

Richmond Homes and Lifestyle Trust

Cedars Road

Inspection report

5 Cedars Road
Hampton Wick KT1 4BG
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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 took place on 14 January 2015 and was unannounced.

Cedars Road is a care home for up to eight people who have a learning disability. The service is based in a large detached house with each person having their own bedroom and the use of communal facilities including a lounge, dining area, kitchen and garden.

We last inspected Cedars Road in May 2013 and found the provider was meeting the regulations we inspected.

There was a registered manager in post at the time of our inspection. 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.

People we spoke with said they liked living at Cedars Road and were treated with dignity and respect. There was a relaxed, friendly and homely atmosphere when we visited.

We saw people received care in line with their wishes and preferences. Each person had an individualised support plan and activity schedule to ensure they received the support they required.

Summary of findings

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe. Additional staff were provided for one to one support and to enable people to regularly access activities outside of the home.

People were supported to have their health needs met. Staff at Cedars Road worked well with other healthcare

professionals and obtained specialist advice as appropriate to help ensure individual health needs were met. We found that people's prescribed medicines were being stored securely and managed safely.

Visitors told us that the home communicated well with them and they felt able to speak to the registered manager or other staff to raise any issues or ask for further information.

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?

This service was safe. There were enough staff to meet people's needs and ensure their safety and welfare. Any identified risks to people's safety and welfare were managed appropriately.

Medicines were being stored securely and managed safely.

A comfortable and homely environment was provided to people using the service. Any maintenance issues were addressed promptly.

Is the service effective?

This service was effective. People were supported by staff who had the necessary knowledge and skills and were supported by the registered manager.

People were able to choose what they wished to eat and drink. Staff provided appropriate support to those who required assistance with their meals.

People were supported to see their GP and attend other healthcare appointments as required.

People and their relatives were involved in decisions about their care. Best interests meetings were held if a person lacked the capacity to make decisions about their care.

Is the service caring?

The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people using the service were positive. Staff knew people well and provided care and support in line with their wishes and preferences.

Is the service responsive?

This service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities and to maintain contact with family and friends.

People using the service or their representatives were able to raise concerns.

Is the service well-led?

The service was well-led. There was a registered manager in post who was supported by two senior staff. Staff felt well supported in their role and said they did not have any concerns.

There were systems in place to monitor the quality of the service and make improvements where needed.

Cedars Road

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 checked 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.

Before the inspection we reviewed the information we held about the service. This included notifications, any safeguarding alerts and previous inspection reports.

This inspection took place on 14 January 2015 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visit we spoke with five people using the service, three visitors, three members of staff, the registered manager and one healthcare professional. We observed care and support in communal areas, spoke with people in private and looked at the care records for two people. We also looked at records that related to how the home was managed.

Is the service safe?

Our findings

People using the service told us that they felt safe living at Cedars Road. One person told us, “I feel safe here.” Another person commented, “I’ve been here for years, I like it here.” Visitors told us they were happy with the care being provided and had no concerns regarding people’s safety at the service. One visitor told us, “Very good, it could not get any better.”

Medicines were being managed safely. We saw that they were stored safely and securely and prescribed medicines were being administered correctly with full up to date records kept. A small number of medicines were supplied to the home in their original containers. One instance was found where the number of tablets left in a box exceeded the number that should have been remaining. It was noted that the audit systems in use did not include regular auditing of boxed medication and this was discussed with the senior staff member responsible for medicines.

There were enough staff on duty to meet people’s needs with the numbers of staff on shift adjusted according to people’s needs and their daily activities. One to one support was being provided to a person using their service due to their increased health needs. Additional staff were provided each week to accompany people individually or in small groups to undertake activities. For example, on the day of our inspection one additional staff member was supporting three people to go bowling. At night there was one staff member awake to support people if required during the night.

Staff were knowledgeable in recognising signs of abuse and how to raise concerns should they have any. They were confident that any concerns raised would be addressed by the registered manager or other senior staff to help make sure people were kept safe. We saw the service

communicated with involved care managers and other healthcare professionals if they had any concerns about a person’s safety or welfare. At the time of our inspection there were no safeguarding concerns. There were procedures to protect people from financial abuse and records were kept of all financial transactions with daily checks made on any monies kept on behalf of people.

