

Winslow Court Limited

Ecclesbourne Lodge

Inspection report

Wirksworth Road
Duffield
Belper
Derbyshire
DE56 4AQ

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Ecclesbourne Lodge is a residential home, which was providing personal care for up to ten young adults aged between 18 and 35 years, who have a learning disability and autism. The home is divided into two separate houses, Brook and Fern. Each house had its own kitchen and communal spaces. People had their own room with an ensuite. At the time of the inspection there were eight people using the service.

People's experience of using this service:

The service met the characteristics of good in all areas, and meets 'Outstanding' in the Responsive domain.

People's needs were at the heart of the service being provided. Staff were exceptionally knowledgeable about the care people required and the importance of people's life history in establishing plans which were effective. Staff received the necessary training to enable them to have the skills for their role. There was a wide range of activities which were planned and tailored to each person. The environment had been considered to support people's needs and the spaces available.

Where people had behaviours which challenged, the plans reflected an approach which was reviewed and monitored to ensure this reflected the correct amount of detail and interventions.

There was an education programme which provided people with skills to support them with daily life skills and improving their independence.

When new people came to the home, there was a comprehensive approach to ensuring staff had the knowledge and skills to support people with their transition and next steps in living at the home.

Staff were supported with a management structure which offered guidance and progressions within people's roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Health care had a focus to ensure people's ongoing wellbeing.

People's plans of care and other important information was provided in a range of formats to support understanding. People could access spiritual support to meet their religious beliefs.

There was a registered manager at the home. The rating was displayed at the home and on their website. When required, notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Staff had established relationships with people and showed mutual respect for people to ensure their dignity was maintained. Relatives were encouraged to visit and staff supported people to retain their relationships.

The provider completed a range of audits to ensure the home was well run and used information to drive improvements. Complaints had been investigated and outcomes shared.

The provider looked to make improvements and we saw these in relation to end of life care and any lessons learnt. There were sufficient staff to support peoples needs and there was flexibility for this to be increased for events or appointments. Peoples risk were managed and guidance provided to support the staff and reducing the risks. Medicine was managed safety and measures in place to reduce the risk of infections.

Rating at last inspection: Good: report published on 6 July 2016

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 was 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 exceptionally responsive

Details are in our r Responsive findings below

Outstanding ☆

Is the service well-led?

The service was well led

Details are in our Well-Led findings below

Good ●

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 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.

Inspection team: This inspection was completed by one inspector.

Service and service type: People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service and has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

The service had a manager registered with the Care Quality Commission. 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 This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential safeguarding concerns; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this ten months ago and we therefore gave opportunities for them to update us throughout the inspection. We used all this information to plan our inspection.

During the inspection we spoke with one person. Other people using the service found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We spoke with seven members of support workers, the team manager, the administration support person and the registered manager. The regional manager and the provider's quality lead manager were present for the feedback at the end of the inspection. After the inspection we contacted three relatives by telephone and two social care professionals.

We reviewed a range of records. This included three people's care records and medicine records. We also looked at two staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

After the inspection the registered manager sent us further information in relation to, the supervision process, the provider's quality checks and audit process and their end of life paperwork. We have reviewed these as part of the inspection process.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff had received training and knew how to recognise abuse and protect people from it.
- Information was displayed around the home. One relative said, "I feel confident they are in safe and caring hands."
- When safeguard concerns had been raised they were investigated and any learning shared with the staff during team meetings. These were also shared with relatives. A health care professional said, "They always report any concerns and deal with the situation to a positive outcome."

Assessing risk, safety monitoring and management

- Some people had anxieties which meant they may harm themselves and others. Each person had a detailed plan and staff had received training in how to support them.
- When physical interventions were required to ensure people were kept safe all incidents and interventions were closely monitored by the registered manager, and shared with relatives and professionals.
- Risk assessments had been completed to consider all aspects of people's daily events. For example, using the kitchen, outside activities and traveling in vehicles.
- Emergency evacuation plans were in place and had been updated. We saw that fire evacuation tests had been completed and any learning considered to improve this practice.

