Auckland Care Limited

Cwello 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

Cwello 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.

Cwello Lodge is a residential care home for eight people with learning disabilities and/or mental health needs. The accommodation is spread over two floors. There were bedrooms on both levels of the home and all bedrooms had a private toilet.

The care service has been developed and designed 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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The registered manager was a prominent presence in the service. They regularly worked alongside staff to offer support and guidance and had a deep knowledge about people's needs. Staff were caring and attentive to people and were intuitive about when their moods changed meaning they required distraction or reassurance.

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

People were supported to be as independent as possible. Staff encouraged people to develop their everyday life skills, contribute to the running of the home and broaden their horizons through employment opportunities.

People were treated with dignity and respect. Staff were conscious to respect people's personal space and privacy and spoke to people in a warm and compassionate manner. Staff were knowledgeable about people's preferences and communication needs. They used this knowledge to encourage them to make choices around their food and activities.

People were able to personalise their rooms to their taste. People's skills, creativity and achievements were championed and celebrated throughout the service. There was a calm atmosphere in the home where people felt safe and comfortable.

People's care plans were thoroughly detailed and gave clear insight into their life histories, physical and emotional wellbeing. Care plans were developed with people's preferences in mind and gave staff clear guidance about how to provide the appropriate level of support according to people's mood and behaviour.

There were safe systems in place to manage people medicines. Risks relating to people's health and wellbeing were assessed and monitored. Staff understood the support people required to manage their anxieties and were proactive in adopting agreed strategies to help people remain calm.

People had access to healthcare services. Where people were reluctant to access healthcare appointments, staff worked in partnership with people, relatives and health professionals to reduce people's anxieties around these appointments.

The registered manager was focussed on working with other stakeholders to make improvements to the service. When people, relatives or professionals gave incidents or feedback, the registered manager looked for ways to use learning points to develop the quality of the service.

The registered manager carried out a series of audits and checks to monitor the quality and safety of the service. There were systems in place to protect people against the risk of infections spreading.

There were policies in place to appropriately handle complaints. Staff supported people to raise complaints when they had concerns. The registered manager thoroughly investigated complaints and fed back to people when their investigations were complete.

There were systems in place to protect people from abuse and harm. All staff had received training in safeguarding. The registered manager had worked with local safeguarding teams to fully investigate concerns and put measures in place to help keep people safe.

The provider ensured that suitable staff were employed to work with people by making appropriate pre-employment checks. Staff received ongoing training and support in their role to promote effective care. The registered manager regularly held staff meetings to share updates and promote best practice.

The registered manager had attended 'end of life care' training and was developing a care planning tool and approach which staff would adopt when supporting people to identify their needs and preferences around their final care arrangements.

Further information is in the detailed findings below.

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 remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Cwello 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 comprehensive inspection took place on 26 and 29 March 2018 and was unannounced.

Inspection site visit activity started on 26 March and ended on 29 March 2018. It included visiting the location to see the registered manager and staff, reviewing care records and policies and procedures; speaking to people to gain their views on the care provided, observing care being provided in communal areas of the service, speaking with social workers with experience of working with the service and reviewing records of their quality monitoring visits.

One inspector carried out day one of the inspection on 26 March 2018. The same inspector and an additional inspector carried out day two of the inspection.
Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection, we spoke to three social workers to gain their views on recent experiences working with the service. We spoke with eight people who used the service, some of whom had limited verbal communication. We also spoke to one person's relative. We spoke with the registered manager, and six staff members. We looked at the care plans and associated records of four people. We reviewed other records, including the provider's policies and procedures, incident reports, staff training records, staff rotas and quality assurance questionnaires.

Good

Is the service safe?

Our findings

People felt safe living at Cwello Lodge. One person said, "It's a good place to live." Another person told us, "I think it is good for me here [at Cwello Lodge]."

There were sufficient numbers of suitably skilled staff in place to meet people's needs. The registered manager had calculated appropriate staffing levels in relation to people's needs. Staffing had been arranged to enable people who required support when leaving the home the opportunity to access activities in the community. The registered manager oversaw the recruitment of new staff. They helped to ascertain candidate's suitability for the role through a series of pre-employment checks. This helped to ensure that staff of the appropriate skill and character were employed to work with people.