There were processes in place to identify any risks to people using the service. Care files included assessments of any identified risks to each individual with care plans and guidelines then used to help manage these. For example, files included assessments of a person’s safety out in the community and when using public transport. Staff talked about the importance of positive risk taking when helping people become more independent and gave examples of how they did this.

Advice had been obtained from other professionals about how to support people when they were anxious, distressed or responding in ways that could put themselves or others at risk. Detailed guidelines were available for staff to help make sure that people had the support they required to stay safe. For example, one person’s care file included detailed guidance and procedures for staff to follow in the event they became angry with others around them.

Appropriate checks were carried out to help ensure a safe environment was provided that met people’s needs and maintained their safety. Any concerns regarding the building or equipment were reported and addressed promptly. For example, on the day of our inspection staff had reported a lack of hot water and a maintenance man came promptly to fix the problem. Fire alarm and hot water temperature tests were undertaken regularly by staff and a fire drill had been carried out recently involving all of the people using the service.

Is the service effective?

Our findings

Staff had the skills and knowledge to support people effectively. Staff we spoke with said that they received the training they needed to care for people and meet their assessed needs. Records showed that staff had undertaken training across a number of areas including safeguarding adults, food safety, infection control and moving and handling. Staff also received training in topics specific to the needs of people using the service, for example, around epilepsy and the administration of emergency medicines.

Staff said they received regular one to one supervision with the registered manager where they could discuss their work and identify any training needs. Staff also told us they received an appraisal each year.

Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. We saw, where possible, people were involved in decisions about their care and staff were aware that some people did not have the capacity to consent to some aspects of their care. They said that they would always look to act in the person's 'best interests' and gave examples of where meetings had been held to make more complex decisions on their behalf in line with the MCA. For example, where one person

required hospital treatment. The registered manager was aware of the need to make application to the local authority for DoLS authorisations for some people using the service and had started this process.

People were supported to have enough to eat and drink. One person told us, "I have toast, marmalade and a lovely cup of tea for breakfast." Another person commented, "The food is nice, we can chose what we want." Each person we spoke with said that they were able to choose their meal with support from staff. People's independence was encouraged and they were supported to maintain and develop their own skills. For example, one person made their own sandwich for lunch and other people regularly made themselves cups of tea. One person made mashed potato for people to have at dinner. This person said they enjoyed cooking and said staff supported them to cook for others each week.

People were supported with their health needs. We looked at two people's health action plans that included details about how to meet their health needs and these were kept up to date by staff. Records of all health care appointments were kept in people's files and confirmed that people were supported to see their GP, dentist and optician. Other healthcare professionals were being appropriately involved to help ensure people's needs were met. Records showed the staff liaised with professionals such as the community nurse or speech and language therapist to obtain specialist advice about how to support people with their health needs.

Is the service caring?

Our findings

We asked people about the home and the staff who worked there. People said they liked living at Cedars Road and that staff were kind and respectful. One person described the staff as “nice and kind”. Another person said “The staff are fine” and confirmed that they were treated with dignity and respect.

We saw that the relationships between the people living in the house and the staff supporting them were warm and respectful. Everyone looked relaxed and comfortable with the staff during our visit and people could choose what to do, where to spend their time and who with. Visitors and staff told us that a strength of the service was the homely atmosphere and this was apparent during our visit.

Visitors comments included, “The staff are very good” and “They seem to understand [the person] here, that’s important for me.” A visiting health professional praised the approach of the home saying that each person was treated like an individual.

Staff gave us examples of how they ensured the privacy and dignity of people using the service including knocking on

doors and making sure the person received personal care in private. One staff member talked about using a hoist and the need to make sure a person’s dignity was upheld when this equipment was used in the communal areas.

Staff responded to people’s individual needs. We observed one person being supported to have their lunch, the staff member spoke to the person and checked if the person was enjoying their lunch or wanted more.

Support plans were personalised and included information about how staff should support people to uphold their privacy and dignity. For example, for the person to have ownership of their room by having their own door key and for staff to make sure they asked for permission to enter. One page profiles addressed ‘what’s important for me’ when support was being provided for each individual and reflected their own personal goals and aspirations. We saw these goals were reflected in the support plans and monitored by a member of staff who acted as the person’s key worker. Records showed that each person met regularly with their key worker to discuss their support plan and progress toward their goals.

