

Community Integrated Care Griffin Lodge

Inspection report

4-5 Griffin Lane
Heald Green
Cheadle
Cheshire
SK8 3PZ

Tel: 01614371235
Website: www.c-i-c.co.uk

Date of inspection visit:
23 April 2018
24 April 2018
25 April 2018

Date of publication:
30 August 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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.

Griffin Lodge provides accommodation and personal care support to adults with a range of complex and challenging needs arising from their learning disabilities, sensory impairments and physical and mental health needs. The accommodation is purpose built and made up of two connected bungalows, which provide 12 en-suite bedrooms and a range of communal and activity areas. The home has a large outdoor area at the rear for leisure and activities. The service is located in the Heald Green area of Stockport. Griffin Lodge is part of a large organisation; Community Integrated Care. The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of our inspection there were 12 people living at Griffin Lodge.

This inspection was carried out over three days between 23 and 25 April 2018. Our initial visit on 23 April was unannounced.

We last inspected Griffin Lodge in March 2016. At that inspection we rated the service as good in the safe and responsive domains, and requires improvement in effective, caring and well-led. The overall rating for the service was requires improvement. At that inspection we found one regulatory breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This previous breach related to consent to care in line with the Mental Capacity Act 2005 as best interests decisions were not always in place. As a result of this breach we issued a requirement notice to the registered provider and they supplied us with an action plan.

The service did not have a registered manager in place. The registered manager had left the service three weeks previously and the deputy manager was currently holding the position until the new home manager started in their post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection we identified breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were around a lack of training and induction, infection control concerns and management oversight. You can see what action we told the provider to take at the back of the full version of the report. We also made two recommendations in the report

regarding the recording of aspirational outcomes for people and using appropriate language during support

We found Griffin Lodge had a high level of staff vacancies and used a significant percentage of agency staff. Staff and visitors told us they had concerns around the number of agency staff used and the current staffing levels.

Training for staff was not up to date. We found staff had recently been recruited and were supporting people before completing their mandatory training or induction programme.

We identified concerns regarding infection control practice within the home and a recent infection control audit had identified the home required a deep clean. The home did not employ a cleaner and staff were required to undertake cleaning tasks.

Care files we looked at showed plans and risk assessments documenting people's specific care and support needs. These were plans outlining how people needed to be cared for in an effective and safe way. However, these did not always include information around people's family or history.

There were systems and checks in place to monitor the quality of the service to ensure people received safe and effective care. However, these checks had failed to address the concerns we found during our inspection. In addition, we found that previously reported actions regarding fire safety had not always been followed up.

Family and professional visitors to the service spoke highly of Griffin Lodge. One family member told us, "Staff are caring; they take a genuine interest in people – it's more than just a job."

The staff files we looked at showed us that safe and appropriate recruitment and selection practices had been completed by management to satisfy themselves that suitable staff had been employed to care for vulnerable people.

Care records at the home showed us that people received input from health care professionals, such as psychiatry and social care workers. People were supported to visit the dentist and general practitioner.

We looked at the safe management and administration of medicines and found medication was managed and administered safely.

People's current care needs were effectively communicated through a system of team meetings, handover meetings and communication books. Information was communicated in different formats to enable people to understand. Staff were required to learn British Sign Language to ensure people and staff could communicate effectively together.

Responsive action was promptly taken to address changes in people's specific care needs.

The home has good links with partnership agencies and the community. People accessed the community on a daily basis and had a comprehensive programme of personalised activities in place.

The service had completed statutory notifications to CQC of any accidents, Deprivation of Liberty Safeguards DoLS, serious incidents, and safeguarding allegations as they are required to do.

There was a complaints policy in place and we saw information displayed on how to make a complaint.

Staff told us they felt supported in their role and were complimentary regarding the acting home manager.

Information was provided for people in a range of formats to cater for individual care and communication needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The home required a deep clean and we observed several instances of poor infection control practice.

Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

Risk assessments were in place for people who had been identified as being at risk.

Medicines were administered and managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There was no training matrix in place and newly recruited staff were supporting people unsupervised without having the required training or induction.

