Winslow Court Limited

# Ecclesbourne Lodge

## Inspection report

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Date of inspection visit:
26 April 2016

Date of publication:
06 July 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 26 April 2016 and was unannounced.

There is a requirement for Ecclesbourne Lodge to have a registered manager. Although a registered manager was not in place in place, a registered manager from one of the provider's other services was providing management cover. In addition, an acting manager had also been appointed. 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 service is registered to provide residential care for up to 10 younger adults between the ages of 18 and 30 who have learning or sensory disabilities and are on the autistic spectrum. The service is a transitional service and supports people to develop the skills needed to live with support in the community or to move into a suitable residential service. At the time of our inspection 9 people were using the service.

At the last inspection on 20 November 2014, we found a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We asked the provider to take action to ensure applications were made for Deprivation of Liberty Safeguards where people experienced restrictions to their freedom. At this inspection we found improvements had been made.

Safeguarding procedures had established an act of neglect had occurred since out last inspection and the provider had taken steps to reduce the risk of a repeat incident. The provider had also taken steps to reduce the risk of abuse to people as staff had been trained in safeguarding people and staff discussed safeguarding practice regularly. Other risks to people's health were identified and care plans were in place to ensure any risks were reduced. We found medicines were being stored and administered safely so as to protect people from the risks associated with medicines. Improvements to further help clarify when people required medicine to manage pain were being made.

The service deployed sufficient numbers of staff to meet people's needs. In addition staff had been recruited using pre-employment checks designed to ensure staff working with people using the service were safe to do so.

People were asked for their consent to their care and support. For people who lacked capacity to consent to their care and support the provider had followed the principles of the Mental Capacity Act (MCA) 2005. The provider had also applied for assessment and approval of any restraint on a person's freedom in line with the Deprivation of Liberty Safeguards (DoLS). Staff received training and understood the principles of the MCA and DoLS.

Staff received supervision and demonstrated knowledge of people's needs. People were supported to

access other health care services as required. In addition, people were supported to enjoy flexible mealtimes and received sufficient food and drink that met their nutritional needs.

People were supported by staff who were kind and caring. Staff promoted people's choices and independence. In addition, staff were mindful of respecting people's dignity and supporting their privacy.

People, and where appropriate families or their representatives, were involved in planning people's care and support. People were able to maintain relationships with those who were important to them. People received support to engage in interests and activities and to pursue their goals and ambitions planned to support their independence and transition.

Records and audits were available to check on the quality and safety of services provided to people using the service. The interim management team were viewed as being approachable and were supported by a motivated staff team.

People, families and staff were involved in the development of the service.  We saw information had been made available advising people and their families how to make a complaint or offer feedback. People knew how to raise concerns or make suggestions.

## 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.

Staffing levels were planned and staff deployed in sufficient numbers to meet the needs of people using the service. The provider took steps to ensure staff working at the service were safe to do so. People were protected from the risk of abuse by staffs' knowledge on how to safeguard people. Other risks to people were identified and well managed. Medicines were administered safely and improvements identified for, 'as and when required' guidelines were being made.

### Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act (MCA) were followed where people lacked the capacity to make decisions.

Staff received training in areas relevant to people's needs and were able to care for people effectively. People received support from external health professionals when required. People enjoyed their meals and received sufficient nutrition.

### Is the service caring?

Good

The service was caring.

People were supported by kind staff who enjoyed being with the people they supported. Staff respected people's privacy and promoted their dignity. People's views and opinions were respected and people were involved in planning their own care.

### Is the service responsive?

Good

The service was responsive.

People received responsive and personalised care. People's preferences were understood by staff and people maintained relationships with those that were important to them. People made progress towards their goals and aspirations.

## Is the service well-led?

Good

The service was well led.

Changes to the management of the service had been well managed by the provider. Improvements had been identified and action plans in place to address shortfalls in records and other areas relating to the quality and safety of services. The interim management team showed an open and approachable management style.

# 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 was unannounced and took place on 26 April 2016. The inspection was completed by one inspector and one specialist professional advisor with experience of nursing and working with people with learning disabilities. At this inspection, we took into account some concerns that we had been made aware of since our last inspection in November 2014.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with one person who used the service, however not everyone who used the service could fully communicate with us. To help us understand people's experiences of using the service we spent time in the main living areas with people and their care workers.

