

Vibrance

Green Lodge Respite Care Unit

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Green Lodge Respite Care Unit 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 home is registered to provide accommodation and support with personal care on a respite basis for up to nine people with a learning disability. At the time of the inspection, there were seven people using the service.

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 last inspection in May 2016 the service was rated Good. At this inspection, we found the service remained Good.

The service had a registered manager in post. A registered manager is a person who has registered with the 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.

Pre-assessments were completed for people, care plans developed and reviewed for each person before they started using the service. The registered manager was communicating with relevant authorities to address this.

People were protected from harm. Each person had a risk assessment and staff knew how to ensure risks to people were managed. Staff were aware the actions they needed to take if they became aware of an incident of abuse.

The premises were clean and tidy. Staff had attended training on basic food hygiene and infection control, and knew how to reduce the risk of spread of infections.

The management and administration of medicines were thorough and accurate. People were confident that staff administered their medicines as prescribed by their doctors.

There were enough trained and experienced staff at the service. The recruitment of staff was robust and new staff were appropriately checked and inducted before they started work.

Staff had training and supervision opportunities to upgrade their knowledge and skills to meet people's needs. They told us they felt supported by the registered manager.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and people's care plans showed mental capacity assessments had been completed and applications for Deprivation of Liberty Safeguards (DoLS) were made to local authorities.

Staff promoted people's independence and treated them with respect and dignity. People were confident staff respected their privacy.

Various activities were available for people to enjoy both within and outside the service.

There were systems in place to ensure that various health and safety aspects of the service were regularly checked to make sure the facilities and equipment were safe.

People told us the food was good. People's nutritional and hydration needs were assessed and met. People could choose their meals.

Staff worked with healthcare professionals to ensure people had access to healthcare.

Complaints were recorded and investigated. People and relatives knew how to make a complaint.

The registered manager sought feedback to ensure people and relatives' views were considered in the improvement of the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Green Lodge Respite Care Unit

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 checked 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 20 September 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the provider, including previous inspection report, notifications and information about any complaints and safeguarding concerns received. Notifications are events which providers are required to inform us about. We also reviewed information that we had received from local authorities, and 'share your experience information', an online CQC form, which members of the public complete to tell us their experience of the service. We looked at the Provider Information Return (PIR). The PIR is a form in which the provider tells us what improvements they plan to make and what they do well.

We spoke with three people who used the service and one relative. We spoke with three care staff, an administrative officer, a domestic assistant, and the registered manager. We reviewed three sets of records relating to people, including care plans, risk assessments and medicine records. We looked at four sets of staff recruitment, training and supervision records. We read minutes of staff meetings and looked at the provider's policies and procedures. We examined the quality assurance and monitoring systems used by the provider.

Is the service safe?

Our findings

People using the service and their relatives told us people were safe within the service. One person said, "Yes, I feel safe." Another person said, "I am happy [in the service]. Staff are good." A relative told us, "We wouldn't send [our relative] to the service if we felt [the person] was not safe." In a reply to our request for their feedback, a social care professional stated, "Absolutely. [Staff] go out of their way to ensure clients are safe."

The service had appropriate systems in place to safeguard people from abuse. Staff were aware of their responsibilities for safeguarding adults. We noted that staff were aware of the whistleblowing policy, which enabled them to report any concerns they had about their employer to authorities, such as the police or the CQC.

Each person had a risk assessment which was reviewed regularly. Details such as severity of risk, who was at risk and the action staff needed to take to reduce the risk were included in the assessment. We noted that staff had signed and dated to confirm they had read and understood the risk assessments.

Equipment and fire risk assessments were carried out. We noted fire alarms, gas boilers and electrical equipment were tested and maintained. Records showed each person had personal emergency evacuation plan (PEEP) to explain how to assist them in the event of an evacuation being necessary.

There were enough staff to keep people safe. On the day of the inspection, there were four care staff and the registered manager on shift. We observed staff were available throughout the day when people needed them. None of the people, relatives and social care professionals we contacted had concerns about the staffing level at the service. Staff we spoke with told us that they thought there were enough staff at the service.

Recruitment checks were completed before staff were employed at service. The registered manager carried out the necessary criminal checks to find out if new staff had any convictions or were barred from working with people who use care services. The registered manager told us that they employed staff only if they were satisfied with the applicant's references and account of any gaps in their employment history. This ensured that the recruitment process was robust.

