support that took into account their specific needs and preferences. People told us they were actively involved in the care they or their relative received.

Staff promoted people's independence and always respected their wishes. Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

People and their relatives told us that staff supported them to pursue their interests, and had organised weekly schedules to follow.

The provider had systems in place to seek out people's views and experiences of their care, and address any concerns or complaints they may have. People told us they knew how to make a formal complaint as they had been provided with the relevant information from the provider.

The provider promoted an open and inclusive culture within the service. People and staff found the management team approachable and willing to listen.

The provider monitored the quality of the service by a variety of methods, including checks and feedback from people and their families.

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.

People's risks were assessed and action taken to minimise risks to them.

The provider ensured there were enough staff on duty to meet people's needs.

The provider carried out appropriate checks when recruiting new staff.

Staff followed medicines management procedures to ensure people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs.

Staff received regular supervision, and felt valued and supported by the provider.

People were supported to access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

Staff were caring and compassionate with people.

People were involved in determining the care and support they received.

Staff treated people in a dignified and respectful manner and encouraged them to be independent.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their individual needs and preferences.

People and their relatives understood how to complain about the service, and felt comfortable about doing so.

People were supported and encouraged to pursue interests and activities.

Is the service well-led?

Good ●

The service was well-led

There was an open and inclusive culture.

There was a clear management structure in place and staff were aware of their roles and responsibilities.

The provider monitored the quality of the service by a variety of methods, including checks and feedback from people and their families.

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 checked 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 29 March 2016 and was announced. We provided 48 hours' notice of the inspection to ensure people were available to speak to us and to tell us their views of the service. The inspection was carried out by one inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We took this information into account during our inspection.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority for any information they had, which would aid our inspection.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with the three people who used the service. Not everyone we spoke with were able to speak to us without the support of staff. We also spoke to two relatives via telephone calls. We spent time observing interaction between staff and people. We reviewed a range of records about people's care and how the home was managed. These included two care records, two medicine administration record (MAR) sheets, four staff files and quality assurance audits.

We spoke with the new manager, the campus principal, seven members of care staff, the training coordinator and a visiting independent advocate. We also received information from three health and social care professionals during our inspection.

Is the service safe?

Our findings

People told us they felt safe living at Cedar Lodge. One person told us, "I like living here, I feel safe, and the staff are nice." Another person said, "I'm happy and safe living here." One relative told us, "I have no concerns about their (relative's) safety. They meet their needs very well. Staff know them very well and know what is a good environment for them and put processes in place to ensure they are not at risk and are safe." One visiting independent advocate told us, people were assessed to see how they got on with each other to ensure they were safe and happy sharing accommodation with others. They also said staff knew people well, whereby they gave people independence, yet provided safety and security in a balanced way.

People told us their safety and well-being had been assessed by the provider and risk assessments were in place to minimise these risks and keep them safe. People told us they had been fully consulted and involved in determining the nature of the risk and the action required by staff. One relative told us, "The home is very safe. My relative loves going into the woods by themselves and staff monitor them from a distance. They really risk assess their needs. I have been involved in assessing and reviewing risks. They identified hydration concerns, so they now make sure they are taken drinks regularly."

Staff were able to tell us of the risks people faced and the action they took to support them. One member of staff said, "Risk assessments are in place for behaviour that challenges, specific health conditions, going out into the community and activities, such as holidays. We risk assess to make sure they are safe and what action to take in the event of an incident." Another member of staff told us that people were safe as people's risk assessments and needs were known by staff. They also said staff were always looking to do things better.

Staff told us they had received training in how to protect people from harm and abuse. They were able to describe different signs of possible abuse and what action they would take if they suspected people were being mistreated. One member of staff told us, "With any safeguarding concern, I would report it to my line manager or the safeguarding lead on the campus. I would even contact external agencies. I'm confident they (management) would take the right action." Another member of staff said, "Any concerns I would report to the shift leader and record it. I'm very confident any issues raised would be correctly addressed by management."

