

Livability

Greenwood Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 11 March 2016 and was unannounced.

Greenwood Lodge is registered to provide accommodation for up to 6 people, with learning disabilities or age related frailty. There were 4 people living at the service on the day of our inspection.

There was a registered manager in 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 and associated Regulations about how the service is run.

At the last inspection on 14 June 2013 the service was found to be meeting the standards we inspected. At this inspection we found that the provider had continued to meet the standards.

People were protected from the risk of potential abuse because staff had received training and demonstrated a good understanding of how to recognise and report concerns. Risks to people were assessed and reviewed and actions were in place to reduce risk where possible without restricting people's right to make informed decisions.

People were supported by appropriate levels of staff who had the right skills and experience. However staffing levels were under review at the time of our inspection to ensure they remained appropriate to meet people's changing needs. There was a robust recruitment process in place and staff received regular support, training and supervision.

People were supported to eat and drink sufficient amounts to help keep them healthy, and had regular access to various health care professionals when required.

The leadership in the home was open and transparent and staff were valued. There were systems and processes in place to monitor the quality of the service and actions in place to address any issues, and drive continual improvement.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line

with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted four DoLS applications two of which had been authorised and a further two which were pending an outcome.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were kept safe by staff who had been trained to recognise abuse and report any concerns.

Risks to people's health and safety were identified and managed effectively.

Safe and effective recruitment processes were followed to ensure that potential staff were suitable to work in a care environment.

Sufficient numbers of staff were employed and deployed to meet people's care and support needs at all times.

People were assisted to take their medicines safely by trained staff.

Is the service effective?

Good 

The service was effective.

Staff obtained people's consent before providing care and support.

Staff were trained, supported and had the experience to help them meet people's needs effectively.

People were encouraged and supported to eat a healthy and balanced diet that met their needs and preferences.

People's health was maintained because they were supported to access a range of health and social care professionals when required.

Is the service caring?

Good 

The service was caring.

People were supported in a kind and caring way by staff who knew them well and were familiar with their needs.

People and where possible relatives or an advocate were involved in care planning and regular reviews of their care.

People were supported in a way that respected their dignity and respected and maintained their privacy.

People's personal information was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People received individual and personalised support that met their needs and took account of their preferences and choices.

Staff were given appropriate and relevant information to enable them to provide personalised care and support.

People were supported to participate in activities and hobbies relevant to their interests.

There was a complaints policy in place and people knew how to raise concerns if they needed to.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent management team in place and systems to monitor the quality of the service and drive improvement.

People and staff were positive about the managers and how the service was operated.

Staff understood their roles and responsibilities, worked well as a team, and were well supported by the management team.

Greenwood 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 11 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with four people who lived at the service, three members of staff and the deputy manager and registered manager. We received feedback from health and social care professionals. We viewed three people's support plans and two staff recruitment records. We looked at other information relating to how the service was monitored audits and a survey, accident and incidents records, Medicines records and team meeting minutes and menus. We observed people being supported throughout the day by staff.

Is the service safe?

Our findings

People felt safe and told us they were well looked after by staff who knew them well. One person told us "I have lived here for many years and feel safe". Another person said "I have felt safe since I came to live here, I used to live (name of place) but I prefer living here the staff help me to feel safe" they [staff] are always asking if I am alright." Another person told us, "I like the staff and we are well looked after here."

Staff had received training about how to safeguard people from abuse and were knowledgeable about different types of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information about how to report concerns including contact details were displayed in the office to remind staff of how and where they could report any concerns about potential abuse. Staff told us they were confident that any concerns would be dealt with in a timely way by the manager or deputy. We saw that safeguarding concerns were appropriately recorded and reported to the local safeguarding authority when required.

There was a robust recruitment process in place and we saw that this was followed to help make sure that potential staff were suitable to work in a care home environment. There were pre-employment checks which included taking up references and a Disclosure and barring Service (DBS). Other identity checks such as proof of identity and a full employment history and proof of eligibility to work in the UK were also made.

We observed that people were assisted in a timely way. People told us "I don't have to wait for staff to help me". We reviewed the rotas and saw at times there was just one member of staff on duty for example between 1.30 and 2.30 and overnight. People's need had changed and this meant that staffing levels needed to be reviewed. For example staff told us a person with a sensory impairment was at risk of falls so required additional support and supervision and another person who had seizures and required additional support. The manager told us staffing levels were determined based on the needs of people who lived at the home and because the needs of people had changed they were reviewing the staffing levels to ensure they remained safe and consistent. This demonstrated that staff were proactive in responding to peoples changing needs to ensure safe staffing levels were maintained at all times. The staffing levels were adequate at the time of our inspection.

There were risk assessments in place for all aspects of people's daily living. For example, the environment, moving and handling, finance management, and going out in the community. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed to take account of people's changing needs. For example one person who was at risk of seizures had a sensor mat on their bed to alert staff if they had a seizure during the night, also the environment was kept clear to reduce the risks of people falling. These were kept under constant review, so that people continued to be supported safely and reduce the risk of injury.

