

Winslow Court Limited Cedar Lodge

Inspection report

West Midlands Learning Campus
Rowden
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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

Cedar Lodge is a residential care home providing personal care to up to nine people who live with learning disabilities and autism. At the time of the inspection there were six people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that 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/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. The size of the service having a negative impact on people was mitigated by the building design and was separate from other buildings on the site, which provided a sense of space and privacy for the people living at the home.

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

People were supported by staff who understood people's individual safety needs and who helped people to reduce their individual safety risks. Staff knew what action to take if they had any concerns for people's well-being. People were assisted to have the medicines they needed to remain well and to live in a home where systems were in place to reduce the chance of infections.

Staff worked with people, their relatives and other health and social care professionals to ensure people's needs were regularly assessed and people had access to the health care they needed. Staff used their skills and training when caring for people, and to ensure people were assisted to have enough to eat and drink. 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.

People liked the staff supporting them and staff spoke warmly about the people they cared for. Relatives told us staff knew their family members well. Staff used their knowledge of people's unique needs and communication preferences to include people in choices about their lives. Staff treated people respectfully and understood people's right to privacy.

People's preferences and needs were reflected in the way their care was planned. Relatives' and other health and care professionals' views were considered when their family member's care was planned and reviewed. Systems were in place to manage any complaints and to take learning from these. 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 enjoy new experiences and maintain their independence.

The registered manager planned to further develop plans to support people at the end of their life, and in the event of people's sudden death, so people's preferences would be known, and responded to.

Relatives were positive about the way the home was managed and told us communication with staff was open. Staff felt supported to provide good care. The registered manager was supported by the provider to check the quality of the care provided and to drive through improvements to the care provided. This included continuing to develop new opportunities for people to try, so they would continue to enjoy their lives.

Rating at last inspection

The last rating for this service was Good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cedar 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Cedar 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 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 before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spent time with people to see how they were cared for. We spoke with two relatives about their

experience of the care provided. We spoke with seven members of staff including the registered manager, the provider's nominated individual and a provider representative. We also spoke with a senior staff member and four care staff.

We reviewed a range of records. These included multiple medication records, two people's care plans and information on interesting things people had enjoyed doing. We saw records relating to the management of the home. These included minutes of meeting with people living at the home and the staff caring for them and compliments received by staff about the care provided. In addition, we saw the systems in place to manage any concerns and complaints and to monitor any incidents or accidents which may occur. We also saw the systems the provider used to assure themselves people were receiving good care.

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 as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who knew how to recognise signs of abuse and understood how raise any concerns, should they occur.
- Staff were confident the registered manager would act to promote people's safety, should any concerns be identified.
- The registered manager understood their duty to notify the CQC and other organisations of any concerns about people's safety.

Assessing risk, safety monitoring and management

- People's safety needs were considered when staff planned their care with them. This included if people had increased risks in relation to their underlying health conditions, or if people needed extra support to enjoy doing things which were important to them.
- Relatives were positive about the way their family members safety needs were met. One relative told us staff supported their family member when they travelled, so they were less anxious. The relative said, "They [staff] think about my safety too."
- Staff promptly reassured people when they wanted this.
- Staff regularly checked people had the support they needed to stay as safe as possible as people's needs changed.

Staffing and recruitment

- Staffing was adjusted when required, so people would have the chance to maintain relationships which were important to them and to be able to spend their time in the community as they wished.
- Staff told us there were enough staff to care for people and to spend time socialising with them, so people did not become isolated. One staff member told us, "There is enough staff and we can use agency or relief staff if needed."
- The registered manager checked the suitability of staff before they employed them, to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- People received their medicines as prescribed, from staff who had been trained to do this, and whose competency was regularly checked.
- Staff knew what action to take in the event of an error with people's medicines, should this occur.
- The provider was following safe protocols for the receipt, storage and disposal of medicines.
- The registered manager and senior staff regularly checked people received their medicines as prescribed.

Preventing and controlling infection

- People lived in a home which was clean and people were supported by staff who knew how to reduce the chance of infections.
- Staff had access to the equipment they needed to promote good infection control, such as gloves, for use when providing people's personal care.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, when required. This included if people became anxious in particular environments.
- Staff had regular opportunities to consider people's changing safety needs and to adjust the care planned and provided.

