

Homes Together Limited

Caxton 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

About the service

Caxton Lodge provides residential care for younger adults with a learning disabilities or autistic spectrum disorder, physical disability or sensory impairment.

The service is registered to support up to 10 people, and 10 people were using the service when we inspected. This is larger than current best practice guidance. However, the risk of these things having a negative impact on people was mitigated as the building design fitted into the residential area and the other large domestic homes of a similar size. There were no identifying signs to indicate it was a care home and staff did not wear uniforms to identify them as care staff when coming and going with people.

Staff provided support in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People felt safe with the support staff provided. Staff understood people's needs and risk assessments were in place to support them to provide safe care.

New staff were safely recruited and had been trained to identify and respond to any safeguarding concerns. Medicines were managed and administered safely. Accidents and incidents were monitored to make sure lessons would be learned if things went wrong.

Staff received regular training, supervisions and an annual appraisal. They felt supported by management and worked closely with healthcare professionals to make sure people received effective care. Staff supported and encouraged people eat and drink enough and to have a varied and balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Appropriate applications had been made when necessary to deprive people of their liberty.

Staff were caring and treated people with dignity and respect. They understood people's communication needs and used accessible information to help people understand choices and make decisions.

People's care was planned and delivered in a person-centred way. Regular reviews helped make sure the support provided continued to meet people's changing needs.

People had the opportunity to take part in a wide range of activities and to pursue their hobbies and interests. They were supported to maintain regular contact with family to avoid social isolation.

There was a person-centred culture within the service. Management were open and responsive to feedback. Systems were in place to respond to any complaints about the service. Audits helped monitor the quality and safety of the service. People, staff and relatives praised the management of the service, describing the registered manager as approachable and supportive. Information was recorded and effectively shared to make sure people's needs were met.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was requires improvement (report published 23 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caxton Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Caxton 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.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced; we gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out; we wanted to be sure there would be people at home to speak with us when we visited.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service, three people's relatives and received feedback from five health and social care professionals. We spoke with the registered manager, director of care and three members of care staff.

We reviewed two people's care records in full and two people's care records in part, including their medication administration records and daily notes. We looked at two staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

After the inspection

We continued to review evidence from the inspection and seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Robust systems were in place to manage and reduce the risks associated with a fire occurring.
- People were supported by staff who understood their needs and risks to their safety; risk assessments guided staff on how to safely support people.
- Plans were in place to reduce people's anxiety or distress should the need arise. A professional praised staff's skill in monitoring and responding to people's complex and changing needs.
- Routine checks helped to ensure the safety of the home environment; we spoke with the registered manager about documenting regular checks of window opening restrictors and people's wheelchairs and they responded to address this.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe by staff who were trained to recognise and respond to safeguarding concerns.
- People received help and support when an accident or incident occurred and staff sought medical attention if needed. A relative explained, "If anything goes wrong, the staff know what to do and we are kept informed."
- Accidents and incidents were recorded and monitored to make sure staff had responded appropriately.
- The registered manager reviewed all accidents and incidents to identify any lessons that could be learned to prevent a similar thing happening again.

Using medicines safely

- People were supported to take their prescribed medicines. Staff completed training and had their competency checked, although we spoke with the registered manager about completing these more regularly in line with good practice guidance. They agreed to address this.
- Staff worked with medical professionals to help make sure medicines were not overused.
- Regular audits helped make sure medicines were stored, administered and recorded safely.

Staffing and recruitment

- People received safe support from staff who had been checked through a robust recruitment process to make sure they were suitable to work with adults who may be vulnerable.
- Sufficient staff were deployed to meet people's needs; people received timely and patient support. A person told us, "There are staff around if I need anything."
- Staffing levels fluctuated depending on the support and activities planned each day; gaps in the rota were covered by other members of the team.

Preventing and controlling infection

- The service was clean and free from malodours; staff regularly cleaned to maintain hygiene standards. A relative told us, "[Name's] bedroom is lovely and it is always clean."
- Good infection prevention and control practices were in place and followed; staff used personal protective equipment, including gloves and aprons, to reduce the risk of spreading germs or healthcare related infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs. A relative explained, "The staff look after people very well. If there is a problem they're on top of it straight away and they monitor them."
- New staff received an induction to the service and were supported to complete a wide range of training. They shadowed other workers to learn how to support people and develop their confidence.
- Staff felt supported by management; supervisions and an annual appraisal were used to monitor staff's performance and support their development and wellbeing. A member of staff said, "Management support is really good. The supervisions are regular, constructive and very much a two-way process."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthily and to access healthcare services if needed. A person explained, "I tell somebody if I am feeling unwell and they give me my tablets or they take me to see the doctor."
- Information about people's health needs was recorded in their care plan and staff worked closely with healthcare professionals to monitor and promote people's health and wellbeing.
- Staff were strong advocates for people and worked on their behalf to make sure they received the support needed from health and social care professionals.