People were supported to have their health care needs met by health care practitioners and received prompt medical attention.

People had received individual assessments around their eating and drinking to ensure they ate and drank safely.

Is the service caring?

Requires Improvement ●

The service was not always caring.

We observed some established, positive relationships between people and those who cared for them. However, we also saw instances where people received little interaction whilst being

supported.

Visitors told us they felt people were cared for at Griffin Lodge.

People were not always addressed or referred to in an appropriate way.

Is the service responsive?

Good ●

The service was responsive.

People were supported to fully access the community and personal activities.

Information was available and communicated in a variety of formats specific to the individual needs of people.

Staff demonstrated a good knowledge of people and their care needs.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The home did not have a registered manager in place; however, we had received notification of this from the provider. The deputy manager was acting up as home manager during the transition period.

Systems of audit and control had been carried out. However, these check systems had not identified the concerns found during this inspection.

Visitors and staff spoke highly of the home manager and they were visible around the home throughout our inspection.

Griffin 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 23, 24 and 25 April 2018 and day one was unannounced. The inspection was carried out by two adult social care inspectors accompanied by an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of mental health services.

Before we visited the home, we checked information we held about the service, including information gathered from the local authority and statutory notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

On this occasion, we had asked the service to complete a Provider Information Return (PIR) and this had been returned to us. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We walked around the home and looked in all communal areas, bathrooms and store rooms.

During the three days of inspection, we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included four people's individual care records, a sample of six people's medication records and five staff personnel files to check for information to demonstrate safe recruitment practices, training and regular supervision had taken place.

As part of the inspection process we observed how staff interacted and supported people at mealtimes and throughout the three days of our visit in various areas of the home. We spoke with two people who use the

service with assistance from staff. We spoke with one family member and two visiting professionals. We also spoke with the home manager, team leader and six support workers. The home manager was supported by the provider's area support manager.

We attended two staff handover meetings to assess daily communication transfer of people's immediate care needs.

Is the service safe?

Our findings

As part of our inspection we looked at staffing numbers at Griffin Lodge to ascertain if safe and appropriate levels of support staff were on duty during the day and night. The home manager told us they did not use a dependency tool to assess safe staffing levels; however, each person required either one or sometimes two staff to support them. In addition, the home manager told us a minimum of four staff needed to be on shift each night. During a review of previous staff rotas, we found these staffing levels were not always in place. We spoke with the home manager around our concerns regarding a number of nights where three staff were on duty. This meant one staff member would be working alone supporting six people in one wing of the building. The manager told us they were actively trying to recruit to vacant posts and cover any absence with existing staff.

Staff we spoke with told us they had safety concerns around staffing levels, particularly at night and they had conveyed this to management "a few times" and "it needs at least two on each side". They told us some people may require the assistance of two people and this leaves one staff member alone. We found that staff had walkie-talkies at night to communicate between the bungalows, but did not have an emergency call system in place. Staff told us if there was an emergency situation the procedure was to shout for help. Due to the layout of the building there was a risk that staff may not be heard and therefore, people and staff may be risk. However, we did not find evidence where people or staff had come to harm as a result. The home manager told us staff were able to request an emergency fob; however, night staff we spoke with were unaware of the availability of these fobs. We spoke with the home manager and area manager around concerns raised with us from staff and they told us they would consult with staff regarding the implementation of an emergency system.

When reviewing recent rotas and speaking with the home manager, we found the home used agency staff regularly to cover day shifts. However, the home manager told us they used regular agency workers to ensure consistent staff, who knew people, provided the support. We received comments back from permanent staff that agency workers did not always complete the required tasks fully and staff felt they had to supervise them as well as support people. They told us, "Residents don't want change. It takes time to trust and is unfair on residents." One relative we spoke with also expressed concerns regarding the high use of agency staff at the home. They told us, "There are a lot of staff changes...agency staff. I'm not very happy to hand [name] over to people they've never seen before. They don't know [name] very well, the regular staff know what they like or dislike." One visiting professional told us, "People need a good staffing team to get to know them well. People can pick up on anxieties of staff members. The key is to have care staff who know people very well."

