Community Homes of Intensive Care and Education Limited

Winton 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

This comprehensive inspection took place on 2 and 3 October 2017. The first day was unannounced. It was the first inspection of the service since it had re-registered in October 2016 following a transfer of ownership to one of the provider's other companies. It originally opened in November 2015.

Winton Lodge is a care home without nursing for up to nine young people and adults with a learning disability who may behave in a way that challenges others or puts themselves at risk. When we inspected, there were seven adults staying there.

The service is located in Charminster, which is a residential area of Bournemouth. There are seven individual ensuite bedrooms in the main house. One is on the ground floor and the rest on the first and second floors, which are reached by stairs. Communal areas downstairs include two lounges, a dining room and a kitchen. Two further individual ensuite bedrooms, with their own lounges and kitchenettes, are set in a ground floor annexe adjacent to the house. There is a garden to the front of the building, and a car parking area to the side. Entrances to the premises are secured by keypad locks.

The service had a registered manager, which is a condition of its registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a positive, welcoming, person-centred culture. People received the care and support they needed from staff who had got to know them well or were getting to know them. Throughout the inspection people looked comfortable with staff and were treated with kindness, compassion and respect. They freely approached staff to initiate conversations or when they needed assistance.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People were able to exercise choices and their preferences were respected wherever possible. Wherever people were able to give consent to their care, this was sought. Where necessary, the service had made Deprivation of Liberty Safeguards applications to the relevant supervisory body. Conditions on an authorisation to deprive a person of their liberty were being met.

People were protected against the risks of potential abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

Risks to people's personal safety had been assessed and plans, including positive behaviour support plans, were in place to minimise these risks. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm.

Staff responded calmly and positively when they noticed signs that people were becoming distressed, for example by providing distraction or reassurance. This was in line with people's positive behaviour support plans, which identified possible meanings for people's behaviours.

People were involved in choosing what they had to eat and, where they wished, to shop and cook their meals. Their dietary needs and preferences were recorded in their care plans. People had a varied diet that reflected their known preferences.

People had a health action plan that described the support they needed to stay healthy. They had access to a GP, dentist and other health professionals and attended appointments when required. However, two health and social care professionals identified that there was scope for improvement in the service's communication with them. We have made recommendations in relation to protocols for liaising with local learning disability services and how information from health and social care professionals is communicated to staff.

A relative felt that staff would be more proactive in contacting them with regular updates about how their family member was and what they had been doing. We have made a recommendation regarding the service's procedures for routine contact with people's families.

Peoples' medicines were managed and administered safely. However, we have made a recommendation regarding protocols for liaising with the community learning disability team if there are concerns in relation to a person's medicines.

The premises were clean and well maintained.

Staff were supported through training and supervision to be able to perform their roles. There were sufficient staff with the skills and knowledge to meet people's individual needs. People frequently took part in activities outside the house, for which they required staff to accompany them. However, staffing levels had recently been under pressure due to increasing levels of behaviour that challenged from people who had moved in and the impact this had on people already living at the service.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

The registered manager valued feedback from people and staff. There were regular meetings for people who lived at the service and staff.

People and staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately. Concerns and complaints were encouraged, investigated and responded to in good time.

The provider ran regional and company-wide events for people at which they could celebrate and give feedback about their care. For example, the service had been the regional winner of the provider's garden competition.

Quality assurance systems were in place to monitor the quality of service being delivered. Where internal audits had identified shortfalls action had been taken to address these.

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 were protected from abuse and avoidable harm.

Risks were assessed and managed in the least restrictive way possible.

Recruitment systems were robust and helped ensure the right staff were recruited to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who were themselves supported through training and supervision to be able to perform their roles effectively.

People were asked for their consent to their care and support, and where there were doubts about their ability to consent staff followed the requirements of the Mental Capacity Act 2005.

People were positive about the food and drink at the service. They were involved in choosing what they had to eat and, where they wished, in shopping and cooking.

Is the service caring?

Good

The service was caring.

People received care and support from staff who knew them or were getting to know them and who understood them.

People were treated with kindness, respect and compassion.

Is the service responsive?

Good

The service was responsive.

People were positive about their care and support at Winton Lodge and their care and support needs were met.

People were supported to get involved in their chosen activities at Winton Lodge and in the community.

Concerns and complaints were taken seriously, explored thoroughly and responded to in good time.

Is the service well-led?

Good

The service was well led.

It had a positive, welcoming, person-centred culture.

People and staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately.

Quality assurance arrangements were robust.