Staff told us they had received appropriate checks prior to starting work with people. Checks included their identity, previous employment history and at least two character references. The provider told us they undertook a Disclosure and Barring Service (DBS) check for each member of staff before they started working with people. A DBS check is a legal requirement and is a criminal records check on a person's background. These checks help the provider to ensure new staff were suitable and safe to work with people.

People told us there were sufficient numbers of staff available to meet all their needs safely. One person told us, "There are always enough staff and they're there when I need them." One relative said, "I have no concerns about staffing levels, there is certainly enough (staff) in my view. I'm not aware of any issues at the moment." However, some people and staff highlighted the reliance on agency staff, which resulted in a lack

of continuity for people. The new manager acknowledged these issues and confirmed they had four vacancies, which were covered by agency personnel. They told us about the financial incentives offered by the provider to support recruitment and that they believed the situation had improved. They also planned to use the same agency personnel to support continuity for people, until establishment figures had been achieved. During our visit, we found there were sufficient numbers of staff to support people throughout the day.

Where the provider administered people's medicines, people told us they received their medicines when they needed them. One relative told us, "My relative is on very little medication, but staff are very vigilant in how they deal with it and involve the GP. Staff have supported me on holidays with my relative and they have been meticulous with their medicines." We spoke to one member of staff who told us they were the campus medication trainer. They told us staff were regularly assessed to ensure they remained competent to administer medicines. Staff also received annual refresher training in medication to ensure they followed current good practice.

Is the service effective?

Our findings

People told us they felt staff were professional and, well trained to undertake their roles. One relative told us, "It's my impression, the staff are well trained and professional." Another relative said, "The staff are very impressive with their communication. They appear knowledgeable and I get the sense they know what they are doing and are well trained."

Staff told us the training they received enabled them to have the right skills and knowledge to support people. Staff told us about the structured induction they received followed by on-going training. Staff described their induction programme as initially consisting of classroom based training courses, followed by a period of shadowing (working alongside) experienced staff. New staff were also required to complete the Care Certificate. The Care Certificate is a nationally recognised training programme for care staff, which required the completion of work books and practical assessments. Experienced staff were also encouraged to obtain a nationally recognised qualification in health and social care.

One member of staff said, "The training is absolutely brilliant. It is classroom based and has included medication, NAPPI (Non-Abusive Psychological and Physical Intervention), Mental Capacity Act, and safeguarding. It is wide ranging and relevant to your role." Another member of staff told us, "Training is good, effective and enables me to undertake my role well. We have annual training and I'm trained in first aid, safeguarding, food hygiene and I have recently completed a National Vocational Qualification at level five." A third member of staff told us they considered the training good and consistent, which provided them with the skills to meet the needs of people living at the home. The manager told us they were the provider's in house trainer in NAPPI. This provided staff with knowledge on how to avoid incidents and behaviour de-escalation techniques, in order to develop professional working relationships.

Staff told us about the support, supervision and appraisals they received. Supervision and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. One member of staff said, "We have supervision on a monthly basis, where I get asked which areas I need support in. There is an open door policy and management recognised good work. I have recently been complimented on the quality of my work." Another member of staff told us, "I do feel valued and supported. There is a lot of support at all levels and management are always happy to listen and respond to any issues."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The manager told us each person was either subject to a current DoLS or reassessment application as they had just moved into the home from another location within the campus. Staff demonstrated a clear understanding of the MCA and confirmed they had received training.

Staff told us they respected people's right to make their own decisions, and always sought consent before carrying out care tasks. One member of staff explained how they supported people to make decisions. Though most people could make their own decisions, they were sometimes unaware of the dangers they faced, so this needed to be explained to them. An example provided, was when supporting a person choose appropriate clothing dependent on the weather conditions. One member of staff said, "Some residents do provide verbal consent and others will make it known, if they are not happy with anything. I would never do anything unless I was positive they (people) were consenting."

