

# Community Integrated Care Griffin Lodge

## Inspection report

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Date of inspection visit:  
27 August 2019  
28 August 2019  
29 August 2019

Date of publication:  
24 September 2019

## 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

Griffin Lodge is a residential care home providing accommodation and personal care for people with learning disabilities and sensory impairment. The service can support up to 12 people. At the time of the inspection there were 12 people using the service.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by how the service was organised and how people were supported. People using the service received planned and co-ordinated person-centred support appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles (PBS).

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

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 new skills and be part of the wider community.

Staff were trained in and understood PBS. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The home was visibly clean and there were no unpleasant odours. Detailed risk assessments were in place, risks were well managed and detailed records were kept of care and support provided. Medicines were

managed safely. Safe systems of recruitment were in place. Staff had received training in safeguarding people from abuse.

There were sufficient staff to meet people's needs and staff received the induction, training and support they needed to carry out their roles. Peoples nutritional needs were met. The service worked closely with healthcare professionals to ensure people's health needs were met.

Staff and the registered manager knew people well. Staff were patient, kind and caring and interactions were warm and friendly.

Care records, including PBS plans, were detailed and person centred. Activities were based on people's individual interests, hobbies and wishes. Peoples individual communication styles and methods were identified and respected.

There were now good systems of daily, weekly and monthly quality assurance checks and audits. People were positive about the registered manager and the changes since they had started at the service.

#### Rating at last inspection

The last rating for this service was requires improvement (published August 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when, to improve.

#### Why we inspected

This was a planned inspection based on the previous rating. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. We found the evidence supported the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Griffin Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Griffin 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

The inspection was undertaken by one inspector.

#### Service and service type

Griffin 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 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

The first day of inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked Healthwatch Stockport for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

During our visit we spoke with one person who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, regional manager, operations manager and 5 care workers. During the inspection we spoke with two visiting healthcare professionals. Following our visit to the home, with their permission, we also telephoned two relatives of people who live at the home.

We reviewed a range of records. This included two people's care records, multiple medication records and records of care provided. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including training, policies and procedures were reviewed. We also spent time in communal areas of the home observing the support people received and how staff interacted with people who used the service.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not ensured the home was clean or that suitable infection control practices were in place. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

### Preventing and controlling infection

- The home was visibly clean and there were no unpleasant odours. Since our last inspection two domestic staff had been employed by the provider.
- Staff had received training in infection prevention. Some staff had taken on roles of infection control champions to help identify and promote good practice. Staff wore appropriate personal protective equipment including disposable aprons and gloves when supporting people with personal care.
- Suitable facilities were in place to launder of people's clothes.

### Assessing risk, safety monitoring and management

- Risks to individuals were identified and risk assessments were detailed and person centred. They gave clear guidance to staff on what needed to happen to keep people safe. Records showed risk assessments had been regularly reviewed and updated when people's needs changed.
- A health care professional told us, "Their [the service] understanding of risk is good. I have never had any concerns."
- Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment. Concerns or repairs were dealt with effectively. Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- Relatives told us they felt people were safe living at the home. One relative said, "Staff seem willing to blow the whistle if they are concerned about something. They don't hesitate to speak up."
- Staff understood their safeguarding and whistleblowing responsibilities. They felt able to raise concerns and were confident if they raised any concerns they would be dealt with appropriately. One staff member said, "Throughout the training they reinforced it [safeguarding], including the whistle blowing hotline. I haven't seen anything I am concerned about, but I would definitely say something if I did."

### Staffing and recruitment

- There was a safe system of staff recruitment in place. Staff files contained the necessary checks and documents to ensure fit and proper people were employed.
- Review of staff rotas and observations during the inspection showed there were enough staff to ensure people received the support they needed in a timely manner. The service had staff vacancies and there had been on going recruitment. 5 staff had been interviewed and were undergoing the required checks before they started to work at the service.
- Some people raised concerns that there had previously been a regular use of agency staff. A relative said, "Permanent staff are good. I have had concerns about the amount of agency staff sometimes." Records we saw showed a small number of agency staff were now used. These were the same regular staff who people knew well. Staff told us they had sufficient staff to meet people's needs. A staff member said, "We have some really long-standing agency, they are great we couldn't do without them. They understand the resident and their signs [communication]."

### Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed.
- Medicines were stored safely and securely. Stocks of medicines were accurate.
- Records showed staff had been trained in the safe administration of medicines and had their competency to administer medicines checked. Medicines management policies and procedures were in place.

### Learning lessons when things go wrong

- The registered manager identified any patterns or lessons that could be learned from any accidents and incidents to prevent future occurrences.



# 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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection staff did not always have relevant training in place. New staff had not completed training or induction prior to providing care and support to people living at the home. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. Staff completed an induction when they started at the home. This included working alongside experienced staff and completing the care certificate.
- Staff completed a range of training the provider considered mandatory, staff could also attend courses to meet their interests and roles. Staff spoke positively about the induction and training they received. One staff member said, "The induction was really good." Staff received in depth training in PBS. This included in-depth face to face and online training. Some staff had received additional 'train the trainer' courses so that they could deliver PBS training.
- Staff now had regular supervision and told us they could always speak to a manager.

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

- Where people had behaviours that at times challenged the service, managers and staff were proactive in ensuring people received the support they needed. We saw detailed assessments were completed in line with positive behaviour support (PBS) principles. These included how the person might show they were upset or angry and identified, in a staged approach, ways staff could help de-escalate situations where people who used the service may become upset or angry. We saw staff always had an opportunity to talk with a manager after any incidents and detailed records were kept of any incidents. Staff and managers looked at what happened and what could be done to try to prevent future incidents.
- We saw that if physical intervention was identified as possibly needed, it was part of a staged approach and was clearly identified as only to be used as a last resort. We saw there was continuous monitoring of this by the registered manager and senior managers as well.
- All the staff we spoke with were confident that every member of staff followed PBS principles and always used the least restrictive option when supporting people.

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 provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed and conditions on authorisations were being met. Where needed, mental capacity assessments and best interest meetings had been completed.
- Records showed people, or where appropriate their representatives, had been involved in decisions about their care. Where required, independent advocates had been involved in decisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. People's likes, dislikes and choices were respected.
- Food was stored and prepared safely. The home had received a five-star food hygiene rating in February 2019.

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

- The building was spacious and all on ground level. Bedrooms were personalised and contained pictures and photographs of things that were important to people.
- There was a large level access garden. We saw people enjoyed spending time in the garden, one person enjoyed cycling round it. There were separate lounges people could choose to sit in; this meant they could choose to listen to music, watch television or sit quietly.
- Some areas of the home needed redecoration. The regional manager told us that they were waiting for quotes for the redecoration, the work would start once a contractor was agreed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs and had access to a range of health care professionals. A health care professional said, "It's always very calm, staff are always prepared and know the person is having [treatment]."
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety. This would help ensure important information staff might need was transferred with the person if they went into hospital.

# 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 requires improvement. At this inspection this key question has improved to good 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 told us staff were caring, patient and kind. One person we spoke with indicated they were happy living at Griffin Lodge and that staff were good and kind. Relatives told us, "They [staff] do a fantastic job. We have found them very supportive" and "[Person who used the service] has a good sense of humour, and the staff know this." A health care professional said, "Very positive interactions. The managers and the staff are very approachable and understanding and very good with people."
- We observed staff interactions with people were caring, warm and friendly. Staff knew people well and spent time communicating with people and respected where they wanted to go and what they wanted to do. Staff spoke with fondness about people and also with pride in being part of their achievements. Staff said, "The best thing is the little moments where you have connected with someone. If you have helped someone achieve something", "The people who live here make this place "and "You feel like you're doing something worthwhile." Another staff member said, "I love seeing how people develop."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service.

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

- New care records were being completed. We saw people and those important to them had been involved in developing these. They demonstrated people's preferences were considered and reflected in the care being delivered.
- Peoples cultural, religious and spiritual beliefs were respected.