We spoke with the home manager regarding the use of agency staff at the home and they told us they were currently in the process of a recruitment drive and were hoping to fill the current vacancies soon.

During our tour of the home we checked to see that areas were clean and good infection control practices were employed. One visiting relative we spoke with told us they were happy with the cleanliness of the

home and said, "The environment is welcoming and beautifully clean. It smells pleasant."

There were no cleaners employed at Griffin Lodge as this came under the remit of the support workers, who were required to prepare meals, clean and provide personal care during one shift. The local health services had conducted an infection control audit in the week prior to our inspection and had made recommendations regarding the cleanliness of Griffin Lodge. The home manager was in the process of preparing the home for a deep clean during our inspection.

During our observations we saw staff did not wear personal protective equipment (PPE) where necessary, for example, when assisting someone to use the toilet, preparing and serving food or removing dirty laundry from bedrooms. Staff were not always bare below the elbow and one staff member had long, painted nails. In two toilet areas we found pedal-operated bins were broken. We were not able to ascertain if staff had received up to date training on infection control as the information was not made available to us during or after the inspection. However, we were aware of two members of staff who had not received training were supporting people during our inspection. This placed people and staff at risk of cross contamination due to potential unsafe infection control practice.

We found Griffin Lodge was not conducting their service in line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections Guidance.

The above infection control concerns demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

One person we were assisted to speak with told us they felt safe at Griffin Lodge; they told us, "I feel safe. Being kind. They listen." Staff told us they kept people safe and gave some examples, such as training, following care plans, safeguarding, equipment and medication at the right time.

One relative we spoke with told us they felt their family member was kept safe at the home.

We looked at the way in which medicines were managed at Griffin Lodge to check that people got their medicines in the right way at the right time. There was a medication policy in place along with homely remedy and PRN protocols. PRN medicines are to be used for "when required", for example, analgesia for when someone experienced pain. The home used a local community pharmacy to manage the stocks and deliver the medicines.

We found during our inspection that medicines were securely stored when not in use. Temperatures of the areas where medicines were stored were checked and recorded daily for safe storage.

We checked the medication administration record (MAR) sheets for a sample of six people and conducted a check of boxed medications where we checked balances to ensure that people had received the right amount of prescribed medication. We also checked for safe administration of topical medicines and the use of body maps. Medicines were administered and managed safely in all checks we conducted.

We looked at a sample of four people's individual care records and found that people had comprehensive risk assessments in place that had been reviewed on a regular basis. These risk assessments were detailed and assisted support workers to identify potential risks specific to the person and how to manage these risks. We found that people had personal emergency evacuation plans (PEEPs) in place. A PEEP provides additional information on accessibility and means of escape for people with limited mobility or understanding. This includes a plan specifically designed for an individual who may not be able to reach a place of safety unaided in an emergency situation, such as a fire.

Griffin Lodge had fire safety records detailing essential, regular safety checks, such as, fire drills, fire system weekly checks, emergency lighting and fire-fighting equipment. We saw that these checks had been carried out regularly. Other safety check systems for the home and equipment, such as, hoists, electricity systems, legionella and gas boiler checks were in place and up to date. We looked at the home's fire risk assessment and found that not all recommendations had been actioned.

We reported our concerns to the local fire service (GMFRS) who visited the home to check for the safety of the building. The fire service has liaised with the owners of the building to ensure any outstanding actions are completed. The fire service also discussed fire evacuation plans with the home manager and made a recommendation to test them out with night time staffing levels.

During the inspection we looked at five staff personnel files to check that safe recruitment practices had been undertaken. We reviewed these files to check they contained required information including, a full work history, photographic identification checks, health information, a minimum of two references from previous employers and checks from the Disclosure and Barring Service (DBS). The DBS carries out checks and identifies to the home manager if any information is found that could mean a person may be unsuitable to work with vulnerable adults. We found that the personnel files contained all the required information. This meant that robust and safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

Arrangements were in place to safeguard people from potential abuse; a safeguarding policy was in place, incidents were monitored and reported. However, we were unable to ascertain which staff members had up-to-date training in the safeguarding of vulnerable adults as this information was not provided to us. We spoke with staff around how they would safeguard the people they cared for at the home, staff were able to describe how to identify abuse and how to act upon any potential concerns. However, two recently recruited staff members had not had any training on how to identify and report safeguarding of adults, despite this we found they were supporting people unsupervised. One of the two new staff members told us they would tell the manager of any concerns and said there was "a number somewhere to ring". This meant staff may not always be able to recognise and act on concerns where someone may be at risk of harm.