We also spoke with the relatives of three people who used the service and five health and social care professionals involved with the care of people using the service. We spoke with seven members of staff, and spoke briefly to a further three members of staff. We also spoke with both managers of the service and the quality improvement manager. We looked at five people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Good

# Is the service safe?

## Our findings

Since our last inspection in November 2014, we were aware that a number of safeguarding referrals had been made to the local authority, both from the service and from other sources. The previous registered manager had not notified us of a potential incident of abuse, as they were required to do so. We were however notified by the provider regarding the outcome of this incident. This confirmed a safeguarding investigation had found an act of neglect towards a person using the service had been substantiated.

We spoke with the manager regarding this incident and they told us about changes that had been made to the service to reduce the risk of any repeat incidents. We asked to see the safeguarding referrals recorded by the service. The manager told us not all previous incidents had been recorded fully, however, since coming into post they had collated the details that they could. They also told us they had a system in place to ensure there was clear recording of any allegations of abuse and for when any referrals to the local safeguarding team were required. We reviewed the provider's policy on safeguarding and found this contained the contact numbers for referrals to be made to the local safeguarding team.

We saw that people were cared for safely on the day of our inspection. Staff we spoke with understood how to report any concerns and worries about people's safety. One staff member told us, "Safeguarding [awareness] is constantly drilled in by [the managers]." Staff were also aware of who to contact outside their organisation should they feel appropriate action was not being taken in response to any concerns they raised. We saw that staff were asked at each supervision session whether they had any safeguarding concerns regarding any of the people using the service. We also saw information was available to staff to remind them about how to safeguard people and we found staff training in protecting people was up to date. Systems were in place to check staff understood how to safeguard people using the system and the provider had taken steps to reduce the risk of abuse occurring to people using the service.

Staff we spoke with told us they felt there were enough staff to meet people's needs safely and provide people with the support they needed. During our inspection we saw that one member of staff stayed with a person when they became upset and other people had individual support from members of staff. We looked at the staffing rotas with the manager who told us staffing levels were determined by people's day to day needs as well as what support people needed to attend any planned events, appointments or activities. The staffing rotas we viewed showed the numbers of staff met the requirements as identified by the manager in their improvement plan.

Recruitment records showed that relevant checks had been carried out on staff before they started work to help the provider make a judgement as to whether people were of suitable character and were safe to work with the people using the service. These checks included checking people's Disclosure and Barring Service (DBS) certificate, obtaining written references and checking people's previous employment history. The provider operated risk assessments and used disciplinary procedures where the conduct or performance of staff members fell below expected standards.

Families and other professionals we spoke with told us staff helped manage any risks to people to help keep

them safe. One relative told us, "[Staff] know how to eliminate risks to [person]." Care plans and risk assessments had recently been updated onto a new format. Most information was in place to help reduce any risks to people. For example, we found assessments for people with epilepsy included potential triggers for seizures and what actions reduced risks for people. An example of one of these was the use of a bed monitor to detect any seizures while the person was resting. Staff we spoke with were knowledgeable about risks to people and what actions they needed to take, for example, when to administer specific medicines. Risks relating to people's health were identified and steps taken to mitigate risks.

One person had a personal emergency evacuation plan in place for staff to follow, to help keep them safe should there be a need to evacuate the building. There were evacuation plans and procedures in place to help keep people safe should there be a need to evacuate the building. Evacuation procedures were practised each month to ensure that people were familiar with them. Staff told us they were confident to report any accidents or incidents and records confirmed this. We saw these were reviewed each month to ensure any strategies to manage risk were still appropriate. Plans were in place to reduce risks relating to people's care.

Families we spoke with were satisfied with how staff managed their relatives' medicines. We observed people being supported to take their medicines as part of our inspection. People received an explanation from staff about their medicine before it was administered. We saw the medicines administration record (MAR) charts were completed by staff after each person had taken their medicines. The records we reviewed confirmed people had received their medicines as prescribed.

