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

Overall summary

This inspection was carried out on 16 and 21 July 2015 and was unannounced. Cwello Lodge is registered to provide accommodation and care for a maximum of eight people living with learning disabilities and associated mental health conditions. At the time of the inspection there were seven people living at the home. At our last inspection there were no concerns identified.

At the time of the inspection there was a registered manager in post. A registered manager is a person who is 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.

Cwello Lodge provides communal areas, a lounge/dining room and separate kitchen on the ground floor as well as a bathroom and toilet. There were three bedrooms on the

Summary of findings

ground floor and five bedrooms upstairs. All the bedrooms had their en-suite and one bedroom also had a shower. There was a well maintain garden area at the rear which had a patio area as well as a lawn area.

People were positive about the service they received. People stated they liked and trusted the staff. People stated they enjoyed the food and there was choice. All meals were cooked by the care staff and chosen by the people who lived at the home. Information was displayed in the dining room, including a photograph of the planned main meal. Along with photos of the food available at lunch time.

Risks to people's health or well-being had been assessed and plans were put in place to protect people. Staff had received training in safeguarding and knew how to keep people safe from harm by recognising types and signs of potential abuse. Staff said they would report any concerns to the registered manager and had confidence the registered manager would deal with the concern. Staff were also aware of how to report concerns to external agencies if required.

Legislation designed to protect people's legal rights was followed correctly. People's ability to make decisions had been recorded appropriately, in a way that showed the principles of the Mental Capacity Act (MCA) had been followed. Staff offered people choices and respected their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) had been applied for correctly. DoLS provide a process by which a person can be deprived of their liberty when they have been assessed as not having the capacity to make a specific decision and there is no other way to look after the person safely.

There were sufficient staff who knew individual people's needs well. There were contingency plans in place to ensure staffing levels remained safe. The recruitment process was safe and ensured staff were suitable for their role. New staff received a clear induction which included completing the newly introduced Care Certificate, provided by the local authority. Staff received appropriate on-going training and were supported through the use of one to one supervisions. A number of staff were working towards further National Vocational Qualifications in relation to their role. The quality of the care and support provided at the home was monitored by the registered manager.

People's abilities were recognised and recorded in their care plans. People were encouraged to be as independent as possible and their likes and dislikes were recorded and met. Care plans were reviewed regularly and changes made when necessary. People had consented to their care and treatment within the home and this was recorded on file. Those who were able to sign had been supported to do so; those who were unable to sign had given verbal consent in front of witnesses. People were supported to maintain good health and had access to healthcare professionals such as GPs, chiropodists, opticians and dentists when necessary.

There was an opportunity for people and the families to become involved in developing the service and were encouraged to provide feedback on the service provided. The service displayed a positive open culture and a high quality of personalised care was observed being given. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service. The registered manager was aware of areas for development and a quality assurance system was in place using formal audits.

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

Good

People's health risks were always identified and managed effectively.

Medicines were stored and disposed of appropriately.

People felt safe and staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?
The service was effective.

Good

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were involved in decisions about their care and support and were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?
The service was caring.

Good

People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate

Staff treated people as individuals, respected their privacy and ensured that confidential information was kept securely.

Is the service responsive?
The service was responsive.

Good

People were treated as individuals and were supported to engage in activities they were interested in.

People's needs were reviewed regularly. Care plans reflected the individual's needs and how these should be met.

People and relatives knew how to complain and said they would raise issues if the need arose. No complaints had been made.

Is the service well-led?
The service was well-led.

Good

Summary of findings

People and staff reported that the service was well run and was open about the decisions and actions taken.

There was a registered manager in post, who held regular supervision with staff and led resident meetings.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

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.

The inspection took place on the 16 and 21 July 2015 and was unannounced. The inspection team consisted of an adult social care inspector. 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 reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people, the registered manager, two care staff and the service manager. We observed the way people were cared for in communal areas and looked at records relating to the service including four care records, six staff recruitment files, daily record notes, maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in May 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People told us they felt safe and spoke fondly about the staff. One person said, "I feel safe, the staff are lovely". Everyone said that staff treated them well and there were no problems with any of the staff.

Staff records showed all staff had undergone safeguarding training. Staff knew how to report and deal with any concerns. They said they were able to report anything to the registered manager or the provider who they were confident would take their concerns seriously and act on them. Staff also said they felt they were able to report it to external agencies such as the local authority. There was a policy in place to support this.

There was a robust recruitment process which ensured staff were suitable to work with people who have a learning disability or an associated mental health condition. There were systems in place to ensure adequate numbers of staff were employed. Staff had undergone a check with the Disclosure and Baring Service [DBS] and had references from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. Application forms showed staff had previous experience within a caring role as well as a full employment history. However, one file had gaps in the history. The application form requested staff to detail previous employment but did not specify a full employment history which was therefore not available for all new staff. The registered manager amended this before the second day of inspection.

