Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Cedarwood Lodge

9 Chipstead Close, Redhill, RH1 6DU

Tel: 01737277726

Date of Inspection: 29 May 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Prospect Housing and Support Services
Registered Manager	Mrs. Jacqueline Emma Haffenden
Overview of the service	Cedarwood Lodge provides accommodation and care for up to 5 people with learning disabilities and physical disabilities, who require nursing or personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Safety and suitability of premises	7
Supporting workers	9
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

A person who uses the service told us they liked the home and their room and said the people were alright and let them choose, and that they would tell staff if anyone upset them.

One person had wanted a more suitable wheelchair so they could self propel and told us how pleased they were they had got it and how they were now able to move around the building more independently.

We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found the provider had taken steps to provide care in a home that was suitably designed and adequately maintained.

We saw that staff received appropriate professional development and support.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that the home had acquired existing assessments, undertaken their own, and sought other professionals' input.

We saw that people's individual care plans were drawn up from these and with the person's input and choices.

A person who uses the service said the staff let them choose how they were supported.

We saw that care planning documents were divided into two files, a main daily file and an archive file.

The archive file contained people's health records, health care consultations and appointment records, medical and other correspondence.

The main daily file contained, for example, daily records, support guidelines, the person centred plan, a care plan, best interest meetings records, risk assessments, a hospital passport, communication guidelines and specific individual support guidelines. We saw that these plans were regularly re-assessed and updated.

Care plans demonstrated the involvement of the person using the service by being written from their perspective, like, I like to shave myself and I like to dry myself but need help with my back. We also saw that the relatives had been involved where appropriate.

We saw that people's choices were included by providing documents in ways that suited

people's individual needs and their preferences. For example, pictorial or audible formats or they were read out and explained by a key worker.

To further promote choices, information about preferences, likes and goals that people had set and those that had been achieved were also recorded.

People's spiritual and cultural needs were sought, recorded and supported. For example, those that chose to attend places of worship.

We also saw examples of care being delivered as recorded in the plan. For example, we saw staff using the pictorial meals menu to assist a person to make choices about their meals.

We spoke to staff who demonstrated knowledge of people's care needs that reflected the care plan.

We saw that the home had contingency plans to continue care in emergencies, for example, in the case of, fire, medical emergencies, hospital admission, electricity power cuts, heating, adverse weather condition, gas, and people who use the service had an individual evacuation plan for the day and one for the night.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The provider had taken steps to provide care in a home that was suitably designed and adequately maintained.

Reasons for our judgement

Cedarwood Lodge provides accommodation and care for up to 5 people with learning disabilities and physical disabilities.

Our visit was un announced and early in the morning and we found that the home was hygienic, clean and fresh.

We saw that that the building was all on one level with wide corridors and doors, in reasonable decorative condition, regularly maintained, with records kept. These showed when issues had been identified and when the work was completed to create and monitor a timely and risk assessed prioritised response.

One person told us they liked the home and their room and also told us how they had asked for a more suitable wheelchair so they could self propel. They told us how pleased they were that they had got it and how they were now able to move around the building more independently.

There was sufficient communal space for activities and meals with a lounge, a, kitchen and dining area, and bedrooms were of sufficient sizes. There was also a central garden area with canopies so it could be used in hot weather or rain. We saw people using it during our visit for activities like gardening or just going out for some air.

Toilets and bathrooms were clean, as was the rest of the building. Toilets were functioning, regularly cleaned and had supplies of paper towels and liquid soap.

The laundry room contained machines with suitable hot temperature programmes and was vented with non permeable floors to assist ease and effectiveness of cleaning.

There was a fire alarm system, which was regularly checked. Fire doors had automatic closing devices and smoke seals, and there were internal emergency lighting systems.

The provider may fid it useful to note however, that if the standards of the fire and bedroom door smoke seals in some rooms deteriorate further, by not replacing them in a timely manner as they wear, eventually they will be too worn to be of effective use. This

has a potential of putting people at risk.

We saw that there were environmental risk assessments to ensure that the premises are suitable and safe.

The home had a Control of substances hazardous to health cupboard which was securely lockable and COSHH data sheets were available to inform in case of an incident with a product.

We spoke to staff who told us they thought the building was suitable for the people living there and to carry out care in.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found that staff received appropriate professional development and support.

We saw that new staff first received a two week induction which included core induction training areas, for example, health and safety, safeguarding, infection control, food hygiene and fire precautions.

We saw that staff then went on to do the skills for care common induction standards programme and there was an ongoing staff training programme in place that covered core training and refreshers and the home had a training matrix to monitor these and when refreshers were due.

As the ownership of the home had recently changed, all staff underwent an additional induction that also included the Mental Capacity Act.

We saw that staff were supported to attain National Vocational Qualifications (NVQ) and that staff were supported to maintain other qualifications like their nursing registrations, where applicable.

Staff had told us they felt supported to access training and that they had received a range of additional training to meet the individual needs of people using the service, for example epilepsy training.

We looked at records that confirmed that staff received regular supervision and appraisals regarding their performance, conduct and training needs.

We noted that there were staff meetings to involve the staff in the running of the home.

To further support staff there was also, a whistle blowing, and grievance and disciplinary procedure is in place.

We saw that the staff had access to a counselling telephone service to support them with personal and work issues.

Some of the staff had worked with the home and people there for up to ten years and knew the people who use the service well.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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