We saw some people were prescribed medicines on an as and when required basis, and for some people this helped them manage pain. Staff were able to tell us how people indicated they were in pain, however, this was not always indicated on the administration guidelines for these types of medicines. This meant that there was a risk that staff may not have a consistent understanding of when to administer these and there was no written guidance in place for the staff to follow. Staff confirmed this detail would be added to the administration guidelines for this medicine.

Medicines were stored safely and the storage temperatures recorded were within the recommended temperature ranges for the safe storage of medicines. Processes were in place to ensure medicines were safely checked in to the service and returned to the pharmacist when not required. We checked one person's medicines and found the correct amount of medicine was held in stock. Medicines were administered safely.

Where people received their medicines mixed with food, a covert medicines agreement had been introduced. This recorded the involvement of other professionals in the decision and we could see this had been sent to the pharmacist. We asked to see additional evidence to confirm the pharmacist had authorised the methods in use as safe to use. The manager produced this from the pharmacist and in addition, made changes so that all future covert medicines agreements would record the pharmacist's confirmation that the mixing of any specified medicine with specified food or drink was safe.

Good

# Is the service effective?

## Our findings

At our previous inspection in November 2014, we asked the provider to take action as applications to assess and authorise restrictions on people's liberty had not been made. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found assessments and authorisations for restrictions on people's liberty had been applied for.

People's consent to their care and treatment was sought by staff for their day to day decisions. For example, staff administering medicines showed people their medicines so they could understand what treatment was being provided. We saw another person was asked for their preference over their clothing choices. People were asked for their consent and given choices over their care.

Where people did not have capacity to make a decision the provider made sure that any decisions relating to their care, followed the principles of the Mental Capacity Act 2005 (MCA). 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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found they were. One condition for a person was for mental capacity assessments and best interests' decision making to be recorded for all aspects of person's consent to care and treatment. We saw that the provider was working to an action plan to meet this condition. We also saw mental capacity assessments and best interest decisions had been made for specific decisions relating to people's care, such as for blood tests. People's family members were consulted when required to help determine care in people's best interests. This showed people's freedom was not unlawfully restricted.

Staff we spoke with understood why the people they supported had a DoLS authorisation and one member of staff had a specific role to promote the MCA and the best interests' decision making process. Records confirmed staff received training on the principles of the MCA and DoLS. Families we spoke with told us they were involved in any best interests' decision making under the MCA for their relatives, and again, records confirmed this. People's consent to care and treatment and their decision making was being supported in line with the principles of the MCA.

Families we spoke with told us they felt involved in helping staff to understand their relatives. One family member told us staff attended a conference with them to learn more about their relative's particular needs. We found staff skills and knowledge in other areas relevant to people's care had also been kept up to date. Staff we spoke to told us how they received training that was relevant and useful to their work. Records

confirmed staff had received up to date training in areas such as epilepsy, autism, infection control and specific training to assess, prevent and manage people's behaviours if they presented challenges. Staff had relevant skills and knowledge to support people's needs effectively.

Staff told us they felt well supported by their colleagues and the manager. One staff member said, "I get plenty of training and supervision." We saw that some staff had supervision on the day of our inspection, one person told us, "Supervision is helpful." Records showed supervision meetings with staff reviewed their training and support needs and provided staff with opportunities to discuss their role. We also saw how through supervision staff had received feedback on their practical skills, such as medicines administration. This showed staff were being supported to develop their skills and knowledge to provide care and support to people using the service. However, some staff expressed worries over new changes to the staff rota. We discussed these concerns with the manager who had just introduced the new rota. They confirmed they would continue to listen to staffs' views as the new system was being introduced.

Lunchtime arrangements for people were flexible and as such met their individual needs. We observed people enjoyed their lunchtime meals. One person looked through the various food supplies in the kitchen and then made a choice that appetized them. Other people made choices from a range of options. Families we spoke with told us any specific dietary needs were well managed and staff showed us the alternative food stocks for a person with lactose intolerance. People had a range of snacks and drinks stored in the kitchen cupboards that they could help themselves to when they wanted and we saw people were regularly offered drinks. Records showed risk assessments were in place to help identify people at risk of weight loss or whether people required food of different consistency. People were supported to receive nutritional food and sufficient drinks of their choosing.