As part of our inspection we look at how accidents and incidents are recorded, analysed and acted upon to minimise the risk of future accidents and incidents. Reporting systems and processes were used and we found comprehensive monitoring systems were in place. Periodic reports were collated by the area manager and this was sent to the provider executive board for information. We saw evidence of action taken as a result of incidents and how measures had been put in place to reduce the risk of future harm. The service had taken steps to learn from past incidents to mitigate any repeat incidents of risk of harm to people living at Griffin Lodge.

Is the service effective?

Our findings

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that DoLS applications had been submitted to the local authorities for relevant people living at the home and authorisations had been received or were awaiting approval. The home manager kept a tracker document that showed information on applications and approvals so that it could be seen at a glance; which people had a current DoLS in place and when a new application needed to be made. This meant the home manager could be reassured that anyone at the home had been assessed and the legal safeguards were in place.

At the previous inspection, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to people not always having the necessary best interests decisions in place regarding their care and support. At this inspection we revisited this breach and found relevant best interests decisions were now in place and monitored. We found that DoLS applications contained the relevant best interests decisions and had been submitted and authorised for the people we reviewed during this inspection.

We were unable to ascertain whether staff had up to date training on the MCA as this information was not made available to us. Staff we spoke with told us they had undergone this training; however, when we asked staff about capacity, choice and control; they did not always demonstrate a full understanding. For example, one staff member told us, "Every resident has the right to make their own choice in their own way" and another staff member told us they would intervene if they felt someone was not making a wise choice. This is not in line with the statutory principles of the MCA Code of Practice and demonstrates that not all staff were fully aware of the requirement to work in line with the MCA and indicates a training need.

At the start of our inspection we requested a copy of the staff training matrix that illustrates levels of training undergone and when refresher training is required. We asked for this information throughout the inspection; however, this was not produced. We spoke with the home's administrator, who gave us some indication of staff training and found training was overdue, new starters had not received training prior to supporting people and this training was not booked. There was no evidence that any audits or reviews had recently been undertaken to assess the individual training needs of staff, and to identify areas of development, to ensure staff had access to the necessary support and training to carry out their job roles

safely and effectively. Therefore, we could not be assured that staff were suitably qualified and skilled to provide care and support to people living at Griffin Lodge.

Where staff told us they had received training whilst working at the home, they reported that the training was aimed at older people's care and not based around the many needs of the people they supported. This meant the training provided may not always be appropriate to the needs of the people living at the home.

We requested the two newly recruited staff members, who had not received the mandatory training and induction, be fully supervised only by existing staff who were fully trained. Additionally, we requested an up to date training matrix be sent to us as soon as possible after the inspection. We asked this training matrix include details of training sessions booked where training was outstanding. The area manager told us this would be done; however, to date, we have not received this information.

The above examples demonstrate a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People's care plans we reviewed included a behavioural support plan that included the use of restraint. We did not see evidence in any of these care plans of incidents where people had been subject to restraint when displaying behaviours that challenge. Staff we spoke with told us they only used physical restraint as a last resort and they try to de-escalate the situation before using any restraint. Alternative strategies were used, such as disengaging, low arousal and identifying triggers for individuals. Staff told us they read people's care plans and supported people with their complex needs using the least restrictive methods where possible. Staff told us they use "holds" to escort people away from areas. Staff told us they received training on a recognised system of restraint known as MAPA (Management of Actual or Potential Aggression). This model of restraint was fully detailed in the care plans we reviewed.

One relative we spoke with told us they were made to feel welcome and said they were kept informed of their relative's condition. They told us, "The manager rings or sends an email every month with an update. Very good communication. The management are approachable and very good at keeping us informed."