Respecting and promoting people's privacy, dignity and independence

- Care records and our discussions with staff, showed staff understood the importance of maintaining people's independence. One staff member said, "I love being able to work with people and trying to help them be as independent as they can be."
- People's right to confidentiality was respected. No personal information was visible in communal areas of the service and care records were stored securely. Policies and procedures showed the service placed importance on protecting people's confidential information.

# 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 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

- Care plans included information about the person, their likes, dislikes and personal care needs. They gave sufficient information to guide staff on the support people needed and how support should be provided. We saw they identified what was important to and for the person and what people wanted to achieve with the support including aspirations, such as going on holiday or visiting family abroad.
- Care records were reviewed regularly and updated when people's needs changed.

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.

- There was a range of activities on offer. These were based on people's individual interests and hobbies. Each person had a weekly planner of activities they took part in. Staff told us that if people didn't want to go out or changed their minds about what they wanted to do other options were offered, but people's choices were respected. Staff told us they thought the service was very person centred. One said, "Residents go out all day, peoples preferred communication is respected." The focus of activities was people being part of the wider community. On the first day of our inspection there were various activities and outings planned. One person, whose birthday it was, was going to monkey world with staff and their family member. Other people went horse riding and bike riding. One person went shopping.
- Staff were aware of people's interests and things they wanted to try. One staff member said, "I love being able to be a part of their special days out and helping them make memories."
- Relatives told us they were always made to feel welcome.

Meeting people's communication needs

Since 2016 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.

- Care records included very detailed information about how people communicated. They included information about what people's facial expressions, gestures and actions might mean. Individual communication styles and methods were respected.
- Important information was available in large print, pictorial, easy read and written format. Staff had a call alert system that allowed them to summon support if they needed it. We saw that this had a visual, as well as sound alarm to enable its use by staff that may have hearing impairments.
- Staff received training on how to support people to communicate. On the second day of our inspection some staff were taking an exam in British Sign Language (BSL). BSL is a visual means of communicating

using gestures, facial expression and body language.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place to log any complaints received. The registered manager had investigated any complaints and provided a response in line with the providers complaints policy. Records showed that matters had been explored and responded to accordingly.
- People knew how to raise any concern or complaints. Relatives told us, "We can raise our concerns. If we raise anything they listen" and "If I don't like things I tell them. They listen to me and they always solve the problem"

End of life care and support

- Care records identified if the person had funeral plans or specific wishes about how they wanted to be cared for at the end of their life.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection management systems and oversight had not identified or actioned the concerns we found during the inspection. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found there were now good systems of daily, weekly and monthly quality assurance checks and audits. The registered manager and senior managers had oversight of all aspects of the running of the home and action was taken to address any issues.
- Staff were very positive about the changes since the new registered manager had been at the service. They said the registered manager was approachable. One staff member said, "You can talk to [registered manager]." Relatives said, "I am impressed. [registered manager] listens, is responsive and very good" and "[Registered manager] has a very good attitude, very open and asks what I think."

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

- The registered manager was committed to providing person centred care.
- Staff told us they enjoyed working at the service. They said, "Really nice staff work here. They are always offering help and support."
- Relatives told us, "They [the service] have had their ups and downs, but staff have pulled together marvellously", "I find it [service] good" and "I don't think there is a better place, the residents are happy here. It is good, I can sleep otherwise I would not leave [person who used the service] here."

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

- There was a service user guide and a statement of purpose. These gave people details of the facilities provided at this care home. These explained the service's aims, values, objectives and services provided.
- Relatives meetings were held. A relative said, "The managers are good [ at communicating]. We would sometimes like to know more about what activities [person who used the service] is doing day to day."
- Staff told us they felt listened to. Team meetings were held regularly, and staff had opportunities to raise

concerns or ideas for improving the service.

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 and provider were aware of their responsibility regarding duty of candour.
- The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw that the rating was displayed.

Continuous learning and improving care; Working in partnership with others

- The home worked with local authorities who commissioned the service and healthcare professionals to achieve good outcomes for people.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. They kept detailed records of all incidents and analysed them for themes or patterns. This helped ensure they could identify good practice and where improvements needed to be made.