Is the service responsive?

Our findings

One visitor told us their family member had grown in confidence since they came to live at Cedars Road saying, “they get more out of life” and that the home “had opened up [the person’s] life”. Other visitors talked about the health challenges faced by their family member and how well the home had adapted the support provided to meet this person’s needs. They said the person was “now doing very well” because of this response.

Staff were clearly knowledgeable about people’s needs and the support they required. The majority of people using the service had been living at Cedars Road for many years.

Support plans were written in the first person and included sections titled ‘what I want’, ‘what I need’ and ‘how will this happen’ addressing areas such as social activities, money and health. Each plan included expected outcomes for the person and personal goals for them to achieve. Staff acted as key workers for people, meeting with them regularly to review their plans and talking to them about the support they required. We saw individual plans that looked at how people could have a voice in the running of the service through meetings with their keyworker and the regular house meetings. Staff said that they made sure the whole team were aware of any changes in the care and support being provided at the daily handovers and in staff meetings.

Daily records were kept to help make sure people’s individual needs were met. For example, recording their mood, appetite, activities they had taken part in and the support given with their personal care.

One person told us “I work and I get paid”. Another person said “I go out for a meal, go bowling, there’s enough to do.”

Each person had a personal timetable of the activities they took part in during the week reflecting their own interests and hobbies. This included going to work along with activities such as swimming and golf. We saw people were busy on the day of inspection having visitors, music therapy sessions and going out for meals or other activities outside of the home.

There was regular staff contact with relatives or friends of people through telephone calls or when they were visiting the service. Visitors we spoke with said they felt able to visit at any time and were made to feel welcome. We saw there was regular contact with relatives or friends of people through telephone calls and trips to see them. One person was going out with their family on the day we visited and another person said “I’m seeing my [relative] at the weekend.” Records showed that relatives and friends were involved in reviews and other meetings as appropriate

Four out of five people using the service felt able to make any concerns or complaints known to the registered manager or staff team. One person told us “I would talk to one of the staff” and another person said “I would see [the manager]”. One person said they were not sure how to make their concern or complaint known. Visitors said they had no concerns about the service and had not needed to make a complaint. An accessible complaints procedure including symbols and photographs was made available and we saw that recent meetings of people using the service had included reminders from staff on how to make a complaint.

There was regular staff contact with relatives or friends of people through telephone calls or when they were visiting the service.

Is the service well-led?

Our findings

One person told us, “I’d talk to [the manager] if I was upset, he does that, he sorts thing out” and another person commented “The manager is quite nice.”

Visitors told us that the home communicated well with them and they felt able to speak to the registered manager or other staff to raise any issues or ask for further information. One person told us “I don’t have to ask, they tell me.”

Staff said the manager was approachable and they felt comfortable talking to him if they had any issues or concerns. They confirmed that the senior management team were also available for support if the registered manager was unavailable. One staff member said, “The manager is very open, you can come and talk to him.” Another staff member told us “He is very good at keeping staff morale up.” They said staff worked well together and communicated well within the team.

The registered manager told us they aimed to hold monthly staff meetings however the most recent one had taken place in October 2014. An agenda was displayed for the next meeting in January 2015 and staff confirmed that this was happening within the next week. Minutes showed that

the meetings included discussion of the support needs of people using the service along with staff and business issues. Any actions required were identified with details as to how and when these were to be completed. Minutes from meetings were available to all staff members to ensure they were kept up to date.

Incidents and accidents were recorded including details of what happened and the action taken in in order to support the person and anyone else involved. The registered manager reviewed all incident and accident reports, identifying any further learning or changes required to reduce the risk of the same thing happening again. Details were additionally reported to senior management and responsible care managers to ensure everyone involved in the person’s care was kept informed. For example, we saw that a care manager had been informed promptly of past incidents involving one person using the service and changes in the support provided following these.

Processes were in place to check the quality of the service and ensure support was provided in line with the provider’s policies and procedures. This included regular checks of the building, any maintenance required, equipment and medicines. Daily checks of finances were completed by staff on each shift.