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 as Good. At this inspection this key question has remained the same. This meant 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

- People's assessments were regularly updated. One relative told us this had helped to ensure their family member had the support they wanted. The relative said staff had worked with other agencies so their family member's preferences and needs would be fully recognised and responded to.
- Staff told us they were encouraged to contribute to people's assessments and gave us examples of how their views were incorporated into people's assessments. This helped to ensure people's complex needs continued to be met.

Staff support: induction, training, skills and experience

- People were cared for by staff who had developed the skills they needed to assist them. For example, staff had undertaken training to manage their other complex health needs and to enjoy the best well-being possible.
- One staff member told us about the training they had done and said, "I did oral care training the other day. We are using different types of toothbrushes, to find out which type gives people the best sensory experience."
- New staff were supported to provide good care through induction programmes to ensure they were fully prepared to care for people. One staff member explained, "You have to shadow more experienced staff, so you find out different ways to support people."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to have the right amount of food, and enough to drink, so they remained well. Staff assisted people by offering them healthy choices based on what they liked to eat.
- Staff understood who needed support to reduce their risks when eating and drinking. Staff gave us examples of joint working they did with other health and social care professionals to ensure people's needs were met.
- Relatives told us staff promptly advised them if there were any concerns for their family member's health, and kept them updated about their family member's progress.
- Staff gave us examples of successful work undertaken with other health and social care professionals, such as podiatrists, dentists and GPs, so people would be less anxious when attending appointments. In addition, people were supported to have annual health checks with their GPs. This helped to ensure people's health was monitored and their physical and emotional needs would be met.

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

- People showed us they liked their rooms, which reflected their interests and enabled them to connect with those who were important to them and their past.
- Staff considered people's sensory and safety needs when equipping and decorating their rooms.
- People enjoyed a number of communal and quieter areas to spend their time, and to socialise as they chose. People had easy access to outdoor areas which helped to ensure they enjoyed a sense of well-being.

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, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and authorisation had been correctly obtained.

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 as Good. At this inspection this key question has 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 had developed good relationships with the staff who supported them and were confident to let staff know what care they wanted.
- Relatives told us their family members had built trusting relationships with staff, who they said were patient and took time to reassure their family members. One relative said because of this approach, "[Person's name] is happy there and gets on well with staff. I have no concerns for [person's name] as staff have got to understand them and their needs."
- Staff spoke warmly about the people they cared for and interactions between staff and people were supportive, reflecting how well staff understood what was important to the people they supported.
- Staff gave us examples of how they got to know people, through spending time working with them, reading their care plans and by chatting with people's relatives.

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

- People were involved in day to day decisions about their care and were supported to express their views. This included what interesting things they would like to do and how they would like to mark important events, meal choices and to have their home decorated.
- Staff gave us examples showing how they varied how they supported people to make their own choices where possible. This included checked people's physical reactions to options offered, based on people's known preferences.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their dignity and to enjoy privacy.
- Staff were respectful to the people they cared for in their daily interactions with people and gave us examples of how they supported people to maintain their independence during personal care and to build on their existing skills.
- People's confidential information was securely stored.

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 as 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's care plans reflected their individual needs and risks and were based on people's unique preferences.
- Staff ensured people were supported to enjoy the best outcomes possible by involving people's relatives and other health and social care professionals when people's care was planned. One relative said, "I am very, very involved in [person's name] care and I know staff are on top of things. Staff are responsive to things that come up for [person's name]."
- People's care plan gave staff the guidance they needed to care for people. Staff gave us examples of how they used this guidance, so people would be more settled, and remain safe and well.
- Staff gave us examples showing how they sought people's views on the care planned for them, by offering them choices and checking what had worked well for people. One relative said, "I am asked for any suggestions in care planning reviews. I am very involved, and staff listen to me."

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.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, pictorial information was available to support people to make choices about day to day decisions such as meal choices.
- Staff used different ways of communicating with people and had a clear understanding of how people who were not able to directly talk to them wanted to be supported. For example, staff understood how people would use non-verbal expressions if they were experiencing illness or pain.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in touch with their relatives. This included when relatives visited them at Cedar Lodge, or were supported to visits their relatives' homes, or to meet up with them for meals and celebrations.
- Relatives gave us examples of staff working flexibly with people, so people would have the opportunity to

enjoy spending as much time as possible with their family members.