We saw external health professionals were involved in people's care and treatment. One person visited the dentist during our inspection and families told us they felt their relatives received the support they needed from any external professionals. One family member told us, "I don't have to worry about them going to the doctors if they need to." Records also showed people had contact with, for example, opticians, GP's, speech and language therapists and epilepsy nurses. We spoke to a range of health and social care professionals involved in supporting people living at Ecclesbourne Lodge and they told us they felt appropriately involved in people's care. This meant people received appropriate care and support for their health and care needs.

Good

# Is the service caring?

## Our findings

Families told us they felt their relatives were supported by caring staff. One family member told us, "[Staff] are friendly, helpful and there's a warm atmosphere." Where preferences for staff to provide support had been expressed this had been accommodated so as to support positive relationships between people, their families and staff.

The registered manager was clear on the caring attitude expected from all staff. The staff we spoke with on the day of our inspection demonstrated their caring and positive attitudes to the people they supported as they spoke about people with warmth and affection. Their comments included, "I've built up a bond with [person]"; "I was automatically drawn to [person], they have such a lovely spirit," and, "You can see the positive relationships with staff and the young people." Staff told us about another staff member who had arranged for a football shirt to be signed so it could be displayed in a person's bedroom who supported that football team. Staff we saw working at Ecclesbourne Lodge provided kind and compassionate care.

We saw staff understood how people communicated changes in their mood and they responded quickly to offer support. For example, one staff member noticed one person had become fidgety/anxious and they immediately went to help them with the activity they were engaged in and this calmed and reassured the person. This showed that staff responded to appropriately when people needed them.

People had their views about their care and treatment respected by staff. One person told us, "My choice," over their choice to not go out on the day of our inspection. Families we spoke with told us they were involved, with their relatives, in planning their relatives' care and support. They also told us they had been invited to meetings to contribute to the review of care and support provided. Records showed that where required by the MCA and any authorised DoLS, people had access to a paid representative to ensure their rights were promoted.

Staff told us they promoted people's involvement in making choices, for example some people used picture prompt cards to help them indicate their choices. Another social care professional told us that staff used a computer tablet and photos to help a person they supported to make their choices. Staff also told us they supported people's independence by providing support for them to do the things they were able to do themselves. Staff told us of the plans being made to support a person become more independent with their medicines management. People's choices were respected and their independence promoted.

Families told us they felt their relatives' privacy and dignity was promoted by staff. During our inspection staff held conversations regarding people's care in private. We observed staff discretely made sure people's faces and hands were clean after mealtimes, and people were comfortable with their clothing. People received support from staff who supported the principles of dignity and respect in their day to day work.

Good

# Is the service responsive?

## Our findings

One relative told us, "On the whole [name of person] is very happy and settled in a lovely place and doing so many things with people [their] own age." During our inspection we saw some people had been out with staff to do the shopping for the house and some people chose to stay at the service.

When we spoke with staff they had a good understanding of people's preferences and needs. They were able to tell us about people's individual needs, triggers of behaviours and describe actions that would help people feel reassured. People's care plans reflected what staff had told us. Families we spoke with told us they were invited, along with their relative to contribute and agree to how any care and support should be provided. This helped people received care responsive to their individual and changing needs.

Ecclesbourne Lodge is a transitional service that aims to help young people prepare for the next stage of their lives. We saw one person had certificates for, 'Towards Independence' and 'Personal and social development.' Their 'Goals and Dreams' review was recorded in an accessible way by use of photos and pictorial information. One of the goals identified by a person was close to becoming a reality and this demonstrated people were supported to identify their aspirations and work towards achieving them. Social care professionals involved in supporting people's care told us they had seen people make progress towards their goals. At the time of our inspection the manager had involved people and their families to record people's progress towards their goals on a 'Transition Plan.'

Family members told us the service responded to their relatives' individual and personal needs. These examples included physical adaptions to the garden to help the person orientate themselves; as well as regular attendance at social and recreational activities that matched people's interests. We saw records that confirmed this.

Families we spoke with told us they were involved in reviewing their relatives care plan with them and their views were listened to. One family member we spoke to told us, "We have some long chats to review [person's] care." Another family member told us, "They [staff] always come to me." Social care professionals involved in reviews of people's care told us people, their families or representatives were always involved in reviews and people could stay in the meeting for as long or as little as they liked. People, and where appropriate their families, contributed to the planning of their care and support.