People were supported to maintain healthy diets and were assessed for their nutrition and hydration needs. One person told us, "I like the food and I did some cooking today, I get to choose what I eat." We also saw one person being supported by a member of staff to complete their diary, which included choosing their dinner. They told us, "I like the food, I choose what I eat." Staff told us people could choose their own food, but were also encouraged to consider healthy options. One relative said, "No issues with food, staff are fully aware of my relative's likes and the food is of a good standard." I have eaten at the home and the food was very good and cooked well. They do encourage my relative to have a balanced diet and monitor their weight."

People's health and well-being was monitored by the provider and people were supported to access health professionals as required. Two people told us they were going to the dentist next week and one said, "I went to the dentist last year as well and I have been to the doctors." The manager explained to us that because of the sensory needs of some people, they had arranged for a dentist to start visiting Cedar Lodge as it would be better for some people. On the morning of our visit, one person had been supported on a hospital visit. A number of health professionals were located on site such as a psychologist, occupational therapist and speech and language therapists. One health professional told us the provider appreciated and valued input from external clinicians/ therapists. They said the provider also recognised the importance of staff training and invested time in regular sessions.

Is the service caring?

Our findings

People told us they liked living at Cedar Lodge and liked the staff who supported them. One relative told us, "I know a couple of staff who are really fond of my relative and they all get on really well. They (staff) appear very caring. They are also very respectful and certainly mindful of privacy and dignity issues. The care is comprehensive and inclusive." Another relative said, "The nature of what they do (staff), makes me think the staff are sensitive and respectful. Residents can also be difficult at times."

During our inspection, we saw many caring and respectful interactions between staff and the people living at the home. Staff had an understanding of people's need and had developed positive relationships with them. All of the people we saw were cared for, happy and had all of their needs effectively met by staff. One relative told us they were very happy with the level of support their relative received. As a result their relative was able to live a life where they were occupied, busy and well-looked after by the provider.

People, their relatives and independent advocates, told us the provider involved them in decisions about the care and support provided. They were in regular contact with staff and felt involved in decisions about the care and support and felt listened to by the provider. One relative told us they were involved in reviews twice a year, regarding the needs of their relative. They found the process both open and transparent. Another relative said, "We have regular reviews, where (name of relative) needs and updated and adjusted as required." An independent advocate for people told us they represented people needs at reviews, which included families and other professionals. They said that any suggestion or recommendations made were taken on board by the provider and that they were always kept informed and updated.

Staff told us they promoted people's independence and always respected their wishes. One member of staff said, "We promote independence by giving people choices. One resident is supported to attend college twice a week and another to visit a farm. People decide what they want to do." Another member of staff told us, "We promote choices and independence all the time. People will assist with meal preparation and their laundry. People are encouraged to do as much as they can." Relatives told us people were supported to be independent and to do as much as they could for themselves. One relative told us that staff maintained a good balance between encouraging people to be independent and yet at the same time ensuring they were safe.

Staff told us they respected people's privacy and dignity and were mindful they were working in people's home. One member of staff told us they took nothing for granted and always closed doors and gave people space when they needed it. They ensured people dressed appropriately and knew people's individual needs. Another member of staff said, "I support people with personal care. I knock on doors and ask whether it is alright to help them shave or wash. I also encourage them to wear appropriate clothing."

Is the service responsive?

Our findings

People told us the provider delivered care that met their individual needs and preferences. People, including families, independent advocates and other health care professionals told us they were involved in the initial assessment and subsequent reviews of care needs. They contributed to care planning needs and found the provider listened and was responsive to any issues raised. One relative told us that they had never experienced the case where the provider had failed to respond to their concerns. Another relative said, "They (provider) are very responsive and that has always been the case acting on any concerns we have had." An independent advocate told us that regular staff were passionate about the care they provided and treated people as individuals.

Staff knew the people they supported, which enabled them to provide a personalised and responsive service. We saw people's supports plans contained information about people's preferences and the areas where they needed support, such as medication, communication and behaviour. They provided guidance for staff in meeting people's specific needs and were individual to the person. One member of staff told us how they managed behaviour that was challenging. They said, "We have had training to deal with people when their behaviour becomes challenging. We use training techniques such as de-escalation and refocusing. We do not physically restrain people."