Risks associated with people's health and wellbeing were assessed and monitored. Risk assessments identified risks associated with people's health and wellbeing and action staff needed to take in order to reduce the risk of harm. For example, some people experienced seizures associated with their epilepsy. Their risk assessments detailed the types of seizures they experienced and what action needed to take in this event. This helped to ensure that staff understood how to keep that person safe in the event of a seizure.

Staff had the knowledge to respond appropriately to people's concerns in order to keep them in a safe environment. The registered manager and all staff had received training in safeguarding. This helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. The registered manager showed us records of incidents where they had taken appropriate action by contacting relevant local authority safeguarding bodies after potential concerns had been raised.

The registered manager reflected on incidents and feedback to implemented changes where necessary. The registered manager ensured that they shared with staff all feedback from incidents, observations, visits from professionals or relatives. Recently the registered manager had developed an action plan leading from feedback from a visiting professional. This plan was focussed in developing how people were offered choices around their activities. As part of plan, the registered manager had made improvements to visual aids staff used to helped people make choices about their care.

People's medicines were managed safely. There were appropriate systems in place for the ordering, storage, administration, recording and disposal of medicines. These systems were in line with best practice guidelines and helped to ensure that people received their medicines as prescribed.

There were systems in place to protect people against the spread of infections. Staff had received training in infection control. They told us how they wore personal protective equipment such as gloves when supporting people with their personal care. This helped to minimise the risk infection spreading.

Good

Is the service effective?

Our findings

Staff were given a training and induction programme which covered the key areas in their role. Training was a mixture of practical and online training. The registered manager monitored staff's training needs and working practice through supervision and observation of staff whilst they worked. Staff were given regular training updates to help ensure they followed best practice

People's needs were assessed and regularly reviewed. People had detailed care assessments, which contained details around their medical conditions, health and wellbeing. These had been developed in partnership with people, relatives and with guidance provided by health professionals. This included input from behavioural specialists, occupational therapists and psychologists. Where health professionals had made recommendations, the registered manager shared these with staff and implemented the guidance into people's care plans.

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. The registered manager had a sound understanding of the process make decisions in people's best interests where appropriate and acted in accordance with the principles of the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibility in assessing and submitting applications to the local authority where these safeguards applied to people. Once these safeguards were in place, the registered manager worked with people to ensure that they were supported in the least restrictive way.

People were supported to make choices and be as independent as possible in relation to their food and drink. People had an input into what they had for their meals and took an active role in the preparation of their meals. Where people required support and prompting whilst eating, staff were attentive to their needs.

People were supported to access healthcare services when required. People had a document called an 'annual health action plan'. This document detailed people's physical and mental health needs and the healthcare input which they required to meet these needs. Where people were reluctant to access healthcare services, staff worked in partnership with them and healthcare professionals to reduce their anxieties around these appointments. This had resulted in people accessing the healthcare input they required.

People were able to personalise their rooms to meet their needs and preferences. Some people decorated their room with personal items whilst others choose to have sparser arrangements. One person was supported to install privacy glass on their windows as they could often pull down their curtains if they were

anxious.

Good

Is the service caring?

Our findings

People were involved in making decisions about their care. One person said, "I get to choose what I want to do." Each person was allocated a 'keyworker'. Their role was to help ensure that people's preferences and choices were reflected within their care plans. 'Keyworkers' used a range of strategies to engage people in making choices about their food and activities. These included meeting with them on a one to one basis to review their care plans and supporting them to appointments.

People were encouraged to be as independent as possible. One person said, "I go out when I want. I usually go to the shops." Some people were able to leave the service independently for short periods of time. To help ensure their safety, people agreed reasonable timeframes with staff for their return. This helped to promote their independence but also helped to ensure they were safe. People were supported to be as independent with their money as possible. The degree of support people required to manage their finances was identified in their care plans. Where appropriate, people were able to manage small budgets to cover everyday items and activities. This helped to promote their independence. One member of staff said, "We are here to help people along, so they can be the best they can."

People were given privacy and time to spend in their own company. Staff gave people the space and freedom to move around the home without intrusively monitoring them. People were able to spend time on their own if they wished as some people enjoyed spending time on their own. Where people became anxious or distressed, staff were calm and pro-active in providing the support people needed without over managing the situation or making people feel distressed.