Medicines were obtained, stored, administered and disposed of safely by staff. We observed a member of staff administering the medicines was professional in ensuring that people had their medicines. We checked the MARS and medicines and found them to be all correct.

The service had a system in place to promote learning from any incidents and accidents so they could make improvements to the service. A social care professional said that they had "no concerns" about the service managing and reporting incidents. The registered manager gave us an example of the lessons they had learned from an incident. They said a member of staff made an error in the administration of one person's medicines. One of the lessons learned from this, was to ensure that two staff checked and recorded

medicines when people came to use the service.

The service was clean and had an effective infection control system in place. People and relatives told us the service was clean and tidy. We saw a domestic assistant cleaning communal areas and bedrooms. The domestic assistant told us they worked five days a week and they had all materials they needed for cleaning. We observed staff wore personal protective equipment such as gloves when providing personal care. Staff had attended training on infection control and knew how to reduce the risk of spread of infections.

Is the service effective?

Our findings

People and relatives felt that the service was appropriate for their needs. One person told us they liked coming to the service whilst their family were away. A relative told us they were happy with the service because it gave them "a much-needed break" and met their relative's needs. They told us, "We wouldn't have sent [our relative to the service] if we didn't have confidence in [the service]."

However, one person told us that although they were happy with the staff, they wanted to move to an alternative accommodation. We discussed this with the registered manager who showed us records that confirmed that the service was working with others to enable the person to move on to a more suitable accommodation.

The registered manager completed pre-admission assessments before people started using the service. These enabled the service to identify people's support needs and decide if they could be met effectively.

People, relatives and social care professionals stated that staff were skilled, knowledgeable and able to provide care effectively. One person said, "Staff are nice. They know how to care." A relative told us, "I can't fault them. It is a brilliant service." A social care professional commented that they were satisfied with the care and support staff provided at the service.

Staff member confirmed they had received an induction when they started working in the service. The registered manager told us that induction was a continuous process which could run for many weeks to ensure staff knew what their roles involved and how the service operated.

Staff were supported in their roles. One member of staff said, "I am happy when I come to work here because it is a lovely environment and I get support from the manager." Staff told us and records showed that staff received regular supervision. Most of this was group supervision but staff were also asked if they had confidential issues to discuss on one-to-one basis. The registered manager told us that in future each person would have a regular one-to-one supervision which would give them an opportunity to discuss their training, goals and policies of the service.

Records showed that staff had received training in the Mental Capacity Act 2005 (MCA). The MCA 2005 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 to 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 are 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 were met. The service had made appropriate

applications for people and records confirmed they had been in constant contact with the local authority for authorisations.

We observed that staff sought people's consent and supported them to make decisions about their care. We noted best interest meetings had taken place to make decisions for some people who lacked capacity.

People and relatives were satisfied with the food. One person told us, "I like the food." A relative said, "The food is good. As far as I know, [my relative] doesn't lose or gain weight." A member of public who gave feedback on the CQC's online 'share your experience form' wrote, "[The food] is very good." Records showed people's nutrition and hydration needs were assessed and people were provided with meals that reflected their preferences including their cultural, religion and medical needs.

Staff promoted people's health. Care plans detailed people's health care needs. Staff told us and records confirmed that people were supported to attend medical appointments. Where staff had concerns about people's health, they called for health professionals to support them. Staff were able to tell us about people's medical conditions and the actions they needed to take to maintain people's health and wellbeing.

Is the service caring?

Our findings

People and relatives told us staff were caring. One person said, "Staff are kind. I like the staff." A relative told us, "All staff are friendly, welcoming and caring. They are good." A social care professional commented, "I really like Green Lodge, the staff are warm and kind. They go out of their way to provide individual care tailored to the client."

Relatives were satisfied with how they communicated with staff. One relative told us, "The communication I have with staff is good. They listen to me." Another relative, who completed a CQC's online 'share your experience' form wrote, "[My relative] enjoyed themselves so much and would have loved to have stayed. We were always made to feel very welcome when we went to visit."

We observed staff had built positive relationships with people and families. We saw staff communicating with people in a friendly manner and in a way that people understood what was being said. People were relaxed when they approached and interacted with staff. Staff told us they had good relationships with people and relatives. One member of staff said the reason they had worked at the service for many years was due to their good relationships with people and relatives.

