

Auckland Care Limited

Cwello Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Cwello Lodge is registered to provide care and accommodation to eight people living with a learning disability. At the time of our inspection there were seven people living in the home.

We carried out an unannounced comprehensive inspection of this service in July 2015. After that inspection we received new information regarding concerns we had received regarding the staff's ability to manage the risks relating to the behaviour of a person living at the home and, the impact this may have on the support and care provided for the other people living in the home. As a result we undertook a focused inspection on 08 March 2016 to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cwello Lodge on our website at www.cqc.org.uk

Although, there was a registered manager in place at the home, this person had recently been promoted to the role of service manager providing oversight across all of the provider's services. A new manager was in post and in the process of becoming registered. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People, a family member and a health professional told us they felt the home was safe.

The management team had systems and processes in place to identify and respond to safeguarding concerns. The provider and service manager were able to demonstrate the actions they had taken when the concerns, which had prompted this focused inspection, had been identified. The action taken included, a multi-agency response to facilitate a placement, prior to this inspection, of the person at a location more suited to meet their needs; a review of the lessons learnt leading to the commencement of their internal discipline action, changes to their assessment process, staff training and safeguarding policies.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. Staff had developed caring and positive relationships with people and were able to explain the risks relating to people's care and the action they would take to help reduce the risks from occurring. Staff were attentive to people and checked whether they required any support.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs safely. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines

were administered by staff who had received appropriate training and assessments.

People, a family member and a health professional told us they felt the home was well-led and were positive about the management team. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

People experienced care in a safe environment because the management team identified and responded appropriately to concerns about people.

There were enough staff to meet people's needs. Staff had received appropriate training and support to enable them to support people safely.

People were protected from individual risks in a way that supported them and respected their independence.

People received their medicines safely, at the right time and in the right way to meet their needs.

Is the service well-led?

Good ●

The service was well-led.

The provider's values were clear and understood by staff. The management team adopted an open and inclusive style of leadership.

People and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment.

Cwello Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was unannounced and was carried out by one inspector on 08 March 2016. It was a focused inspection because of concerns we had received regarding the staff's ability to manage the risks relating to the behaviour of a person living at the home and, the impact this may have on the support and care provided for the other people living in the home.

Before the inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people of the seven people living at the home, some of whom would only communicated with us verbally, in a limited way. We spoke with one relative and a visiting health professional. We observed care and support being delivered in communal areas.

Although, there was a registered manager in place at the home, this person had recently been promoted to the role of service manager providing oversight across all of the provider's services. A new manager was in post and in the process of becoming registered. We spoke with two members of care staff, the deputy manager and the service manager, who was providing cover for the manager who was on leave on the day of the inspection.

We looked at a range of documents including care plans and associated records for five people using the service, staff duty records, accidents and incidents records and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe. One person said they were, "Happy in the home". Another person told us staff, "look after me. They take me to the doctors". A family member and a health professional told us they did not have any concerns regarding the safety of people in the home. The family member said, "[My relative] has been here for a year and a half, so I come here often. Yeah they are definitely safe here".

People experienced care in a safe environment because the management team identified and responded to safeguarding concerns. The service manager explained how they had recently identified and responded to the concerns relating to the behaviour of a person living at the home, which had impacted on other people at the home and staff. They initiated a multi-agency response to the concerns identified and facilitated a new placement of the person at a more suitable location for their needs. They had also instigated the provider's staff discipline process where staff had not responded appropriately to the concerns identified. As a result of the lessons learnt the service manager has completely reviewed their safeguarding policy and procedures. Minutes of a recent staff meeting recorded that the new policy had been shared and discussed with staff. Staff knew how to raise observed concerns and to apply the provider's policy.

People were protected from individual risks in a way that supported them and respected their independence. The manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person was at risk of choking if they rushed eating their food. During lunch we saw staff monitoring this person and quietly advising them to slow down while they were eating. Risk assessments were in an easy read format supported with pictures to enable people to engage with staff in how they were being supported. Where an incident or accident had occurred, there was a clear record of this, which enabled analysis to take place.

Staff had developed caring and positive relationships with people and were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Staff were attentive to people and checked whether they required any support. A health professional told us the home staff knew people well and understood their needs and how to look after them safely.

People told us there were sufficient staff to meet their needs. A visiting health professional told us there was enough staff to look after people safely. The service manager told us that staffing levels were based on the needs of the people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people's needs promptly.

People were supported by staff who had the qualifications, skills and experience to provide care and treatment safely. There were arrangements in place to ensure staff received an effective induction into their role. New staff received an induction and training which followed the principles of the Care Certificate. The Care Certificate is the new set of standards that health and social care workers adhere to in their daily working life. One new member of staff had not completed their care certificate training within the agreed timescales.

We pointed this out to the service manager who took immediate action to ensure the member of staff accessed the training necessary to complete their care certificate. Staff had access to other training focused on the specific needs of people using the service, for example, epilepsy awareness, autism awareness and managing challenging behaviour. Staff were able to demonstrate an understanding of the training they had received and how to apply it.

People received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Is the service well-led?

Our findings

People told us they felt the service was well-led. A family member and a health professional also said they felt the leadership in the home was effective. The family member said, "It is a good home. The manager has just changed [name of manager] is good as well". They added, "My family and I have not needed to complain".

There was a clear management structure, which consisted of the provider; a service manager, who oversees all of the provider's services and is still registered with CQC as the registered manager; the manager who is in the process of being registered; and two team leaders, one of whom is the deputy manager. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. One staff member told us the management team were, "Supportive of us, they listen to our concerns". Another member of staff said the manager was, "Approachable, if I have anything to say I can always speak to them about it. [The manager's] door is always open". They added that the provider and the service manager regularly visited the home.

The provider explained their vision to provide a holistic approach to care provision while encouraging people to become as independent as possible. Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the manager to engage with staff and reinforce the provider's values and vision. Minutes of the previous two staff meetings demonstrated that staff engaged in the process, had an opportunity to raise concerns and discuss issues affecting people living at the home.

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings.

The provider had suitable arrangements in place to support the manager, through regular management meetings and the oversight provided by the service manager. There were systems in place to monitor the quality and safety of the service provided and the maintenance of the buildings and equipment. These included regular checks of infection control, medicines management and care plans. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. The service manager told us that if a concern was identified remedial action would be taken.

The provider explained the action they had taken following a review of the lessons learnt from a series of incidents relating to the behaviour of a person who had recently been placed at the home. These concerns had been identified by the management team prior to the inspection and the person was quickly provided with a placement at a more suitable location. The provider told us that they had put in place a new

assessment process and safeguarding policy which was being overseen by the service manager. They had also reviewed staff responses to the incidents, identified additional training needs and had instigated their internal discipline procedure where staff had not responded appropriately.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider and the service manager understood their responsibilities and the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of the provider's registration.