Adapting service, design, decoration to meet people's needs

- People enjoyed living in a welcoming and homely environment; they had been encouraged and supported to personalise their bedrooms according to their individual interests and preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care plans put in place to provide detailed guidance for staff on how best to meet their needs.
- Regular reviews helped make sure the care and support continued to meet peoples' needs and reflect their preferences.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People were routinely offered choices and encouraged to make decisions.
- Staff explored and recorded information about people's mental capacity. Appropriate applications had been made when necessary to deprive people of their liberty.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make sure they had enough to eat and drink; staff were patient and attentive encouraging people to choose and eat their meals and to have regular drinks.
- People were involved in planning the menus and had a varied diet; people ate different things according to their individual needs and preferences.
- Staff monitored and risk assessed people's nutritional needs; they regularly weighed people so they could support people to remain healthy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind support from caring staff. A person told us, "I like all of the staff here, they are nice. They help me with a lot of things." A relative said, "[Name] seems very happy with the staff. The staff are very affectionate with them, they treat them properly and seem very friendly and very nice. The staff treat them like family."
- People responded positively to staff, showing us they shared friendly and caring relationships with them; a person explained, "I get on with the staff. They are very, very helpful."
- Staff showed an interest in people, they spoke with them in a respectful and kind way. Staff talked passionately about how they enjoyed spending time with people and supporting them to do the things they enjoyed.
- People's personal care needs were met; they were appropriately dressed and looked well cared for. A relative explained, "They always look clean and tidy and are always nicely dressed."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity; staff were respectful and kind in the way they supported people to meet their needs.
- People were empowered to do things for themselves and were confident and proud of their independence.
- People had freedom and independence and were not restricted by routines; they told us they could get up and go to bed when they wanted to and were free to go where they wanted and to do the things they enjoyed.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions in their daily routines; staff offered people choices and respected their decisions.
- Staff understood people's communication needs and were skilled in using verbal and non-verbal communication to make sure people had choices and were involved in decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support to meet their individual needs. A person explained, "I like all of the staff here, they are nice. They help me with a lot of things, like showering and shaving. They organise a lot of things for me too."
- Person-centred care plans showed people and their relatives had been involved in planning how their needs should be met; care plans reflected people's individual needs and personal preferences.
- Staff showed a good understanding of people's support needs and the things that were important to them.
- People and their relatives were involved in reviews and staff were flexible and responsive in how they supported people. A professional said, "The staff have been proactive in implementing changes in the way they work with individuals and how they have adapted the home to meet people's individual needs."

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had regular opportunities to access their wider community, to take part in activities and to do the things they enjoyed. A person told us, "I get to go out a lot." A relative said, "[Name] has got a better social life than me."
- People had individual activity plans and staff regularly supported them to pursue their hobbies and interests.

Supporting people to develop and maintain relationships to avoid social isolation

- People received the support they needed to avoid social isolation. One person explained, "I like living here, I have got loads of friends here."
- Staff supported and encouraged people to meet with family and friends and to maintain important relationships. Relatives told us they felt welcome at the service and explained how good communication and support from staff helped them to stay in touch.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included detailed information about how they communicated and guidance for staff on how they could share information in an accessible way.
- Accessible information was available when needed, for example, the provider had easy-read information to

help people understand how to raise concerns or make a complaint. Easy-read information includes pictures and words and is a way of making written information easier to understand.

Improving care quality in response to complaints or concerns

- People were confident they would be listened to if they had any concerns or complaints. A person told us, "I would talk to [registered manager's name] or any staff if I was unhappy. They help me if they can."
- The provider had a complaints procedure and although there had not been any formal complaints since our last inspection, systems were in place to make sure any concerns would be investigated and addressed to improve the service.

End of life care and support

- The provider had a basic policy outlining their approach to providing end of life care.
- People did not need support with end of life care at the time of the inspection, but the provider had started work to record some people's wishes, views and preferences for their care and support should the need arise.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider and registered manager had not submitted statutory notifications when legally required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation.

- Appropriate notifications had been submitted to CQC.
- The provider and management had made positive progress to address concerns identified at the last inspection; for example, improvements have been made in relation to fire safety.
- Audits were used to help monitor the quality and safety of the service and to drive improvements.
- The provider and registered manager were responsive to feedback; they were committed to continually improving and developing the service for the people who lived there.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People praised the person-centred care provided. A person told us, "I think this is the best house I have ever lived in." A professional said, "The home has a lovely atmosphere. Staff are always very attentive to service user's needs, there's always lovely things on the food menu each night and service users always seem happy."
- People and relatives gave positive feedback about the new registered manager and their organisation and leadership of the service. A relative said, "They are brilliant and very flexible."
- Staff told us management were approachable and supportive, there was good teamwork and a positive person-centred culture within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to investigate and respond to any safety incidents and apologise to people if things went wrong.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management and staff worked in partnership with other professionals to meet people's needs. A professional told us, "Managers have been efficient in ensuring staff are up-to-date with their knowledge of how best to support the residents. I have always found them to be professional in their approach and quick to respond to suggested improvements."
- There was open communication between staff and management and information was effectively shared to make sure people's needs were met. Relatives felt listened to and involved, one relative said, "I feel comfortable talking with them - if there is anything we want to know they tell us."