- Staff told us they were encouraged to make suggestions for new interesting things people may like to try. For example, staff supported people to spend time attending autism friendly cinema events, and to enjoy spending time with other people from the provider's other services.
- Staff gave us examples showing how plans for celebrations and enjoyable trips were sensitively adapted to suite people's individual needs, so people would be less anxious and have the chance to spend time in environments which they enjoyed. One member of staff said, "[People] do want routines, so we fit in the fun stuff around this, so people have happiness."
- The registered manager gave us an example showing how staff were supporting one person to incorporate fun activities when they went for their annual care plan review. This was planned to also provided an opportunity for the person to spend an extended time with their family, to enjoy a visit the theatre, and to obtain a passport with support from staff.
- People were supported to do things they enjoyed, such as sensory experiences, spending time sharing their day with staff and listening to music, or watching the television. Staff used their knowledge of items which were important to people and provided comfort, when supporting them.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any concerns or complaints and to take learning from these.
- Relatives were confident any complaints or concerns would be addressed.

End of life care and support

- The registered manager had started to develop end of life plans based on people's preferences, and confirmed they would continue to develop plans for everyone living at the home, to ensure people would have the best care at the end of their life.
- The registered manager planned to further develop care planning processes, so people's preferences would be known in the event of their sudden death.

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 as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were relaxed when the registered manager and senior staff supported them.
- Relatives told us there was open communication with staff and the needs of their family members were met. One relative told us, "[Person's name] is in the best place they could be. They have an excellent manager and supervisor who are on the ball, and fully know [person's name]. There have been [staff] changes but a lot of the staff have known [person's name] since they were a teenager."
- Staff were positive about the way the home was managed. One staff member told us, "Our registered manager is brilliant and the [people] really like her, and she is quite present in the bungalows." Another staff member told us, "I feel valued, and there is good employee support."
- The registered manager told us they were proudest of the improvements in people's access to fun and interesting things to do. The registered manager said, "It's about their experience. For instance, they may have all had a holiday in the same place, but we ensured they had the very different experiences they wanted, so they had an amazing time. They [people] have a great time and we need to make sure they enjoy their lives."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was supported by the provider to manage the quality of care provided at the home. The provider undertook checks at the home to ensure people's care was managed well, and to drive through improvements in people's care.
- Staff understood how they were expected to care for people and told us the registered manager and senior staff worked alongside them to check the quality of care provided. Staff told us they knew how to assist people as there was regular communication across staff teams and opportunities to seek advice from senior staff without delay.
- The registered manager understood their responsibilities to be open and what action to take in the event of something going wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought through consultation meetings and by staff checking people's reactions to the assistance and opportunities offered.

- Relatives told us they felt involved in life at the home and were kept up to date through discussions with staff and regular newsletters.
- Staff told us they felt listened to. One staff member said, "The provider has drastically improved staff rewards."
- Staff were encouraged to make suggestions for improving the people's care, developing their care further. Staff gave us examples showing they were listened to, such as their suggestions when considering new things people may like to try.

Continuous learning and improving care; Working in partnership with others

- The registered manager checked the quality of the care provided. This included checking people received their medicines as prescribed, and reflecting on any learning along with staff, to reduce the likelihood of people becoming anxious.
- The registered manager and provider reviewed any incidents at the home. The registered manager said, "It's about making people safer because you have that overview." The registered manager gave us an example of how this information was used so people had positive experiences when choosing to spend time out in the community, doing things they enjoyed.
- The registered manager worked directly with people so they could be assured people received good care.
- The provider and the provider's representative also visited the home to spend time with people and staff, so they could be sure their people's needs would be met as and the care provided would continue to improve.
- Staff were encouraged to reflect on the care provided, to see if this could be further improved.
- The registered manager and staff gave us examples of work they did with other organisations and the local community. This helped to ensure people would enjoy the best health possible and have access to opportunities to do things which were important to them. This included celebrating important dates with local towns people, and other members of the learning disability community. The local community also visited the campus where Cedar Lodge was sited, for example, during a recent fete.