

Winslow Court Limited

Ecclesbourne Lodge

Inspection report

Wirksworth Road, Duffield,
Derbyshire DE56 4AQ
Tel: 01332 843430
Website: www.senadgroup.com

Date of inspection visit: 20 November 2014
Date of publication: 08/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We completed an unannounced inspection of Ecclesbourne Lodge on 20 November 2014. Ecclesbourne Lodge is a transitional home for 10 younger adults with learning disabilities or autistic spectrum disorder who require specialised care and support. A transitional service supports people to gain and practice skills so that they can live more independently. There were 10 people using the service at the time of our inspection.

Ecclesbourne Lodge is required to have a registered manager. 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. The manager had been appointed in April 2014. They had submitted an application for registration to the CQC which was being assessed at the time of our visit.

At our previous inspection visit we asked the provider to take action so that people's care records accurately reflected the support provided to them. At this inspection we found this action had been taken.

Deprivation of Liberty Safeguards (DoLS) are safeguards that require assessment and authorisation when a

Summary of findings

person lacks mental capacity and needs to have their freedom restricted to keep them safe. Some people were restricted in movement outside the building for safety reasons and there were no DoLS authorisations in place.

The provider had taken steps to reduce the risk of abuse to people by following robust recruitment practices and training staff in safeguarding. Quality assurance systems were in place to identify where further improvements were required. Medicines were safely managed and administered and people received medicines when they needed them.

Staff were supported to work to the best of their ability and received support from managers, training opportunities and input from other professionals involved with people's care. Successes and achievements for both staff and people using the service were celebrated and shared. Enough staff were available at the service to safely support people with their care and interests.

People using the service and their families told us they enjoyed living there. People were supported to pursue their own interests and goals. Staff were observed as being friendly and warm when interacting with people. Assessments of people's needs were accurate and placed the person using the service at the centre of any plan of support.

People, their families and staff had been able to make complaints and comments and these had been acted on. The provider had a clear aim to be open and transparent and people were able to contribute to plans to develop the service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of what steps they should take to protect people to keep them safe. We found risks to people were identified and staff knew what these were. One risk assessment had not been updated and action was taken to update it on the day of our inspection. Enough staff were available to support people and meet their needs safely. We found medicines were stored and administered safely.

Good



Is the service effective?

The service was not consistently effective.

Some people had restrictions on their movement outside the building and the appropriate authorisations were not in place.

We found staff received support, training and information from other professionals to enable them to care for people effectively. Families told us their relatives had appropriate access to other health professionals when needed. People were able to make individual meal choices because information was provided in ways that people could understand.

Requires Improvement



Is the service caring?

The service was caring.

People living at Ecclesbourne Lodge and their families told us they liked the service and the way staff cared for people. People's autism and learning disabilities were respected and understood by staff. We found care plans were centred on each individual person and people were supported to contribute to reviews of their care.

Good



Is the service responsive?

The service was responsive.

Families had regular contact with the service and views expressed were listened to. People using the service were supported to share feedback. People were supported to achieve their goals and aspirations and staff were aware of people's needs and how to meet them.

Good



Is the service well-led?

The service was well led.

The requirements for a manager to register with the Care Quality Commission were in the process of being met.

Good



Summary of findings

People using the service, their families and staff had been able to contribute to the development of the service. We found regular audits were used to identify improvements as well as where the service was achieving its targets. Staff told us they would be happy to raise any concerns as they felt they would be dealt with appropriately.

Ecclesbourne 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 20 November 2014 and was unannounced. The inspection team was comprised of two inspectors.

Before our inspection we reviewed relevant information. This included notifications and 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 spoke with one person living at the service, four people's relatives and six staff, including the manager, deputy manager and the quality assurance manager. We spoke with three external health and social care professionals including a social worker and health specialist.

We observed how staff spoke with and supported people living at the service and we reviewed two people's care records. We reviewed other records relating to the care people received. This included some of the provider's audits on the quality and safety of people's care, staff training, recruitment records and medicines administration records.

Is the service safe?

Our findings

Families we spoke with told us they felt their relatives were safe because staff knew and understood them. One person told us, “They just understand [my relative], they pick up on things and stay ahead of the game.” Another person told us they knew staff had read their relative’s care plan. They said, “They are very happy there and they always want to go back when we’ve been out.”

Staff told us they received training in safeguarding adults and had access to the provider’s safeguarding policies and procedures for further guidance. They were able to describe what to do in the event of any abusive incident occurring. They also knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. They were confident that any matters would be looked into and one staff member said, “Nothing is hidden here.”

