Ashcroft Care Services Limited

Cedar 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

Overall summary

This inspection was carried out on the 19 October 2015 and was unannounced Cedar Lodge is a home for up to five people with learning disabilities and complex physical needs. On the day of our visit ? people lived at the service.

On the day of our visit there was a registered manager. 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.

People's needs were met because there were enough staff at the service. We saw that people were supported in a timely way with their care needs.

Summary of findings

Accidents and incidents with people were recorded and trends analysied. Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work.

People's medicines were administered and stored safely. Risks had been assessed and managed appropriately to keep people safe which included the environment. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) was followed. There was evidence of mental capacity assessments specific to particular decisions that needed to be made.

People were supported by staff that were knowledgeable and supported in their role. Staff had received all the appropriate training for their role and their competencies were regularly assessed.

People at risk of dehydration or malnutrition had effective systems in place to support them. People were weighed regularly and were supported to eat healthy and nutritious food. People had access to a range of health care professionals, such as the epilepsy nurse, dietician and GP.

Relatives told us that staff were caring. One told us, "I wouldn't change the way staff are with (the family member), staff are very kind and caring, we are very lucky to have found this home, staff are so respectful." We saw that staff were caring and respectful of people.

Relatives and advocates supported people in the planning of people's care. We saw that care plans had detail around people's backgrounds and personal history and included people's views on what they wanted. Staff knew and understood what was important to the person and supported them to maintain their interests.

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Where it had been identified that a person's needs had changed staff were providing the most up to date care. People were able to take part in activities which they enjoyed.

Relatvies said if they needed to make a complaint they would know how to. There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people to understand.

Staff said that they felt supported. One member of staff said that that they felt supported with the management team..

Systems were in place to monitor the quality of the service that people received. This included audits, surveys and meetings with people and staff.

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?

Good

The service was safe.

There were enough staff to meet the needs of people.

Medicines were being managed appropriately and people were receiving the medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and recognised what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable to work at the service.

Is the service effective?

Good

The service was effective.

Mental capacity assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had received appropriate up to date clinical and service mandatory training. They had regular supervision meetings with their manager.

Staff understood people's nutritional needs and provided them

with appropriate assistance. People's weight, food and fluid intakes had been monitored and effectively managed.

People's health needs were monitored and they had access to health care professional when they required it.

Is the service caring?

Good

People were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful or positive way.

People told us that staff were caring and we observed that people were consulted about their care and the daily life in the service.

Relatives told us that staff were caring and respectful to their family members.

Is the service responsive?

Good

The service was responsive.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in that people enjoyed.

Summary of findings

There was a complaints policy and people understood what they needed to do if they were not happy about something.

Is the service well-led?

Good

The service was well-led.

There were effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had been addressed.

Staff said that they felt supported, listened to in the service.

Cedar Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on the 19 October 2015. The inspection team consisted of two inspectors. Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. On this occasion we did not ask the provider to complete 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 visit, we spoke with one person, two relatives, the registered manager, the regional manager and two members of staff. We spent time observing care and support in communal areas.

We looked at a sample of two care records of people, medicine administration records, two recruitment files for staff, supervision and one to one records for staff, and mental capacity assessments for people. We looked at records

that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was in 8 April 2014 where we found our standards were being met and no concerns were identified.

Good

Is the service safe?

Our findings

Relatives of the people felt their family members were safe. One told us, "We are are happy with the care (the family member) receives, we don't worry when we leave them."

People's needs were met because there were enough staff at the service. We saw that people received care from staff in a timely way and when they needed. As soon as a person needed a member of staff they were there to support them. The registered manager told us that there was one member staff for every person and we confirmed this on the day. One member of staff told us, "I think there are enough staff, if there are specific activities where we need more staff these are provided." The registered manager told us that if they were needed they would also provide support to people. We looked at the rotas and saw that there were always the correct numbers of staff on duty. The the registered manager told us that any gaps were filled by bank staff. They said they used the same bank staff to ensure consistency of care

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. One member of staff said, "I am aware of the different types of abuse to look out for, if I suspected something I would speak with my supervisor and if necessary the local authority and the police depending on the situation." There was a Safeguarding Adults policy and staff had received training regarding this which we confirmed from the training records. There was additional information available to staff in the office if they needed to refer any concerns about abuse. Accidents and incidents with people were recorded and kept in a file. The information included detail of what happened, who was involved, who had been informed and what actions were taken.