Staff we spoke with during the inspection told us they felt supported in their role by the current home manager, they said, "They will come and ask us how things have been." We saw that staff received supervision by team leaders on a regular basis.

We observed the mealtime experience for people living at the home. We saw that people had the use of adapted cutlery, plate guards and clothes protectors to promote people's independence. Some people were assisted to eat their meal; we saw one staff member taking their time and not rushing the person. There was no cook employed at the home and they did not use a catering organisation. Staff made the meals each day whilst supporting people. Menus were set and there was only one choice listed on the menu. This did not provide people with opportunities for choice, although staff told us they would make an alternative meal if the person wished.

People with certain health conditions require their food to be prepared in a specific way to ensure they can eat their food comfortably and safely. For example, a 'Category D' diet means that food needs to be of a minced or mashed consistency. We saw that each person living at Griffin Lodge had an individual diet assessment sheet in place in the kitchen on the inside of cupboard doors. This information could also be found in people's individual care plan files. This meant that staff were aware of how to prepare and serve food in such a way as to minimise the risk of the person choking. We spoke with staff around people's prescribed diets and they told us they were aware of the need for people to have their food prepared in a specific way. However, two staff members told us they did not understand why this had been put in place.

Food, fluid and weight charts were in place for some people who required extra monitoring.

Griffin Lodge is a purpose built care home for people who have disabilities and therefore, has wide corridors and doorways to accommodate equipment and mobility aids that may be required by people living there. The home had a room with some gym equipment for use and two activity rooms with computers and internet access. We visited the sensory room and saw the equipment that had been installed to provide sensory experiences for people living at the home. These rooms are often beneficial for people with sensory impairment, such as autism, to provide a gentle sensory experience. During this inspection many of the wall decorations had been removed in preparation for cleaning as recommended in their recent infection control audit.

During this inspection we reviewed three people's personal care files to check if people were supported to maintain their health and well-being. We saw people were supported to access other health care professionals within the community, such as GP, dentist and podiatry. People also received specialist psychiatric input at their home and hospital appointments. We saw that people living at Griffin Lodge had regular health and medication checks with their doctors.

Is the service caring?

Our findings

The more experienced staff we spoke with told us they felt they knew people well. They told us they got the opportunity to read people's care plans, talk to relatives and understand people's body language. They said they sometimes had staff meetings where they discussed the best approach with people to ensure consistency in approach.

People living at Griffin Lodge were able to see which member of staff was supporting them that day through the use of a photograph display system, where people's photographs were matched with a staff member's photograph. However, this could change during the shift if necessary.

We received mixed feedback when we asked staff members whether they would be happy for a family member to live at the home. At the last inspection we reported that people were not always addressed in an age-appropriate manner. During this inspection we found people continued to be spoken to in a way that would not be considered adult conversation. Examples of this were calling a man a "Cheeky monkey" and explaining his behaviour as "He's just being naughty". Although this way of speaking may be well meant, it did not acknowledge people's dignity.

We recommend the provider address with staff the need to always use respectful and appropriate language when supporting people living at Griffin Lodge.

We made observations throughout the inspection of staff interactions with the people they supported. We observed some kind and caring interactions where it was clear staff people knew people well. We found people were supervised closely and, although staff were kind, we saw on occasion there appeared to be a lack of meaningful interaction between staff and people who used the service.

Staff did not always use respectful and professional language. We spoke with one staff member who told us people had their own timetable for activities, we asked around choices and daily decisions. The staff member told us of one person who may not want to attend their external activity that day and explained if they were pushed to go that "they would kick off anyway and spoil it for everyone else".

When we asked staff how they ensured people's privacy and dignity, they told us they would close curtains when providing personal care, knock on bedroom doors and stand outside the door whilst someone was showering. Staff also told us people had routines they liked to stick to, such as certain activities on certain days and times.

One visitor we spoke with told us they felt their relative was cared for; they told us, "Staff take a genuine interest. I can't think of anything that can be improved other than ensuring staff stay." One visiting professional told us when we asked about the support provided at the service, "I think they're great. I've known the manager a long time and they're very knowledgeable about individuals. I feel people are settled here. They [the service] are proactive."