People were supported to maintain their independence as much as possible and to remain safe. For example, people were supported to keep safe when they went out in the community with regard to travel and road safety. People were supported to make decisions about what they wanted to do with their time

and how they spent their money. For example one person was going to the local town centre shopping and staff asked the person how much money they wanted to take with them to ensure the risk was minimised. This approach helped to keep people as safe as they could when they went out but without restricting their lifestyles in anyway.

Accidents, incidents and events that occurred at the service were recorded, investigated and reviewed by the service managers to ensure that steps were taken to reduce the risks. We saw that lessons learnt were recorded where possible to reduce the risk of events reoccurring. For example staff were proactive in pre-empting events such as reducing the risk of falls by ensuring the floor was kept 'clutter free'.

People's medicines were administered safely by staff who had been trained to administer medicines. There was a process in place for the safe ordering, storage and disposal of medicines. Staff supported people to take their medicines regularly and in accordance with their needs. Medicine administration records were completed correctly and there were regular audits in place to make sure any possible errors were picked up quickly. We saw the last audit had recommended a separate storage box for topical medicines such as creams and lotions and this had been ordered and was awaiting delivery. Staff told us that stock balances of 'medicines' which were not pre packed in dossett boxes were checked daily. Staff had their competency checked frequently to ensure they followed good practice and continued to be competent in the safe administration of medicines.

Is the service effective?

Our findings

People were supported by staff who had received training relevant to their roles and responsibilities. People were unable to tell us their views on whether staff had the appropriate skills and experience but we observed staff to support people appropriately. Staff also told us that received regular training to support their learning and development.

Staff training included safeguarding, moving and handling, food hygiene and fire safety. Staff told us they were supported to progress and develop their skills. Before staff started working at the service they received a detailed 'Liveability' standard induction which included reading policies and procedures, getting to know the objectives and ethos of the organisation, and shadowing more experienced staff until they were competent to work alone. Staff told us their induction helped to give them the skills and knowledge they required to support people in their care effectively. Staff told us there were always senior staff on duty who were on hand to give support advice and give guidance, this included outside normal working hours when either the registered manager or deputy manager were available to offer support.

Staff were supported by senior staff and had regular supervision with their line manager. Staff told us that they worked well as a team and were supportive of each other. One staff member said, "I have regular meetings with my manager and we discuss everything about the 'residents' my performance, and learning and development." We saw that staff received bi-monthly meetings and also attended team meetings. There were 'handover' meeting at the beginning and end of each shift and daily records were kept updated on the system so that staff had access to current and appropriate information.

People were supported to make decisions about their care. We saw staff asked people's consent before assisting them with tasks. For example, we observed staff asking a person, "do you want me to change your footwear for you and put your slippers on". Another person was asked did they need any help getting ready to go out. They told the staff member "they were ready and waiting to go". Another person was asked did they want their glasses cleaned as they were looking a bit grubby. The staff member offering the assistance waited for the person to respond before proceeding to assist them. People were given choices about all aspects of their lives and supported to make informed decisions about what they wanted to do.

The service was working in line with the principles of the MCA. Staff understood and had a good working knowledge of the requirements of the Mental Capacity Act 2005. We found that staff and the manager monitored people so that their capacity was kept under constant review. We found that the service had submitted DoLS applications two had already been authorised and two were awaiting an outcome.

People were supported to eat a varied and nutritious diet and to drink sufficient amounts to maintain their health and wellbeing. We saw that staff spent time assisting people with making choices about what food they would like. Once a week each person was able to choose their favourite meal for a day and then the other day's people made a collective decision. We saw there were pictorial menu and food choices to assist people with making their choices. We observed people who had special dietary requirements were catered for including soft and moist diet. Where people were at risk of malnutrition or staff were concerned about a

person's diet or weight, a referral was done to an appropriate professional such as a dietician or (SALT) speech and language therapist for assessment and advice.

People were supported to keep healthy and had regular access to health and social care professionals. Staff told us they made GP appointments for people when they required. Other visiting professionals such as opticians, chiropodist and dentists came to the home when requested. Staff also supported people to attend hospital appointments if family were not available to go with them. Health and medical appointments were recorded in people's care plans so that there was an on-going record which informed staff about people's health. People had purple folders with all their health care appointments and these were 'portable and went to the Hospital with people if they had an appointment.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People told us they liked the staff and one person said "I like them all, they help me when I need help and look after us well". Another person told us, "I like it here much better than (name) where I used to live". A member of staff spoke sensitively about the people who lived at Greenwood lodge and told us, "They are like family here, I really miss seeing them when I am not at work, I treat the people the way I would like my parents to be treated."