Staffing levels

- Staffing had been considered for each person's needs. These were regularly evaluated to ensure the staffing levels could support people's needs for recreation and safety.
- One relative said, "There is a consistent staff team and they have bonded with [Name]."
- When staff were employed the required paperwork had been completed in relation to police checks and references.

Using medicines safely

- Medicines were managed safely. We saw that there was a dedicated medicines staff member who reviewed all the medicine.
- Staff had received training in safe administration which included online and competency checks which were regularly repeated.
- When people required medicine to support their anxiety, this was reviewed with health care professionals and regulated. For example, one person received their medicine in the morning and evening. However, it was observed by staff that between this time the person's anxiety increased. After a review, it was agreed to

split the dosage to four administrations throughout the day. This has had a positive effect without increasing the medicine.

- When people required medicine for epilepsy, to support them after a seizure, there was clear information in place as to when this should be used and post medicine recovery guidance.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce the risk.
- For example, it was identified one medicine should be given at a specific time to avoid the risk of a seizure. We saw that changes had been made to the protocol and this information was shared with staff to raise their awareness.

Preventing and controlling infection

- Staff were aware of the importance of maintaining hygiene levels within the home, to reduce the risk of infection.
- The home had been rated four stars by the food standards agency, which is a good rating. The food standards agency is responsible for protecting public health in relation to food. The registered manager told us the actions they had taken after this rating had been given to address the action points, which was to review and alter the infection control policy.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff had been given the knowledge they needed to understand and support people's needs.
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people which supported them to have a good quality of life.

Staff skills, knowledge and experience

- Staff had all the skills they required for their role. One relative said, "Staff have excellent knowledge of autism, which helps with staff understanding."
- When staff commenced their role, they were provided with training and shadowing experienced staff. One staff member told us, "I completed a week with some people with lower needs and then progressed as I felt more confident."
- New staff worked through a booklet and had a meeting every two weeks to review their progress. One staff member said, "We have never missed a meeting, I feel so supported."
- Staff told us they felt they had the training they required for their role. One staff member said, "I had restraint training and I have had to use it, but felt confident due to the support and training provided."
- Other staff told us when they requested other training this was provided. For example, one staff member requested life guard training so they could use a new facility for the people and this was arranged.
- Staff received talks about subjects and policies to raise awareness on specific subjects, to refresh their knowledge.

Supporting people to eat and drink enough with choice in a balanced diet

- People's diets were suitable for their needs. For example, some people were on a weight reduction programme and others required a higher calorie diet.
- Those people on a weight reducing diet had lost weight which enabled them to participate more in leisure activities.
- Menus were planned using information from families and reviewing the meals offered.
- One member of staff told us, "One person has a dairy free diet, but we try to make similar foods so they don't feel like they have different. Another person requires additional iron and we use specific foods to help this."
- Pictures were used to help people make choices for their meals.

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

- Each person could personalise their own bedroom. One family member told us how they had been able

to choose the paint and prepare the bedroom before their family member moved in.

- The two kitchens had been recently refurbished. People had been included in the decision making of the colour scheme. One relative said, "Do you like the colour in the kitchen? [Name] chose that."
- Communal spaces within the home were furnished with furniture that was suitable for people's needs.
- Each home had their own accessible garden which was secure. The gardens had activity areas within them, for example a trampoline and a swing.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- Referrals had been made to a range of health care professionals.
- Specific health conditions were supported by links with different health care professionals. For example, the epilepsy nurse provided guidance and support when required.
- Importance had been placed on ensuring health care requirements had been actioned and followed up. For example, one person required support from the audiology department and this had been followed up and the parents involved in the process.
- We saw each person had an annual review in relation to their health in addition to any immediate health needs identified.
- We saw that there was an emergency sheet which was used to share information with emergency health care staff if a person required a hospital admission. Although people were supported throughout any hospital stays with staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- When people did not have the capacity to consent to some decisions, we saw that there were clear and detailed capacity assessments for each decision.
- New paperwork had been introduced to reflect how people's decisions had been made. It reflected the different methods used to interact with the person and support choices.
- The provider was committed to ensuring that decisions were made in people's best interests and we saw that for some people this meant there had been many meetings with families and other professionals to ensure that everyone was able to contribute to the decision making. For example, some people required their medicine covertly (this means given to them disguised in food). The required professional had been consulted and there was a detailed plan in place following a best interest decision.
- All the people living at Ecclesbourne Lodge were under the local authority restriction of a DoLS. Some of these had associated conditions; these were met and the information was recorded and shared with the relevant authority.
- Staff were knowledgeable about how to support people with decisions and the principles of least restrictive practice.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff had established caring and supportive relationships with people. One said, "We are passionate here, it's all about the young people and what's best for them."
- We saw staff spending time with people and recognising their needs. Staff knew how to approach people and the varying levels of communication methods to use.
- One staff told us, "I really enjoy it and love the young people."