People's medicines were administered and stored safely. The medicine cupboard was locked and only appropriate staff had the key to the cupboard. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. Medicines to be used 'As required', had guidance relating to their administration.

Risks to people had been assessed and managed appropriately to keep people safe. One member of staff said, "Risk assessments help us manage certain behaviours." One person was at risk of harming themselves. Staff told us that there were steps to take to reduce the risk of this by ensuring the person has the opportunity to participate in activities. They said they would pick up on small signs and distract the person if they became unsettled. They said they would remind the person of the risks of harming themselves. Staff told us that they read all of the risks assessments for people in their care plans.

The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of taking people out into the community, skin care, personal care, communication needs and medication management. Risk assessments were also in place for identified risks which included maintaining a safe environment and choking and action to be followed.

There were some areas of the environment that were not clean and well maintained. One person's room smelled strongly of urine and was in need of decoration. There was a large crack running down the side of one of the walls in the room. The communal rooms in the house were in need to updating. One of the lounges had very little furniture and the hall walls between the lounges was very stained. The registered manager told us that work was being undertaken to address the decoration in the service and any other environmental work that needed to be done . After the inspection we were provided with evidence by the registered manager that a new mattress had been ordered for the room that smelled of urine.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans.

People were safe because appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment included records of any cautions or conviction, references, evidence of the person's identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process.

Good

Is the service effective?

Our findings

People's human rights were protected because the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). were being followed. Staff understood their responsibilities under the MCA, and DoLS. The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Appropriate assessments of people's mental capacity were completed. There was evidence of mental capacity assessments specific to particular decisions that needed to be made. These were around medical treatment, medication and care. Where a best interest decision had been recorded there was an appropriate assessment in relation to this decision which detailed why it was in someone's best interest to restrict them of their liberty. For example, where it was necessary to lock the toilet doors and kitchen cupboards. One member of staff said, "You have to look at someone's capacity to make a decision, I never assume that they cannot, just being non-verbal doesn't mean you don't have capacity." They said that when a person was ill and needed an operation and the person was unable to consent to this they would invite the health care professionals to the service and the pesons family to talk about what was in the person best interest.

People were supported by staff that were knowledgeable and supported in their role. We saw that staff's competencies were assessed regularly in one to one meetings with their manager. One member of staff said, "We meet regularly with our managers for one to one discussions." Discussions included any additional training needs the member of staff may need. One member of staff said, "I'm happy with the training, the quality of the information is good, we have a mixture of face to face training and documentation." Staff were kept up to date with the required service mandatory training which was centred on the needs of the people living at the service. Training included moving and handling, epilepsy and managing challenging behaviours.

When asked about whether their family member ate well at the service one relative said, "As far as I know (the family member) eats well, (the family member) lost weight and they (staff) monitored this and now (the family member) has put on weight again." People at risk of dehydration or malnutrition had effective systems in place to support them. Where people needed to have their food and fluid recorded this was being done appropriately by staff. We saw one person accessing food and drink in the kitchen whenever they wanted. Another person was at risk of eating too much which was monitored so that staff could easily keep an accurate record of what people had eaten and what they had had to drink. People were being weighed regularly and there were photos in place to show staff what one person's food should look like to prevent them from choking. People were supported to eat and drink enough and maintain a balanced diet and health care professionals were contacted if staff had any concerns.

People were supported to remain healthy. One relative said, "We support staff to take (the family member) to dentist appointments and the GP will come here to see (the family member)." People had access to a range of health care professionals, such as the epilepsy nurse, dietician and GP.

Good

Is the service caring?

Our findings

When asked if staff were caring one relative said, "I wouldn't change the way staff are with (the family member), staff are very kind and caring, we are very lucky to have found this home, staff are so respectful." They told us that when they bring their family member back to the service staff know that they (the family member) will be unsettled and do what they can to reassure them.One person told us that they liked living there.

We heard and saw staff being kind and caring towards people at the service. One member of staff was heard reading to someone who was responding to them positively. We heard staff try to involve the person in the story by asking them questions. Another person tripped up whilst we were there and staff responded immediately with a caring approach. They also kept checking with the person that they were okay. We heard one person become very agitated during lunch. We heard them ask staff, "I'll be alright won't I?" The member of staff offered reassurance in a calm way. As a result the person became less agitated and continued to eat their lunch.