We observed staff assisted people in a kind and respectful way. They spoke with people in a gentle tone, and were gentle and reassuring. For example staff explained why we were visiting their home and told people not to worry we were making sure they were being properly cared for. Staff were reassuring people throughout our inspection. Staff were mindful of people's privacy and dignity and of how to promote people's dignity and respected their private space and confidentiality. For example, when staff were assisting people with personal aspects of their care they did so in a way that did not compromise the person's dignity or privacy.

Staff described how they ensured people's dignity was maintained by knocking on the door and waiting to be invited in before entering, making sure people had privacy while personal care was being provided and making sure that the person was kept covered so as to make them feel as comfortable as possible, while respecting their privacy at all times.

Staff provided care in a personalised way and knew people's individual likes and dislikes. One staff member said, "Each person that lives here is an individual and we support them to have a good quality of life". Staff had well developed caring relationships with the people they supported and it was clear that they had fun together. We saw people chatting and laughing together. Staff told us about people's family and support networks, what they enjoyed doing what foods they liked to eat and even what television programmes they watched.

Staff supported people to maintain relationships with family and friends and people who were important in their lives. Staff told us they used to have many visitors but due to distance, frailty and health problems people were not able to visit so often. However staff had supported people to visit family so that they could still maintain their relationships.

People had an assigned key worker who was responsible for ensuring people's care and support was regularly reviewed and care plans updated to meet their individual needs, and incorporate any changes. People told us their key worker discussed their care and support plans with them and that they were involved in the planning as much as they wanted to be.

Is the service responsive?

Our findings

People told us they received care that met their needs. Staff told us they ensured the service they provided continued to meet people's changing needs by reviewing people's needs monthly. We saw many examples during our inspection of how people's needs had changed over time and how the service had implemented changes to meet their needs as required.

People's needs had been assessed prior to them moving to the service. The registered manager told us that where people's needs changed significantly they worked in partnership with other professionals to ensure that people received the care and support they needed. For example where people's dietary needs had changed and the person had been referred to the speech and language therapist for advice and intervention (SALT team). Staff told us also in the case of another person who had an acute medical condition they worked in partnership with day care services to ensure they continued to respond to the person's changing needs.

Staff had requested specialist equipment such as chairs to meet people's changing needs. In addition they made referrals to physiotherapists, occupational therapists where people required additional support or intervention.

We saw that care plans were reviewed monthly. The registered manager told us they were currently reviewing staffing levels in particular at night to ensure they were able to respond to people whose needs had changed and who required additional support to help keep them safe.

We saw there was equipment such as chair lifts and mobility aids to support people with their mobility. Also in the case of one person there was sensor mats and body protection equipment to assist people with daily living and to be able to respond to people's individual needs.

People told us they did not usually have to wait for assistance, and we observed staff to respond to people in a timely way.

People were encouraged and supported to join in a range of activities and events in the home but also in the community. We saw that people had daily activities including attend day care or an activity in a local resource centre. On the day of our inspection all the people we spoke with had been supported to either go out to town, or go shopping or attend day care. One person told us they went to a local hall weekly for lunch and a group get together. People went to various clubs who all provided a range of activities from gentle exercises to coffee mornings.

Sometimes people preferred to watch television or just to take time out to relax and staff supported people's choices. We saw lots of photographs of people out on various day trips which staff told us were arranged for people when the weather was better during the summer months. People were also supported to go on holidays with staff.

There was a comprehensive complaints policy and procedure in place and we saw that complaints were recorded, investigated and responded to appropriately. People told us they would speak to the staff or manager if they had any concerns. We saw complaints information was provided to people and supported with pictorials to help people understand the process. Staff confirmed they would report any complaints or concerns made to them from people using the service or visitors. Feedback was evaluated as a means to improving the service. For example when people had made complaints about menus they were reviewed and people were encouraged to be more involved and proactive in the planning to reduce the risk of complaints in the future.

Is the service well-led?

Our findings

People who used the service and staff they were complimentary about the management team and told us they worked well as a team were supportive of each other and felt supported and valued by the management team who they described as being approachable and supportive. One staff member who had worked at the service for many years told us they regularly popped in even on their day off as they enjoyed their work so much.

Staff told us and our observations confirmed, that the registered manager led by example and demonstrated strong and visible leadership. They were clear about their vision regarding the support provided and level of care. They told us they supported people to achieve a good quality of life, by promoting and supporting them within the local and wider community. The staff told us they tried to empower people and make them feel valued as people.

The management approach was to support people by breaking down barriers which hinders people in making important decisions with their lives for example around making appropriate choices. They had also introduced technology to support people's learning and development. For example the use of computer tablets for menu options and to build people's confidence

People's views and experiences had been actively sought and responded to. We saw satisfaction surveys and people had good relationships with staff and were supported by meetings and one to ones to share their views. There were regular residents meeting and minutes were taken and actions followed up to ensure actions were completed.

There were processes to monitor the service. These included regular audits carried out in areas such as medicines, infection control and health and safety.

Staff told us they had clear roles and responsibilities and felt valued and listened to by the management team.