Winton 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 was planned to check 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.

This inspection took place on 2 and 3 October 2017 and the first day was unannounced. It was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications of significant events that the service is required by law to send to the Care Quality Commission (CQC). Before the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met all of the people who lived at the service and spoke with three of them about their views of it. We also spoke with two support workers and supervisory staff, the assistant regional director who line managed the registered manager, another assistant regional director who also undertook audits at the service, and a visiting health and social care professional. The registered manager was on annual leave. We made general observations around the service. We reviewed two people's care records, nine people's medicines records, two staff recruitment and supervision files and other records relating to the management of the service, such as complaints and quality assurance documentation.

Following the inspection we spoke with a further health and social care professional and a relative.

Good

Is the service safe?

Our findings

People were protected against the risks of potential abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Inventories were kept of people's personal belongings. Information about how to respond to safeguarding concerns was prominently displayed in the office. There was a secure storage system in place for people's monies. Records were kept of cash that staff looked after on people's behalf, with spending backed up by receipts. There were frequent checks to ensure these tallied with the amount of cash held. The provider had notified the local authority and CQC of any safeguarding concerns. The registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences.

At times people became upset, anxious or emotional and behaved in a way that challenged, putting themselves or others at risk. During the inspection, staff responded calmly and positively when they noticed signs that people were becoming distressed, for example by providing distraction or reassurance. This was in line with people's positive behaviour support plans, which identified possible meanings for people's behaviours. Positive behaviour support plans set out how staff should support people to help prevent the behaviours arising at all, and gave strategies for intervening in the least restrictive way when the behaviours occurred. Staff were aware of the importance of this. For example, a member of staff told us about how someone often needed PRN (as required) medication to help manage their distress but that it was important not to use this excessively.

Staff were trained in managing aggression and behaviours that challenged, including a nationally recognised system of physical intervention. Each occasion where physical intervention was used was recorded in a physical intervention log and on a sheet with details about the incident. This was reviewed by the registered manager to ensure it had been the least restrictive intervention possible. Additionally, the provider's positive behavioural support and management teams monitored the use of physical intervention in its services.

Risks to people's personal safety had been assessed and plans, including positive behaviour support plans, were in place to minimise these risks. Risk assessments and management plans were personalised and covered areas such as accessing the kitchen and laundry room, the person's activities and risks to and from others.

People were protected against hazards such as slips, trips and falls. The premises were clean and well maintained. There were current contractors' certificates for gas and fire. Regular health and safety checks included water temperatures and shower head cleaning to help prevent the growth of legionella bacteria, fire safety, security, cleanliness, décor and the condition of carpets and furniture.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had personal emergency evacuation plans that set out the support they would need from staff and emergency services. There had been planned and unplanned fire drills.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Staff recorded accidents and incidents, including episodes of behaviour that challenged. These records were checked by the registered manager to ensure that all appropriate action had been taken in response. They were also monitored by the provider for developing trends.

At the time of the inspection people were supported by sufficient staff with the skills and knowledge to meet their individual needs. People told us staff were available when they needed them. Staff said there were generally enough of them on duty to be able to provide the support people required, although two commented that staffing was tight. People frequently took part in activities outside the house, for which they required staff to accompany them. Staffing levels were set using the provider's dependency tool, taking into account the level of people's need and their requirement for additional one-to-one or two-to-one staffing. However, staffing levels had recently been under pressure due to increasing levels of behaviour that challenged from people who had moved in and the impact this had on people already living at the service.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff files included application forms, records of interview and appropriate references. Criminal records checks had been made with the Disclosure and Barring Service to make sure people were suitable to work in a care setting.

Peoples' medicines were managed and administered safely. Medicines were stored securely and the temperature of the storage was monitored to ensure it was not so high that the medicines would lose their effectiveness. The amounts in stock were frequently checked to ensure they tallied with medicines records. Staff who handled medicines were trained to do so and their competency was checked at least annually. There was no protocol for one person's PRN medicine for anxiety. We drew this to the service's attention and one was put in place immediately, giving instructions for staff about how and when this medicine should be administered. Following the inspection a health and social care professional told us a member of staff had left them with unsupervised access to medicines when they came to review someone during the inspection. They also said that when someone's medicine had run out, staff had tried to organise a prescription from the GP but had not contacted the community learning disability team for assistance when this had been problematic.