All staff interacted with people in a respectful way. We heard staff speak to people in a way which suited their needs making sure they faced people who had difficulty hearing or understanding and speaking clearly to enable clear communication. We heard conversations between staff and people that were age appropriate and respectful. We saw that staff understood how to communicate with people who were unable to speak by using sign language. One person was getting frustrated that their needs were not being understood by staff. Staff took the time and patiently asked the person again to communicate their needs. The person responded to this and was delighted when staff finally understood what they had been asking for.

Relatives told us they were involved in planning their family members care. They told us that they were asked what was important to them. We saw that care plans had detail around people's backgrounds and personal history. Staff were able to explain the needs of people they supported. They understood about people's life history and family. We saw that for one person who didn't have family members to support them they had involvement from an advocate. One relative said, "I feel staff really know (the family member) well." Relatives were made to feel welcome when they visited.

People's bedrooms were personalised with photos of family and decorated with personal items important to the individual. Staff knew and understood what was important to the person and supported them to maintain their interests. One member of staff said, "I love working here, Im so proud to be part of the team."

People's privacy and dignity was maintained. Where people were being supported with personal care the doors were always shut. One person asked if they could be supported to dispose of the recycled waste and staff did this. The member of staff congratulated the person for doing the chores but in a way that was age appropriate and dignified.

All of the people had their own way of communicating. There were books with photos of the person showing how they communicated and what it meant. All of the staff at the service understood sign language and we saw this being used throughout the day.

Good

Is the service responsive?

Our findings

We asked relatives whether they felt there was enough for their family member to do. One relative said, “They (staff) try very hard to enage (the family member) in activities.”

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Care plans were detailed and covered activities of daily living and had relevant information with personal preferences noted. Care plans also contained information on people’s medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. There were details around each person’s morning and night time routines and how best to support them.

Staff were very knowledable about the needs of people at the service and how best to support them. One member of staff explained that when they take one person out they have to be mindful of who pushes the person’s wheelchair as this could have an impact on how the person behaves. Where it had been identified that a person’s needs had changed staff were providing the most up to date care. One person was communicating in a different way and using different sign language to express themselves. Staff were aware of these changes.

Staff had a handover between shifts with the team leaders. They discussed any particular concerns about people to ensure that the staff coming on duty had the most current information.

Daily records were written by staff throughout the day. Records included what people had eaten and drunk. They included detail about the support people received throughout the day. Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual’s current needs.

People had a varity of different activities to participate in which included horse buggy rides, cinema, swimming, shopping and day centres. One person went to the provider’s head office on the day of the inspection to assist with some office work. Another person went out for a walk with a member of staff. The registered manager told us that new activities were difficult to introduce to some of the people. They said that they did all they could to try and get people to experience new things.

Relatives said that they knew what to do if they wanted to make a complaint. One relative said, “I would go to the registered manager if I had any concerns and they would deal with it well.” There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people to understand. The registered manager told us that there had not been any complaints received.

Good

Is the service well-led?

Our findings

The registered manager was present on the day of the inspection. Relatives that we spoke with told us that the service was managed well and this was reiterated by staff. One member of staff said, "I have a rapport with the (registered) manager, we have an understanding of each other. If I have a problem then issues get resolved." Another member of staff said, "I feel so supported by the (registered) manager and staff, I also feel supported by relatives and head office, I feel very much valued."

The registered manager told us that they were allocated one day each week for management time and the remaining time they were, "On shift." They said they could take some time out during the day when people were visiting family to undertake additional management work. The provider had recently installed a computer system into the service which the registered manager told us would significantly reduce the amount of time on administration.

Systems were in place to monitor the quality of the service that people received. The regional manager would visit the service to complete audits every other month. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, equipment and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. For example, it was identified that one of the lounges required re-decoration which was in the process of being undertaken. In addition to this staff undertook internal audits which included water temperature checks, checks of the first aid kit and emergency lighting.

When incident reports were completed by the staff member involved and checked by the registered manager they were then sent to the head office clinical team who would complete any notifications required with any actions needed to be sent back to the registered manager. Incidents were then discussed at team meetings to determine any learning opportunities or actions needed. Staff meetings took place regularly and there were discussions around any changes to the building, parties that were being planned and various outings for people that were taking place.

Quality questionnaires for people and relatives were completed. However these were in the process of being analysed by the provider so we were unable to see comments that had been made. Relatives told us that the manager would constantly ask them about any changes they would like in the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. Events had been informed to the CQC in a timely way.