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

- People were encouraged to make choices about their care and to retain some independence. The care plans detailed any aspects were the person could manage parts of their care. Staff were aware of this and promote this area along with the ongoing development of their skills.
- Daily choices were available for people and staff and relatives supported them in choices. One family member told us, "We work together in looking at how to approach things and in encouraging choices."
- People were supported to maintain relationships with those of importance to them. We saw this was done through a variety of ways, either family visited or through skype calls. Other people were escorted to visit their family. One family member said, "It's so important to us as at this time we are unable to transport them on visits. So, staff are doing this."

Respecting and promoting people's privacy, dignity and independence

- When people spent time in their room this was respected and staff knocked before entering. When people required assistance with personal care, this was done discreetly.
- People's information was protected, using secure password encryption on electronic devices and paper information was locked away.
- Staff had received training on the new data protection guidance. One staff member said, "I am so much more aware now of how we share information. Recently a nurse asked for some details, I completed a range of checks to ensure they were able to have the details and in what format before sharing."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

- □ How people's needs are met
- □ The provider had a proactive and innovative approach in supporting people with learning life skills through a recognised education programme. The Award Scheme Development Accreditation Network (ASDAN), uses an education programme which empowers people to learn new skills and gain confidence. There was a dedicated staff member who led on the scheme and adapted it to enable each person to participate. The lead told us, "Each time we go out we can add a new element. For example, last time we went out with [Name] they went to the counter and paid for their drink. People are proud of what they achieve, it's small but measurable."
- □ One person had learnt to cook with support. The relative of this person told us they were now able to focus more and had cooked meals at Ecclesbourne Lodge and when visiting home.
- □ All the staff were extremely positive about the programme and totally committed to ensure it was incorporated. One staff member said, "We factor this into people's day and see the value of it for people."
- □ Many of the people had received a certificate of their achievements on the ASDAN programme and a graduation to celebrate this had been held. For one person the staff knew the crowds of people would be difficult for them to cope with, so that person received their award where they were more comfortable.
- □ Staff were extremely focused on ensuring the activities were developed with the individual's needs and historical knowledge of previously enjoyed events. One person had been reintroduced to an activity they used to love. Their relative said, "It's been an absolute turn around in reintroducing them to life."
- □ New activities were considered and introduced. For example, at the college the home visited for swimming, they had a climbing wall. Staff requested to receive training so they would be able to access this activity with people. We saw the training had taken place and the risk assessments and measures were being put in place for this to commence.
- □ All activities were reviewed and changes were made to ensure they continued to meet the person's needs. For example, one person enjoyed swimming, however they began to express a dislike and staff felt it maybe the location. A new venue was found and this has now proved a success and the person has rekindled their love of swimming.
- □ The provider worked with a holistic therapist offering people Reiki treatment. Reiki is a form of alternative medicine called 'energy healing'. For some people the Reiki had enabled physical contact to be more acceptable and had enabled them to learn how to relax. This in turn had a positive impact on their wellbeing.
- □ A room within the home had been adapted into a really popular sensory room. One relative said, "It used to be a dumping ground. Now it has lights, music, mirrors and lovely bean bags. It has made a big difference as people are able to take themselves away in there and relax."
- □ Staff had exceptional skills in supporting people to achieve their goals and enjoy a good life. All the

people living at Ecclesbourne Lodge had some behaviours which challenged. The home's ethos was to view these as aspects of communication, this approach had a positive outcome for people as they could see their actions were reflected in daily choice and ongoing needs.