We found people had risk assessments that covered risks specific to them and staff knew what these were. On the day of our inspection, one person was unwell and staff had arranged for them to see a GP. Staff told us this was because there were additional risks for this person when they were unwell. Another person had an assessment that identified risks in relation to road safety and gave staff clear instructions on how to minimise risks. We found one risk assessment had not been reviewed as recommended following an incident. We made the manager aware and they made arrangements for it to be reviewed. It is important that risk assessments are reviewed after any significant event so that people are kept safe.

The provider took steps to ensure the premises were safely maintained. The building was clean and tidy and some areas were being refurbished. We saw there were up to date checks of electrical appliances and fire safety systems and equipment.

The manager told us they planned for enough staff to be available to make sure people’s needs and interests were supported. Families we spoke with told us their relatives were supported by staff to go on regular outings which we saw photographs of. We also found the provider checked to make sure staff employed were suitable to work with people using the service.

Systems were in place to safely manage medicines prescribed for people using the service. This included storing medicines securely and making sure medicines were kept at the correct temperatures.

Systems were in place to safely manage the ordering and disposal of medicines. However, we found that the system for recording the amount of medicine received had not been followed correctly. This meant that the medicine administration charts did not accurately show the current amount of medicines in stock. Staff completed an audit on the day of our inspection to correct records.

We observed staff using medication administration records to check what medication each person in the service required and we saw that these had been completed accurately. We found that people received medication when they required it. If medication was not given every day, clear guidelines were in place for the administration of ‘as required’ medicines.

Is the service effective?

Our findings

Staff responsible for assessing people's capacity to consent to their care demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. However, although some people were restricted in movement outside the building for safety reasons, there were no DoLS authorisations in place. The manager told us they were in the process of making applications for several people, but we could not confirm this had happened as no further information was provided. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Mental capacity assessments were completed for each person receiving care. The Mental Capacity Act 2005 (MCA) is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Records we looked at indicated people had limited capacity to make decisions in some areas. However, it was not always clear if external professionals were required and had been involved in deciding if some care decisions were in the person's best interests.

People were supported to maintain good health and nutrition and to access healthcare services when required. Families we spoke with told us staff made appropriate referrals and involved other healthcare professionals in the care and support of their relatives. This included access to GPs, dentists and psychological services. A relative we spoke with praised the staff team and said, "They go above and beyond," and said their family member was, "Doing so,

so well," whilst using the service. We saw that people's health needs were identified in their written care plans, which detailed the required personal care interventions for staff to follow. For example, in relation to eating, there were special instructions to follow to help control a person's weight and improve their mobility.

Care plans were regularly reviewed and detailed support and advice provided from other healthcare professionals. There was also emergency information available for hospital admissions and external health appointments.

Staff we spoke with told us they had access to information and training to understand the needs of people using the service. This included training in Makaton which uses signs and symbols to help people communicate. We also saw records that showed staff were undertaking specialised training in NAPPI (Non Abusive Psychological and Physical Intervention) to minimise the risk of challenging behaviour.

We saw that staff offered people a choice of drinks with their meal and staff gave them the assistance and support they needed to eat. We saw there was a choice on the menu, and this was shown pictorially to aid people's understanding. Some people also chose options that were not on the menu and this was facilitated by staff.

Staff told us that menus were devised on a weekly basis with people using the service and shopping was then done according to people's preferences. A member of staff told us the quality of food had improved since the current manager had been in post. Staff were able to describe specialist diets such as gluten free and confirmed that specialist ingredients were purchased. They were also knowledgeable on individual's needs for assistance; for example, ensuring food was cut into small pieces where someone had been identified as being at risk of choking and encouraging independence where a person was able to manage with minimal assistance.

Is the service caring?

Our findings

People who could communicate verbally with us told us they liked living at Ecclesbourne Lodge. One person said, “I like living here” and “It’s alright.” A relative we spoke with told us they thought their family member was well cared for. One relative told us, “I can’t credit the staff enough,” and said they knew their family member enjoyed using the service as they liked to return there after home visits. They said their family member was, “Treated as an individual.”

Staff interactions with people were warm and friendly and people had a good rapport with both support workers and the management team. One family member we spoke with told us, “The atmosphere is lovely; there are no conversations between staff that don’t involve people living there.” One external healthcare professional we spoke with told us, “The staff are excellent, really lovely with people.” One staff member told us, “It’s lovely, something special about this place.”

A social care professional we spoke with told us the person they supported had been involved in a review of their care. They told us the person had enjoyed and engaged in their last review. This was because the person had requested a party themed review and staff had supported their wish. People using the service had also participated in fund raising and had made choices on what to spend the money

on. We also saw that people had access to advocacy services and an advocate had visited one person using the service on the day of our inspection. One staff member told us, “Individual needs and choices are well supported here.”