People looked clean, well-groomed and dressed appropriately. People were supported to visit the

hairdressers and clothing shops in the community.

We visited a number of people's bedrooms and saw they were clean and tidy with rooms decorated in a personalised way. People were encouraged to bring in their own furniture and decorations and tidy their own rooms each day.

We spoke with the home manager around equality and diversity and the individual rights of people living at Griffin Lodge. They had an understanding of equality and diversity and told us they would ensure the rights of people would be protected. The home had an equality and diversity policy in place to protect people living and working at the home.

Personal information around people who lived at the home was mainly kept confidential and systems adhered to the Data Protection Act 1998. Personal information, such as, care plans, were stored in locked rooms and accessible only with a key held by senior staff. This meant that most personal, private information was kept secure and not accessible to anyone living at or visiting Griffin Lodge. However, we saw displayed outside two people's bedroom doors on the wall of the corridor, what the team leader told us were positive behavioural support plans. This was a chart where if the person completed pre-designated tasks each day they would receive a treat at the weekend, such as some cola or a visit to a favourite place. This would be paid for by the person themselves. One person's care plans were also displayed on the corridor outside their room. We spoke with the home manager around our concerns regarding the dignity and respect afforded to people when this is displayed in the corridor of the home and they agreed they needed to be inside the person's bedroom if they chose to have them displayed.

Is the service responsive?

Our findings

We spoke with the registered manager around ensuring people with additional communication needs received information at the home. They told us each person had a communication care plan, which detailed their individual needs and how they required additional support. Examples included, picture cards, pictorial care plans and all staff were required to learn basic sign language as many people living at Griffin lodge, and some staff, were hearing impaired. This meant the service had taken steps to ensure individuals were able to receive information in their preferred format. We saw communication passports and traffic light passports were in place to support people to communicate and have their needs met.

Over the course of the inspection we saw that the service provided a good range of accessible information including regarding making complaints, the service mission statement and details of care and support. This allowed the people using the service to understand the service and be involved in their care. The Accessible Information Standard (AIS) was introduced in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement.

We looked at how people's current care needs were communicated between staff and found there were a number of communication exchanges that took place each day. There were shift handover meetings that occurred morning, afternoon and evening where staff would use a form to ensure that all people who used the service were discussed and any important information handed over to the next shift.

We observed one morning handover and one afternoon handover meeting and found staff discussed each person's care needs and what people's plans were for the next shift. The use of handover and communication books meant that staff and the home manager were kept informed of any issues or concerns around people and the home and allowed them to respond in a timely manner.

During the inspection we saw people living at Griffin Lodge accessed the community and a variety of activities. Staff and relatives told us there was a range of activities for people and we observed people engaged in these activities during the inspection. Staff told us the service aimed for people to keep an active life. Most people had their own timetable of activities they accessed each week in the community, for example, swimming or bowling. One visiting professional told us, "[Name's] time-table is person centred and flexible." Another visiting professional told us how important it was for people with autism to have a daily regime to enable the person to maintain control of their daily living.

Staff were aware of individual's choices and preferences and would support people to access the outdoor area if this was their choice. Computers with access to the internet were available for the people living at Griffin Lodge to use and we were told that a number of people enjoyed accessing this. In the dining room people had their own cupboard which had details about their eating and drinking plan available and could be used to store personal food items as required.

Staff told us that there were holiday plans in place for individuals living at Griffin Lodge and staff would

support people to visit their families. Two people had been supported with staff to complete a 5k run in aid of charity.

The people living at Griffin Lodge had access to a large outdoor area which had resources such as a swing, seated area and chalk drawing area. Staff told us that in the summer this area was well used and they would often arrange barbecues for people living at Griffin Lodge.

Information about the care needs of people living at Griffin Lodge was detailed and accessible to the staff supporting them. People had a one page profile form which detailed individual care needs. This was available in their care plans and in their bedrooms. This meant that staff could be clear about how best to support someone when providing personal care. Care plans also demonstrated that consideration had been given to support independence and information was included in how to promote decision making for individuals.