- The behaviour plans were specific, detailed and reflective of the individual approach required using a traffic light system. The 'Red' scale gave consistent ways of dealing with a young person's behaviour, the 'Amber' focused on the person's stress factors and the 'Green' focused on areas the person's enrichment to life and wellbeing. One staff member said, "It's important we follow these as consistency is key. From these we have seen some real changes in people's behaviour which then enables them to enjoy things more."
- Relatives had been included in the process. One relative said, "Staff know about the history and how past things can impact on behaviour. Another relative said, "Staff have shared their approach with us." They added, "They use, 'Now and Next' approach which helps [Name] to understand what is happening and really works."
- Respect for the family and the history of the person was paramount in considering all aspect of the person's needs. A family member had compiled a detailed history with guidance about [Name's] condition and staff had followed this and regularly asked questions. The family member told us, "Staff pre-empt behaviours, they reflect on the history and use information available."
- Staff were consistently proactive and focused. One staff member required additional shadowing opportunities with a person as they had been unable to 'pick up the clues' in supporting their behaviour. This support was provided and the relationship had been able to be developed. The staff said, "I am now able to work independently and support the person as they need me to."
- Staff were extremely knowledgeable about people's care needs. One staff member said, "The care plans are detailed and provide all the information you need." Staff told us and we saw that any changes had been made and highlighted so that staff were aware of any changes. Changes were reflected in the 'express' and full care plan. One staff member said, "It's about building the trust. Staff need to stick by people and follow the care plan."
- The express care plan was a detailed summary held with the daily logs which enabled staff to access a quick reminder on the aspects of the persons care. One staff member said, "Each plan is committed to the individual and their needs; it's good to have the express plan if you need a quick reminder."
- Staff received a handover before they commenced their shift. This was detailed and included how the person had been over the previous shift, decisions on activities planned and any changes. This meant staff were equipped to provide the care required for each person's needs.
- There was a comprehensive approach to pre-assessment. We saw that ahead of one person moving to the home, the staff spent four weeks over seeing the care at their previous location and building the relationship. One relative said, "We have been involved in the process of transition every step of the way." They added, "As a family we were able to arrange their room, choose the colours of the walls, which was really important to us."
- Without exception staff could describe people's cultural beliefs and preferences. Staff had received training in equality and diversity and this provided the basis for staff to develop with each person's preferences. Staff worked closely with families to ensure people could participate in the religion in a manner that was appropriate for them. For example, one person followed some aspects of their religion, but did not actively worship but enjoyed listening to cultural music.
- Staff had exceptional patience and knowledge to enable a range of communication methods to support people's wishes. Some people used pictures or symbols. Others gestures or noises. Staff could describe to us how people communicated and how their method signified their choices.
- Some people did not have English as their first language. Some staff could speak in the person's first language and other staff had developed ways to communicate. One staff member told us, "I have learnt some words and [Name] enjoys teaching me new ones, which helps us to communicate."
- Information was available in easy read formats and covered a range of documents. Some of these were

pictures and symbols, others just pictures, dependent on the persons communication needs. This reflected the provider had considered the Accessible Information Standard, which is a requirement to provide information in a format to support people with a disability or sensory loss.

- Improving care quality in response to complaints or concerns
- Complaints had been received and all had been investigated comprehensively, providing the complainant with a formal response, an apology and the outcome. One relative said, "When I have raised any concern it is dealt with swiftly and measures put in place to reduce the risk of reoccurrence."
- The provider took a proactive approach in considering public perceptions of the care they provided. Due to the nature of some people's behaviour which could be expressed whilst out of the home. All the staff carried a card giving the provider's details, this was so that members of the public who may have concerns about people's care could raise this. We saw concerns had been raised and addressed in a professional manner including all relevant services.
- Staff used a range of methods to reflect how people express their needs and how this information is used to reflect on people's moods and to make changes.