We recommend the service reviews its protocols for liaising with the community learning disability team if there are concerns in relation to a person's medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had access to the training they needed to be able to perform their roles. Staff said they had the training they needed when they started working at Winton Lodge, and were supported to refresh this. Staff training was delivered variously by DVD, workbook or face to face depending on the topic. Training covered essential areas including safeguarding, fire safety, food safety and hygiene, the Mental Capacity Act 2005 and moving and handling. Staff new to care worked towards the Care Certificate during their induction and probation. The Care Certificate is a nationally recognised set of standards for health and social care staff.

The staff spoke positively about their roles and said they mostly felt supported. Staff were supported through supervisions (one to one meetings) with their line manager, as well as appraisals annually or at the end of their probation. Supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff were also supported through reflective practice sessions with a psychologist or assistant psychologist from the provider's positive behaviour support team, where they discussed situations that had been challenging to work with. A support worker described this process as "very beneficial".

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's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People or their legal representatives were involved in care planning and where people were able to give consent, this was sought to confirm they agreed with the care and support provided. Where there were concerns about someone's capacity to make a specific decision, for example, in relation to managing finances, and restrictions such as the keypad locks on outside doors, their mental capacity was assessed. If the person was found to lack capacity in relation to this, a best interests decision was made. People's relatives and health and social care professional were consulted as appropriate in this process. If the mental capacity assessment showed the person was able to make their own decision, plans were in place to support the person accordingly and staff respected the person's choices. For example, there had been concern that someone may be at risk by having unsupervised access to their mobile phone, but the person was found to be able to make their own decisions about this. We saw them with their phone during the inspection.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified where they believed people were being deprived of their liberty. They had made DoLS applications to the relevant supervisory body. Conditions on an authorisation to deprive a person of their liberty were being

met.

People were involved in choosing what they had to eat and also, where they wished, in shopping for and cooking meals. They also made drinks during the inspection, with support as necessary from staff. On the first day of the inspection, someone was busy in the kitchen with a staff member taking people's choices for their lunch and helping prepare this. People who had rooms in the annexe could, with support, do their own shopping and prepare their meals separately. People's dietary needs and preferences were recorded in their care plans. Taking into account people's right to make their own food choices where they had the mental capacity to do so, people were encouraged to eat healthily. Those people whose records we reviewed had a varied diet that reflected their known preferences. People's weight was monitored regularly. No-one at the service was identified as being at risk of malnutrition.

People had a health action plan that described the support they needed to stay healthy. They had access to a GP, dentist and other health professionals and attended appointments when required. One person had been referred to a speech and language therapist for additional support in relation to their communication. However, a health and social care professional voiced concerns that the service did not routinely liaise with the community learning disability team in respect of people who had moved in to Winton Lodge from outside Bournemouth, instead making an emergency referral if there was a problem. Two health and social care professionals told us they thought staff did not always communicate information clearly to each other, such as which learning disability nurse was allocated to which person. They also suggested that staff had sometimes tried to struggle on for too long before calling for assistance when they were experiencing challenges in supporting people. A member of staff told us how they had found learning disability services supportive and that they needed to get used to the idea of contacting them more routinely.

We recommend the service reviews its protocols for liaising with local learning disability services in respect of people newly admitted to the service and when staff are experiencing challenges in supporting people.

We recommend the service reviews how information from health and social care professionals is communicated with staff and made readily accessible to them.

Good

Is the service caring?

Our findings

People told us they liked the staff. For example, a person who used the service said, "I like the staff. They're very friendly."

People and staff had good working relationships. Throughout the inspection people looked comfortable with staff and were treated with kindness, compassion and respect. They freely approached staff to initiate conversations or when they needed assistance. People talked about staff by name. Staff showed concern for people's wellbeing in a caring and meaningful way, and were quick to provide support where this was needed. They listened to people attentively and sought to understand what people were trying to communicate.

People received care and support from staff who had got to know them well or were getting to know them. Staff understood people's individual abilities, interests, preferences and communication skills and were able to tell us about these. They were set out clearly in people's care plans, along with information about their history and circumstances. People and staff sat down and ate meals together, which helped cultivate a sense of community.

People were able to exercise choices and their preferences were respected wherever possible. For example, people were encouraged to personalise their bedrooms to their taste. They were able to spend time on their own if they so wished. One person's care plan set out how they liked to sit with staff and listen to music, especially Abba. The sort of music they liked was playing for much of the inspection and we saw staff sitting with them.

People were given the information and explanations they needed, when they needed them. Staff explained to people, in a way they could understand, what was going on and what would be happening next. For example, one person communicated using a story board and we saw a member of staff using this to help them understand plans for the day. Written information was provided in an easy read format with clear language.