The staff rota system showed that there were sufficient numbers of staff on duty at any one time. The registered manager explained how they managed the staff in order to support the people of the service access external activities. This ensured that those who went out on the activities were supported sufficiently, and those who chose to remain at the service, were also supported. There were sufficient staff to meet the needs of the people. Staffing levels were gauged upon the needs and abilities of the individuals in the service. People told us staff were available when they needed them and they did not have to wait for assistance. Staff were observed taking their time with people and not rushing them. The registered manager said there was always three staff members on during the day and at night they had one staff member who was awake and another who was awake until 11pm and then slept until 7am, unless they were needed. The registered manager stated that, if required, additional staff could be rostered to support people to attend medical appointments. There was a duty roster system, which detailed the planned cover for the home. Short term absences were managed through the use of overtime or bank staff employed by the provider. The registered manager was also available to provide support when appropriate.

The provider had appropriate environmental risk assessments in place in respect of the day to day running of the home. The assessments covered areas such as electrical and gas appliances, water checks and weekly checks on the staff cars, to ensure they were road worthy when they took the people out on activities. These checks were all up to date.

There were plans in place if an emergency such as a fire occurred. The staff carried out weekly fire safety checks and monthly fire evacuations. Staff were clear about the action plan they should take in an emergency and knew how to get to the designated safe area. Staff had also undertaken first aid training and were able to deal with emergencies of this kind.

There were personalised risk assessments in every person's file, which gave details about the risks posed to that individual. There were also a missing person's file within the peoples working files. This provides information about the person should they ever go missing. People were assessed as to their abilities and wishes. People were encouraged to be as independent as possible. One person accessed the local community independently. The staff knew where the person was going and what time they would be back. This had been risk assessed by the service and plans are in place to enable this to happen.

Medicines were administered appropriately. People, who were prescribed pain relief as required (PRN), received it appropriately and there were protocols in place for PRN medicines. Staff who administered medicines had training to do so and were their competency assessed. Medicines were given as prescribed and in line with pharmacy and manufacturer's guidelines. For example, where necessary, staff ensured people received their medicines prior to their meals to reduce the risk of possible complications. All unused medicines, awaiting return to the pharmacy was kept secure until collection. The medication administration records (MAR) sheets were checked and there were

Good

Is the service safe?

correctly signed and no gaps shown. Medicines which was required to be kept in a fridge was secure within a lockable container within a fridge, which was in a keypad locked room. Fridge temperatures were checked daily to make sure they were kept at the required temperatures to store the medication safely as per their guidelines

Good

Is the service effective?

Our findings

People who used the service said they were happy with the care and support they received. One person told us they thought "everyone was lovely" and the staff helped them. The care plans showed that staff understood their needs, and the people had been consulted in writing them. Staff were observed asking for people's consent when they were supporting them. Staff encouraged them to make decisions and supported their choices.

People chose a staff member to be their named member of staff which was known as a keyworker. The keyworker completed monthly reviews with people. People could change their keyworker if they wanted to this demonstrated that people's wishes were being taken into account We viewed a selection of peoples care plans and found them to be comprehensive documents, which provided a good level of information about people's health and social care needs. The plans was well detailed and there were clear protocols in place for specific areas of care.

We were told by one member of staff they had "a full induction". New staff received an induction which included completing the newly introduced Care Certificate, provided by the local authority. Staff received appropriate on-going training and were supported through the use of one to one supervisions. A number of staff were working towards further National Vocational Qualifications in relation to their role. The quality of the care and support provided at the home was monitored by the registered manager through the supervisions and annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff were observed asking the people for their consent before carrying out any task. The manager and staff understood their responsibilities in relation to the MCA and when they needed to consider making a best interest decision.

People's consent to aspects of their care had been recorded in their care plans. Where people were unable to sign to say that they had given consent, there was a record that the person had given verbal consent.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, the manager understood their responsibilities and had completed applications which were submitted to the local authority. Staff were able to say when a DoLS was needed and why applications needed to be made for the people in the service due to key coded lock on the external doors.

People received appropriate food and drinks which were available at all times. People were supported to choose what meals they would like. Each week the people are asked they would like to eat the follow week, and then a menu is planned from that. There is always a choice and a picture of the evening meal was displayed on a notice board in the dining area. People's likes and dislikes were taken into account. Staff told us that one person doesn't like curry, but that doesn't mean the other people have to miss out as they ensured the person who doesn't like it gets to choose something else. People were able to make themselves a snack and drink whenever they liked and were encouraged to make their own lunch with support. There was fresh fruit readily available. No one was on a specialised diet but one person's fluid intake was monitored as they were at risk of dehydration.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. People were supported to attend the local health centre for routine medical appointments. The home supported those who were unable to attend the health centre, to have the GP and other professionals, visit them at the home. The people all had patient healthcare passports which provided information for the appropriate professional and also gave dates and times of future appointments.

Good

Is the service caring?

Our findings

People said that they liked the staff and they were caring. People were treated with kindness and compassion in their day to day care. People were positive about the care and support they received from the care staff. People also told us that they were happy with the care.