Staff also supported people with communication difficulties. One relative told us their family member was taught to use cards to help them communicate. With the support of a member of staff, one person using body language was able to tell us they liked attending the Snoozelen and going to the hydro pool. Snoozelen was a sensory unit, which was part of a local university.

People and their relatives told us that staff supported them to pursue their interests, and had organised weekly schedules to follow. One member of staff said, "I take two residents to Snoozelen, which they love and they really benefit from in terms of the relaxation it gives them. A day doesn't go by without some form of organised activity for people and that doesn't include the interaction with staff. This included arts and craft, going for walks within the ground, and film nights. In the summer the residents grow vegetables and make hanging baskets." Another member of staff told us that there were set weekly outings for people and other activities. They also told us about the 'Skype' facility at the home that allowed people to maintain regular contact with their families. Skype is a messaging app that provides online video chat services.

The provider had systems in place to seek out people's views and experiences of their care, and address any concerns or complaints they may have. People told us they knew how to make a formal complaint as they had been provided with the relevant information from the provider. They told us they felt comfortable about approaching either staff, or the manager directly. People told us they were also asked for their views and opinions about the service through questionnaires. One relative said, "I'm annually sent a questionnaire. I do feel listened to. They are very good and will always keep me well informed." Another relative told us, "I'm aware how to make a complaint and we get sent questionnaire periodically. They generally listen to what I say." The manager told us they reviewed any feedback received about the service, and identified any action needed to make improvements.

Is the service well-led?

Our findings

Both relatives, professionals and staff we spoke with raised concerns regarding the continuity of registered managers. Since registration with CQC in June 2015, there had been three registered managers appointed. Prior to this inspection, we were told by the provider that the current registered manager had left the service and a new manager had been appointed. One relative told us they were anxious about the turnover of registered managers, however they had met the newly appointed manager who had provided reassurance about their commitment to the role.

The provider acknowledged people's concerns about the turnover of managers, however they expressed confidence with the new manager who had been an internal appointment. One member of staff told us there had been some difficulties with the numbers of managers they had, but were aware the new manager had been with the provider for a while and were confident they would bring the stability they needed. The new manager told us they had worked for the provider for a number of years and that they intended to register with CQC very shortly. They told us they were committed to providing stability for both residents and staff.

Throughout our inspection visit, we saw the manager engaging with people and staff. The atmosphere was relaxed and calm throughout our visit. The home had a positive culture that was person centred and inclusive. There was a clear management structure in place and staff were aware of their roles and responsibilities. One social care professional told us the home was well run, managers and staff were always helpful and knowledgeable about the person they supported. They have been able to answer any queries or concerns regarding the person and conducted themselves very professionally.

Relatives told us they found the provider was open and transparent and was focused on achieving what was best for their relative. Relatives told us communication with the provider was good and that they were always kept informed. One person told us they had weekly meetings with staff, where everyone could speak, which they liked. One member of staff told us the new manager was introducing changes including regular staff meetings to ensure good communication.

Staff told us about their commitment to supporting people, which was driven by the expectations of the provider. Staff consistently highlighted the quality of training they received as an indication of the standards expected. One member of staff said, "We are definitely focused on the needs of residents. People are stimulated and we cater for their individual needs." The provider promoted an open and inclusive culture within the home and staff were valued as part of a team. One member of staff told us, "I feel I can raise any issue and speak my mind and know that management do listen." Another member of staff said, "The (new) manager is approachable and friendly and there is a good standard of care at Cedar Lodge with a relaxed atmosphere." Staff told us they were confident to report poor practice or any concerns, which would be addressed by the provider immediately.

The provider had systems in place to ensure the continuous monitoring of the quality of the service provided. We found that regular reviews of care plans and risk assessments were undertaken. Monthly

checks and updates were provided for each person. These checks included staffing and training needs, safeguarding notifications and the involvement of professionals. The quality improvement manager for the provider undertook regular checks on service delivery, which were supported by action plans, in the event of any improvements required.

Providers are required by law to notify CQC of certain events in the service, such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.