Good

Is the service responsive?

Our findings

People were positive about the support they received at Winton Lodge. Two of the people living at the service had been there when we inspected the service under its previous registration in February 2016. Their confidence and independent living skills had grown since then. One of their health and social care professionals had complimented the service at the person's review on the progress the person had made in the previous six months. Someone else told us how their health and wellbeing had improved because they now kept themselves occupied, also that they were proud they had stopped smoking since moving to Winton Lodge. One of the provider's psychology staff, who visited the service at least every two weeks, told us they had observed positive changes in people. They said a particular person, who was settled and constructively occupied throughout the inspection, had experienced no episodes of distress for over a month.

Care plans were personalised and were clearly understood by staff. The examples seen were clear and thorough and reflected people's individual needs and choices. They promoted people's independence as far as possible, setting out what people were able to do for themselves. Care plans covered issues such as what was important to the person, how the person communicated, preferred activities, any support needed with personal care and daily living tasks including nutrition, medicines, managing money and any restrictions necessary to ensure safety. This was all summarised in a pen picture of the person, for quick reference.

Key workers evaluated care plans monthly and updated them as necessary. A keyworker is a named member of staff responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. People had a meeting with their keyworker each month where they discussed their care, any concerns and things they would like to change or work towards. More formal reviews were planned at least annually. These reviews would involve key people in the person's circle of support, such as relatives and health and social care professionals. A relative expressed their wish that staff would be more proactive in contacting them with regular updates about how their family member was and what they had been doing.

We recommend the service gives further consideration to their procedures for routine contact with and updates to people's families.

People had the support they needed to take part in activities in the community, including pursuing interests such as keeping fit. One person said, "We do go out if we want to go out." Someone else was excited about their forthcoming holiday, which they left for during the inspection, supported by two staff who would be staying with them.

People were also able to take part in their chosen activities at Winton Lodge. There was a computer in one of the lounges, for which people had their own log in. Staff told us two people in particular tended to use this. There were also arts and crafts resources, DVDs and a computer game terminal. Two people had chosen to have pet hamsters, and one told us how much they valued this. They explained that they feed their pet and cleaned the cage with support from staff. They said that if they were angry or upset staff took

the hamster to the manager's office to look after. There were routines for feeding and caring for them and arrangements for pet care when people were distressed. Although staff understood these, written protocols were created during the inspection.

People were encouraged to take part in domestic tasks, if they wished, alongside staff. This included shopping, cooking, their laundry and cleaning their rooms.

People's concerns and complaints were encouraged, investigated and responded to in good time. An easy read version of the complaints procedure was displayed prominently in the hallway. People had been supported to voice their concerns and complaints. Eight complaints about the service had logged during 2017. These were taken seriously and had been investigated thoroughly. Where possible, the registered manager had checked that complainants were satisfied with the response. The service also kept a compliments book, in which six compliments from families and other visitors, professionals and the provider's management team, had been recorded since March 2017.

Good

Is the service well-led?

Our findings

The service had a positive, welcoming, person-centred culture. A health and social care professional commented that staff were "always polite, not defensive". The service had received a compliment from a visitor, which read, "This is a very welcoming and hospitable place. They always offer me tea and food when I come." People and staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately.

The provider ran regional and company-wide events for people at which they could celebrate and give feedback about their care. For example, the service had been the regional winner of the provider's garden competition. People who lived at the service and staff had chosen a nautical theme and had worked together to create installations that would provide sensory stimulation for people who wanted this. There had also been a regional event to which people who used the service, their families and care managers had been invited.

The registered manager valued feedback from people and staff. There were regular meetings for people who lived at the service and staff. They were updated about recent and forthcoming changes and had an opportunity to discuss life at Winton Lodge.

Quality assurance systems were in place to monitor the quality of service being delivered. Where internal audits had identified shortfalls action had been taken to address these. The area regional director, who line managed the registered manager, visited the service monthly and undertook audits in line with the provider's schedule of audits. For example, a sample of care plans was reviewed at every visit, as were a number of other areas, including staff rotas, medicines, deprivations of liberty, physical intervention and accidents and incidents. There had been an audit of equipment in August 2017. There were also unannounced evening and weekend visits by a manager without line management responsibility for the service. In addition, the provider's quality team checked the service at least annually.

Over and above the provider and management audits, there were 'expert auditor' visits at least annually. Expert auditors were people who used other services run by the provider who undertook quality checks.

The registered manager had notified CQC about significant events. CQC uses this information to monitor the service and ensure they respond appropriately to keep people safe.