End of life care and support

- The provider had recognised the importance of decisions relating to end of life care (EOL) and had a plan of how they would support people in this area.
- Specific training in EOL had been arranged and a comprehensive set of documents in an easy read format had been developed.
- The documentation detailed people's wishes to be considered and reflect any equality aspects or beliefs.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- The provider planned and promoted person-centred, high-quality care, with people being the focus of the care they provided. They used a range of methods to support and gain understanding of each person's needs.
- All the staff were passionate about the providers ethics, which reflected 'The promotion of the people's independence.' A staff member told us, "It's nice to have a manager and organisation that are committed to this ethos."
- The registered manager understood their requirements to inform us of any events through our notification process.
- The provider had displayed their previous rating at the home and on their website.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager reflected the importance of supporting staff in their role, this was demonstrated by the dedicated team of staff. A new structured supervision model had been introduced which followed a set of learning objectives. Initially trailed for new staff, and then rolled out to all staff. Initially staff were reluctant as it felt too structured, now they told us it is a positive change. One staff member said, "You can ask for further information or refresh your knowledge. You know what to expect and its really helpful."
- All the staff without exception felt supported by the registered manager. One staff member said, "[Name] has been like a whirlwind since thy arrived making lots of positive changes, paperwork, environment and support." Another said, "We are so supported, it's a team effort."
- Staff were supported to develop and progress their careers. One staff member said, "You get good support in progression and training." We saw the provider had a leadership academy to support staff when they took on senior roles within the organisation.
- The registered manager had changed the title to one of the senior roles to 'shift manager' as this reflected the importance of their role as managers. One staff member said, "It's good our role has been defined and now reflects our worth as managers."

Engaging and involving people using the service, the public and staff

- The provider used a range of ways to ensure people's views were heard. After each activity had occurred an evaluation was completed to consider the persons responses. One staff member said, "Knowing the person and how they react shows us if they have enjoyed the activity and we can use that to guide their views for future choices."

- When people had expressed a less favourable outcome to an activity measures were taken to make changes to obtain a different outcome. For example, one person had been attending dancing, however on three occasions they showed they had not enjoyed it. However, they did enjoy the café. This information was considered and changes were made, so the person continued to enjoy the café but does not go dancing. This showed people's views were considered and respected.
- Importance was placed on sharing people's success with those of importance to them. Each month a newsletter was produced by the key worker which reflected how the person's life had been changed and any achievements. A staff member said, "It can be the smallest things which makes a huge impact. It's good to be able to review and see the progress." A keyworker is a person who oversees a persons care and ensures all aspects of their needs had been considered.

Continuous learning and improving care

- The provider took a proactive approach in meeting the regulations. They had their own inspection of the service. This had highlighted the need for better communication for families. The registered manager had introduced a social media application which used a secure method to share communication. One relative told us, "The what's app group has improved communication and means we often get a timelier link to events."
- There was a system of audits which had been used to drive improvements. All incidents had been evaluated to reflect on the environment, behaviour plans and staff approach. After any incident, plans, risk assessments were reviewed and changes made to reflect. Any changes were shared to reduce the risk of incidents reoccurring or to address areas in the environment.
- Other audits reflected the running of the home and any equipment. For example, it was identified a thermometer in the medicine room needed replacing.
- The provider encouraged staff to attend conferences and develop their skills and to use share learning. Staff talked about the introduction of electronic care plans and another about medicine management. One staff member said, "They look at new things and promoting technology systems which can help improve things."

Working in partnership with others

- There was a positive approach to working with agency staff. We saw currently those agency staff in use were familiar with the home. However, when new agency staff were required there was an established process. All new agency staff were required to complete a shadow shift with an experienced staff member before they could work independently. They also received a detailed induction of the building, fire evacuation and people's 'express' care plans.
- The provider established a partnership approach across their other locations. This promoted shared learning. We saw how development days had been used to take up this opportunity.
- The staff had established positive working relationships with a range of both health had social care staff.