People were involved in their care plans. One person told us that they were involved in the review of their care plan. Staff told us they had read care plans and knew each person's needs and how to care for them. A member of staff described one person's support needs and how they cared for them. This showed staff were aware of how to care for people and meet their needs.

People's privacy and dignity was respected. Staff told us that they provided personal care in private. A member of staff said, "I ask for permission before doing personal care and entering a bedroom. Before helping clients, I explain to them what I am doing, close the window and door. I don't shout at people." People and relatives confirmed that staff ensured their privacy and dignity.

The service promoted equality and diversity. We noted that staff had a good understanding of equality and diversity. One member of staff told us that they had training on equality and diversity and treated people without making discrimination. We noted care plans contained people's specific preferences and staff were able to meet them. For example, we noted staff supported one person to attend a place of worship.

Is the service responsive?

Our findings

Each person had a care plan that described their needs and how staff should support them. The care plans contained guidance on how staff should respond to people's needs. The registered manager told us that they reviewed the care plans regularly so that changes to people's needs were identified and met by staff. Records showed that care plans were reviewed and updated each time people came to use the service. Staff told us the care plans were useful to them. We noted that staff kept a daily log of significant events in each person's care.

Staff knew people they supported. They were able to tell us people's preferences, likes and dislikes. They told us they had known and supported people for many years. One member of staff told us a person's likes, dislikes and daily routines and how they responded to them.

People had access to activities inside and outside the service. We noted each person had an activity which they attended. One person told us that they enjoyed working in the farm. We observed people leaving the care home for their day activities. People's daily activities were recorded. Activities at the service included watching television, listening to music or playing games based on an electronic device. This device was mounted on the ceiling and projected a number of animated applications onto the floor in the lounge. The registered manager demonstrated to us how the device worked but we did not observe people enjoying it as they had all gone out for their other activities. The registered manager explained and showed us their plan to provide a sensory room. We were told that the service was organising events to raise fund contribute to the cost of this facility.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Assessments of needs and care plans included people's communication preferences and staff knew how to communicate with people.

People and relatives knew how to make a complaint. One person told us, "I talk to staff if I am not happy about the service." A relative said that they knew how to complain. There were two recorded complaints since our last inspection in May 2016. These were investigated and resolved by the registered manager. We saw that the service had a complaints policy. Staff were aware of their responsibility to record and report to the registered manager if they received a complaint. The registered manager told us about compliments received by the service. One of the compliments from a relative stated, "It is impossible to put into words the care shown by everybody. Most of the clients have very different disabilities but they are all treated with the same care and compassion."

Is the service well-led?

Our findings

The service was well led. One person told us, "I am happy. Yes, I know the manager." A relative said, "All staff and the manager are good. They listen and are helpful." A social care professional commented that they had no concerns about the management of the service. A member of public stated in an online feedback form that they were satisfied with the management of the service and they wouldn't hesitate to recommend it to other people who would need to use this kind of the service.

The service had a clear management structure in place. When the registered manager was not present, each shift had a named shift leader whose responsibility was to ensure the service was well run. The registered manager was supported by an assistant director of operations, who visited the service once every month to carry out various audits including premises checks, good practice, health and safety, records, risk assessments and medicines. These audits helped the provider to identify and address areas that needed improvement. We saw samples of the audits. The registered manager told us they found these monthly audits very useful.

Staff told us they were happy working at the service. They told us they got on well with each other and worked as a team. One member of staff said, "[Registered manager] is good. The organisation is good. I have worked here for many years because I like it." We saw that staff meetings took place monthly and staff were able to share information about good practice, training and the provider's policies.

The registered manager organised events to which relatives and friends of the service were invited. Staff informed us that these social events were successful in helping the service raise money to buy a useful electronic device for the people who used the service. The events were also useful in giving relatives an opportunity to discuss share their views with the manager about areas that needed improvement. The registered manager told us that another event was planned to take place within a week of our inspection.

The vision and values of the service included integrity, challenging barriers and pioneering diversity. The registered manager told us the service's missions and values were discussed at staff meetings. Staff confirmed discussing and understanding these in meetings. We also looked at the service's business plan which contained details of what was to be achieved, who was responsible and by what date. We noted that most of the actions identified in the action plans were either achieved or in progress. The registered manager told us that each of the plans was regularly monitored. Records confirmed that most of the items identified were either achieved or being achieved at the time of our visit.