The provider ensured the national guidance ‘Valuing People Now’ for people with learning disabilities was followed. Records we looked at had plans detailing people’s goals and achievements that showed how they were empowered to live as independently as possible. We saw that staff identified what people could do independently as well as what assistance people needed. For one person this included assistance to cook their own dinner and a goal of preparing different types of meals.

People had access to information in a way they could understand. One person used a communication board. Technology such as tablet computers with symbol systems were also used to help other people communicate.

People were treated with dignity and were well dressed. Information on people’s care records supported staff to understand and respect people’s autism and behaviours. Staff supported people to respect their own belongings. Staff told us they printed a special photograph onto one person’s cup and this had encouraged them to take care of it.

We also saw people’s personal space was decorated to their taste and reflected their choices and preferences. People’s choices to spend time in their rooms or other areas of the service were respected by staff.

Is the service responsive?

Our findings

At our previous inspection visit we asked the provider to take action so that people's care records accurately reflected the support provided. This was a breach of Regulation 20. At this inspection we found that care records did reflect the support provided to people.

The care records we looked at included details about people's mental, physical and social well-being so staff were aware of the actions required to meet people's needs. There was information about what personal care tasks people could do for themselves and where they needed support. Relevant risk assessments were in place to ensure people were supported safely. They were personalised and detailed and were reviewed regularly.

One relative told us they were pleased with the way staff had accurately assessed their relative's care needs. They told us their relative had been able to reduce unnecessary medication and had experienced less behaviour that caused a risk to themselves and others. This was because staff had identified and obtained the correct treatment for an underlying health issue.

We found staff knew about people's interests and made sure people were able to pursue them. For one person this included horse riding and other people were regularly supported to go swimming, walking and to attend social clubs and training courses.

Staff checked if people using the service had any worries or complaints and that they knew how those could be expressed. This included a 'grumbles' book that used pictures and symbols recognised by people using the service. Managers were allocated to help resolve any concerns recorded by people using these books.

The provider had a formal complaints policy, detailing response times and how to escalate concerns if people were not satisfied. Relatives told us that they knew who to speak to if they had any concerns and praised the manager for the way they dealt with queries. One relative said of the staff team, "They've listened." We found that the service had resolved complaints and acknowledged compliments in the last twelve months. These had been recorded and shared with staff so the service could identify improvements and where it was doing well.

Is the service well-led?

Our findings

The manager had been in post since April 2014 and was already a registered manager for another of the provider's services. An application had been made to the Care Quality Commission for the manager to become the registered manager for Ecclesbourne Lodge.

The manager had a clear aim to be open and transparent and make sure people using the service were at the centre of their care and support. People using the service were encouraged to be involved in the development of the service. Colour charts had been used so people could help plan the colour schemes for a new refurbishment programme.

Family members we spoke with told us they felt listened to by the manager and staff. One person told us, "Everyone takes the time to speak and to listen to what we say." Families told us they were invited to social occasions throughout the year and would be asked for their views on the service at those events. Staff told us they were able to make suggestions for improvements and they were acted on. Staff were recognised by the manager for the positive achievements they brought to the service.

There was a senior management team to support the manager on a day to day basis. Staff we spoke with understood their different roles and responsibilities. Both people using the service and staff knew who to speak to for support and came to speak with staff and managers during our inspection. One family member described the manager as honest and said staff kept them up to date whenever they phoned for advice. They told us, "They're very clued up."

The manager had identified areas of the service for further development and had secured resources to support this. Improvements had included redecoration as well as updating a lounge area so that people using the service could enjoy music and exercise.

We found through discussions with staff that they were motivated and open about the service and knew how to raise concerns or highlight poor practice. They were confident that any concerns would be listened to and acted on by the manager. They told us they received the right sort of support to work to the best of their ability. We saw that there were opportunities for people to provide feedback about the quality of the service and possible improvements. The quality assurance manager told us a survey had been completed recently by families of people who used the service and although the results were not available at the time of our inspection, he told us that the feedback had been positive.

The provider had clear and comprehensive systems in place to assess and monitor the quality of the service. These included monthly reports undertaken by the manager and three monthly visits and reports undertaken by the quality assurance manager. Areas reported on included health and safety issues, standard of records, complaints and concerns as well as observation of staff practice. Examples of the reports showed these were up to date and detailed any issues. They also identified the action taken to address the issues raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Regulation 11 (1)(2)(3)(4)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Suitable arrangements were not in place for obtaining and acting in accordance with decisions relating to the care and treatment of people who lacked capacity to consent. Regulation 11 (1)(2)(3)(4)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>