Care plans were comprehensive and detailed how people like to have their care and support needs met. Regular reviews of care plans had taken place. However, it was not clear how the individuals, their family members and other people were involved in developing and reviewing these plans. We spoke with the home manager around the omission of life history and family information and they told us they had tried to obtain background information and input from other people; however, they had found this to be problematic. The home manager told us that the majority of people living at the home did not have family living nearby and were not always able to visit regularly. However, the home manager told us they have regular communication via phone or email with families to provide reassurance for people and their relatives.

Care documentation was person-centred and included information on how each person wanted to be supported and cared for. However, we found sections in the care records regarding individual aspirations to be lacking meaningful aspirational outcomes. For example, we saw one person's aspirational outcome stated "To help make and clean bed every morning." Another person's summary of aspirational outcomes plan included the one sentence, "[Name] to access the community safely in the van". The aspirational outcome documentation instructed staff to complete the form around people aiming to achieve something new or different around increasing independence or enhancing their life.

We recommend Griffin Lodge ensure people's aspirational outcome plans are centred on more meaningful achievements and outcomes.

As part of our inspection, we looked at how complaints were responded to and managed at the home. We saw information was displayed in the reception area and the service's website around how to make a complaint. The home manager told us complaints were handled centrally, but confirmed they had not received any complaints about the service recently. One visiting relative we spoke with told us they had not made a complaint, but had previously expressed their concerns to the home manager regarding the number of agency staff employed at the home. They told us they had been satisfied with the assurances they had received from the home manager. They told us they felt comfortable to approach the home manager and discuss any concerns they may have.

We were told by the home manager that following a recommendation from the local authority quality assurance team, Griffin Lodge had been put forward and awarded second place for the Star Awards Best Care Home Award.

Is the service well-led?

Our findings

The home had a manager in post who had been registered with the Care Quality Commission (CQC) since August 2016 at this location. However, they had left their post three weeks prior to the inspection and we had received the required statutory notification from the provider to inform us of this change. The home manager told us a new manager had been recruited by the provider; however, they were serving notice at their current job and would be starting at Griffin Lodge in a few weeks' time.

A registered manager has responsibility under their registration with the Care Quality Commission to have regard, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. We found that the deputy manager was acting up as home manager and had knowledge and documentation that showed us they were aware of their obligations. However, we found breaches of three of the regulations during our inspection.

We spoke with the home manager around how the views and opinions of people living at Griffin Lodge were used in how the service was shaped and delivered. The home did not have a co-ordinated system in place for ensuring people had a say in how the home looked or was run. We found one lounge had recently been redecorated; however, people had not been consulted on the choice of colour scheme or design of décor in communal areas. We did not see evidence of any satisfaction surveys to ascertain how happy people were with the care and support they received at Griffin Lodge.

The home is part of a larger, corporate organisation, Community Integrated Care, and a specific system and process of auditing was in place. We found the home manager to be knowledgeable around this quality system and files were organised and easily accessible. Audits were in place, followed up and acted upon for ensuring an overview of the home. This meant that although the provider had policies, processes and checks in place, and regularly carried out, they had not identified the concerns we found during our inspection regarding infection control and training.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

We found the last CQC rating was displayed prominently in the foyer of the home to inform people and their visitors around the outcome of the previous inspection. The previous inspection rating was also present on the home's website.

We saw that regular team meetings took place at the home and they were held every one or two months. These included full team meetings, team leader meetings and staff supervisions. Staff were paid to stay late or start early to enable their inclusion in these meetings and were asked if there was anything they wished to put on the meeting agenda for discussion. This meant staff were kept up to date with things going on with the home and organisation.

It was clear that there was a strong and supportive staff network throughout the home that was led by the home manager who was well thought of by staff and visitors. Staff were positive about the management team and each other. Staff felt they were listened to and they made various positive comments such as, "Management are good, approachable and fair."

During the inspection, the home manager and management team were visible around the home and it was clear management and staff knew people well. The home manager and all staff were co-operative and helpful throughout the inspection visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We identified poor infection control practice by staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management oversight had not identified or actioned the concerns we found during this inspection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always have the relevant and up to date training in place. New staff had not completed training or induction prior to providing care and support to people living at the home.