People were cared for with dignity and respect. Staff were observed laughing and joking with the people as well as speaking in a kind and caring manner. Staff responded promptly to people who required assistance. We observed staff explaining to one person about the plans for the afternoon as they had changed. The staff took their time in explaining, ensuring that the individual understood why the plans had changed, and giving them the option of whether they still wanted to go out on the activity. Staff were aware of how best to communicate with people and used picture boards with one person.

People, and when appropriate their families, were involved in developing their care plans, which were centred on the person as an individual. We saw that people's preferences and views were reflected in their plans, such, what they needed support with, what time they wanted to get up, get washed and dressed and in what order. Staff used the information contained in people's care plans to ensure they were aware of people's needs and preferences. People were given the choice about who provided their care. A staff member told us that people had the choice of choosing the gender of the staff who supported them with their personal care and that they encouraged people to be as independent as possible.

People met with their keyworkers once a month to review their care plans and risk assessments. Files contained information about the person and their likes and dislikes as well as their social history. The home held resident's meetings every month to discuss any changes or concerns that people may have. There was evidence to show that changes had been made to the menu planning following these meetings and people's wishes had been taken into consideration.

People had access to the advocacy service if they wanted it. There was information in the individual's rooms with regards to the advocacy service and the registered manager told us that the people could ask staff to contact the service at any time. The registered manager reported that a previous resident had used the advocacy service prior to them moving to a different service. Another person had been referred to the advocacy service due to their behaviour; however they had advised that the person needed input from other professionals.

People were supported to maintain contact with their friends and family, there was no restriction on people visiting the service, and however, the staff would always check with the individual that they wanted to see the person before allowing them into the service. During the inspection, one person went out for the day with their relative. Relatives kept in touch by telephone and one person's relatives used electronic mail. The emails were printed for the person to read and keep.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said “staff help me to tidy my room”. Another said the staff “help me”. One person had asked for a pet, the home organised this after consulting with all the residents to ensure that everyone was happy to have a pet in the home.

Care plans were individual to each person and had been completed with the person. They showed a summary of the person’s abilities and stated what the person could do before identifying what support they needed. This ensured staff were aware of people’s abilities and could provide support to maximise people’s independence.

People’s needs were assessed and they were involved in decisions about their care and support they received. The care plans described people’s routines and how to provide both support and personal care. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours. Every month the care plans were reviewed by the person’s key worker with the involvement of the individual. Any changes to persons needs were identified and the care plan updated to reflect these.

People had access to activities that were important to them. People were encouraged to be independent and maintain links with the local community. People were able to do as much or as little as they wanted. One person went to the local library for the coffee morning on their own, but then went out with other people from the home for a meal. The registered manager explained that people went out most days, and they chose what they wanted to do.

People and their relatives were encouraged to feedback if they were not happy with anything at the home. The registered manager told us that they hold residents meetings where everyone has the opportunity to raise and issues. There was evidence to show that any issues which had been raised had been addressed. They did not have relatives meetings, but relatives contacted the registered manager if they had any concerns. The manager told us that this approach worked as not everyone’s relatives were able to visit.

The provider had a complaints procedure in place, this was displayed in the home and people knew how to make a complaint. The registered manager told us they had not received any complaints since our last inspection. They were able to explain the action they would take to investigate and respond to any complaints that came in.

Good

Is the service well-led?

Our findings

There was a clear management structure, including a registered manager who had been in place for nearly a year. People who used the service knew who the registered manager was and they were able to approach them at any time. Staff were fully aware of the roles and responsibilities of the managers and the lines of accountability. One person told us that if they had a problem they would go and see the manager. Staff told us that the registered manager was visible around the home every day. One told us, "we see [the registered manager] most days and we can speak to her any anytime". All the staff we spoke with felt supported by the registered manager.

The managers we talked with spoke of the importance of effective communication across the service. Regular meetings are held between the registered manager and the service manager as well as monthly supervisions.

The staff feedback that the manager of the service had developed a positive open culture based on the vision and values set out in the services 'Mission Statement'. There was a clear management structure with a registered manager, senior care staff and care staff. Staff understood the role each person played within this structure. There was the potential for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities. The culture of the home was open and supportive and this was observed between staff members. Staff were confident the registered manager and provider would resolve any issues they raised. Staff said they enjoyed working at the home and felt that they were valued members of staff. The registered manager told us that people and staff knew there was an "open door to her office", so they could speak with her at any point during the day.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. These included regular audits of medicines, money, environmental health and safety, and fire safety. The service manager also carried out their own quality assurance process and provided documentary feedback of their findings to the registered manager. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes. The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. Notifications have been received by CQC when incidents have occurred. Staff have reported issues to the manager who in turn has notified the appropriate agencies. Staff were able to say when things needed to be reported and who they should report things to. Information shows that they have responded to incidents in appropriate ways and involved other professionals as necessary.