Staff were knowledgeable about people's interests, recognising their talents and achievements, which demonstrated how they valued them as individuals. In one example, people's artwork was displayed on a designated wall in the lounge of the home. Artwork was rotated frequently to reflect people's most recent creations. This championed people's creativity and helped encourage them to express themselves.

Staff were patient in their approach and understood the importance of promoting people's dignity. One person said, "I like all the staff. They are all nice to me." Staff ensured that people received personal care away from communal areas and that their personal affairs were not discussed within earshot of other people. People seemed comfortable in staff's presence and staff we spoke to were motivated and dedicated in providing good quality care to people.

Good

Is the service responsive?

Our findings

People continued to experience care that was flexible and responsive to their individual needs and preferences. Care plans and risk assessments had been updated regularly and had been recently subject to an annual review. People's positive support plans were reviewed monthly and monitored the progress against the short, medium and long term goals.

People's care plans contained detailed information about the backgrounds, routines, health and wellbeing. There were detailed support plans about people's emotional support needs. These provided a background to people's emotional wellbeing and possible triggers for anxiety or escalating behaviour. The care plans contained strategies for staff to follow in order to recognise the early signs that people were anxious and action to take in order to prevent people's anxieties escalating.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. People's individual communication needs were recorded in their care plans. Care plans included strategies staff needed to follow in order to provide effective support to meet their communication needs. Some people struggled to convey their choices verbally. In these cases, staff provided visual and pictorial prompts in order to engage people to tell them their preferences.

People followed their interests and developed their everyday skills. People had individual programmes of activities, which they attended. These included; day centres, social clubs and work opportunities. People were encouraged to look after their home environment and participate in the running of the service. Examples of this were through individual programmes where people developed their domestic skills and participated in carrying out health and safety audits of the home. One person told us, "I'm doing this daily skills programme at the moment; it's all about learning to do things around the home."

There were effective policies and procedures to handle complaints. People had copies of the provider's complaints policy. The policy had been adapted to incorporate simplified language and symbols suitable for the people to whom it had been provided. This allowed people to access and understand how to make a complaint. There were examples where people had been supported by staff to raise concerns and complaints. The registered manager, who took action to address issues and ensure people were happy with the outcome, investigated these issues.

The registered manager was developing the services approach to providing end of life care. They had attended training about providing end of life care in line with best practice and were developing a care planning tool which would complement the services approach. The registered manager had spoken to people and family members where appropriate to ask them about preferences around their care arrangements leading up and post them passing away. This helped to identify their preferences in the event they would require this care.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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 registered manager was a prominent presence within the service. They understood people's needs and demonstrated a strong, caring rapport with people. One person said, "[The registered manger] is really helpful and supportive." The registered manager regular worked alongside staff to offer support and guidance. This helped them monitor staff's attitudes and behaviours and promote a calm and positive atmosphere at the service.

The registered manager carried out a series of audits to monitor the quality and safety of the service. These audits included; health and safety, medicines, and infection control. The registered manager had also implemented a monthly monitoring tool, which helped to assess the overall quality and safety of the service. The registered manager submitted a report detailing the findings of this audit to the provider's senior manager. This helped to ensure that the provider had an insight into the service.

The registered manager sought feedback from people in order to make improvements. Every week the deputy manager facilitated a 'chill and chat meeting'. This was a chance for people to discuss what went well over the previous week, any issues they had and any improvements they felt would benefit the service. Recent meetings had seen changes in menu and the introduction of different activities after feedback from people.

The service had made strong links with the local community. The registered manager had arranged employment opportunities with local businesses for people. One person said, "They [staff] are looking to get me some voluntary work." The registered manager told us that people identified potential areas of interest and staff sourced relevant employment opportunities accordingly.

The registered manager was committed to their role and kept themselves updated with latest guidance and legislation. The registered manager attended local provider group meetings facilitated by the local authority. The purpose of these meetings were to share good practice and sector related updates. They had implemented updated guidance about storage of topical creams as a result of information gained from a recent meeting.

There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation. A social worker fed back to us, "[The registered manager] is always keen to work with us on any concerns we might have."