One person told us they, "Meet [their relative] on Sundays." One family member told us their relative had been supported to maintain contact with friends made while taking part in different activities outside the service. Families and other professionals told us they received regular newsletters on what the person had been involved in. They told us this helped them keep up to date on the person's activities and achievements. People were supported to maintain their relationships.

One family member told us how their relative had made a complaint. They told us the person was supported and they had a meeting where they, "Had a cup of tea and worked it out." This demonstrated that people were involved in finding solutions to any complaints or concerns they raised. Staff we spoke with told us the

complaints process was personalised to each individual and they had access to pictorial guides to help express any dissatisfaction or feedback. When we looked at people's care plans we found pictorial guides for people on making a complaint.

The registered manager provided us with details of four complaints that had been received since our last inspection. We could see where appropriate, the complainant had been involved in discussions with the manager to resolve the issue. All four complaints were now recorded as having been resolved. Where relevant, we saw that improvements identified from investigating complaints were included on improvement actions plans for the service. Families we spoke with told us they felt they could raise complaints and that any concerns made would be looked at fairly. This meant the manager had plans to learn from people's comments and suggestions.

Good

# Is the service well-led?

## Our findings

Ecclesbourne Lodge is required to have a registered manager. The provider had sent us a written notification about the absence of the previous registered manager due to their resignation and the plans the provider had made to cover their absence. This included cover by a registered manager from another of the provider's locations. In addition, an acting manager had also been appointed to help with the day to day running of the service. The provider was in the process of recruiting a permanent registered manager to cover Ecclesbourne Lodge.

We had not always received written notifications when required to tell us about any important changes, events or incidents at the service. Since the new manager started work at the service all relevant notifications had been sent as required.

Families and staff spoke positively about the change in management. One family member told us, "[My relative] has taken to [the new manager] straight away, and they are good with the staff." Another family member told us, "Since the [new manager] it's been good, I've seen copies of the action plans and they are trying their hardest." Some families told us about their concerns over the standards of care before the new management arrangements were in place and told us they felt things were now improving.

The manager had an action plan to address any shortfalls identified since starting at the service. We could see that they had taken on board feedback from staff over manager's needing to be more 'hands on' and working to improve staff morale and staffing levels. Some staff we spoke with told us, "The new management team are nice, it feels better well run now; a happy place now." Another staff member told us, "Management is more stable now, they're brilliant; lots of professionalism and organisation." Other actions had been taken to bring training up to date, organise records, order specific equipment for people at the service and ensure maintenance and decoration was completed. Other actions still to complete had timescales set and we could see that work was in progress on the areas still in progress, for example, people's transitional plans.

During our inspection, we reviewed records relating to the care people received and how the home was managed. We could see records were in a state of transition to a new care plan format. The manager told us that this was needed as the previous care plans required reviews and improvements. Other social care professionals who had seen the new care plans told us they thought the new system showed people's progress towards their goals more clearly. However, several professionals we spoke with told us that in the transition between old and new care pans there had been occasions where records had not been available, however they felt that this was temporary due to the transition to the new system. During our inspection we were provided with all the records we required, however an on-going record of incidents referred to the local authority safeguarding team had not been maintained by the previous registered manager. The manager had produced a record of the incidents they were aware of and had discussed the situation with the local authority safeguarding team.

The manager and acting manager had support from other senior managers within the provider's

organisation, such as the Quality Improvement Manager. Staff working at the service were motivated and were clear about their own, as well as other people's roles and responsibilities. One staff member told us, "This is an enjoyable job." Another staff member told us, "We have a very friendly relationship with our team and managers, they are very approachable." The service was supported to develop and the managers had the support of motivated and committed staff. The interim management team were thought of as approachable and open.

Systems to check on the quality and safety of services were in place. For example we saw audits on medicines, fire safety checks, health and safety, and general audits of the environment. In addition audits checked what people were engaged in and if they were happy and spoke with staff and visiting families to use their views on the day of the audit. Audits were in place to identify shortfalls and we could see that actions plans were in place to address any shortfalls identified. Systems were in place to check on the quality and safety of care provided and identify improvements.