

Green Light PBS Limited

September 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 

Overall summary

We inspected September Lodge on 13 October 2015, the inspection was unannounced. The service was last inspected in May 2014, we had no concerns at that time.

September Lodge provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection five people were living at the service. Four people were living in the main house and

one person was living in a self-contained flat adjacent to the main property. September Lodge is one of a number of services in Cornwall which are run by the provider, Greenlight PBS Limited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People at September Lodge were supported to lead fulfilling lives which reflected their individual preferences and interests. There were enough staff available to make sure everyone was supported according to their own needs. On the day of the inspection two people were attending separate college placements, two people were in the main house and one person was in their flat adjacent to the house. The person occupying the flat chose when they wanted support. The two people in the main building were engaged in their individual routines and activities and one of them went out for part of the day to visit a café. Relatives told us they believed their family members had choice and control in their lives and were supported safely and with respect.

Staff were well trained in a range of subjects which were relevant to the needs of the people they supported. New employees undertook a rigorous induction programme and told us this was beneficial and prepared them well for their roles. The staff team were well supported by the registered manager and received regular supervision and staff meetings. These were an opportunity to share any concerns or ideas they had with the staff team and management.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal

requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated regularly.

There were plenty of opportunities for people, relatives and staff to voice how they felt about the service and any concerns they had. Annual surveys were circulated to all stakeholders and visitors were asked for their feedback. The registered manager was committed to engaging with families face to face where possible. Families were kept informed of any changes in people's needs or appointments.

Care plans were informative and contained clear guidance for staff. They included information about people's routines, personal histories, preferences and any situations which might cause anxiety or stress. They clearly described how staff could support people in these circumstances. Adapted easy read versions of the care plans were made available to people and these showed people were involved in the care planning process.

There were clear lines of accountability and responsibility at September Lodge and at Greenlight. The organisational values were embedded in working practices and staff worked to provide a service which was designed around the needs of the individual.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends. Quality assurance systems were in place within the service and at provider level. Regular audits were carried out to help ensure the service was running effectively and safely.

Summary of findings

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 was safe. People were at ease with staff and approached them for support when they wanted to.

Staff had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

Good



Is the service effective?

The service was effective. New employees completed an induction which included both training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Good



Is the service caring?

The service was caring. People's privacy and dignity was respected.

Staff knew people well and understood their communication preferences.

The registered manager valued family relationships and helped ensure they were sustained.

Good



Is the service responsive?

The service was responsive. Care plans were detailed and informative.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

Good



Is the service well-led?

The service was well-led. Staff were well supported at all levels.

There was a clear ethos in place which focussed on ensuring people had both fulfilling lives and experiences.

People and their relatives and staff were regularly consulted about how the service was run.

Good



September 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 13 October 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service, in order to find out their experience of the care and support they received. Instead we observed staff interactions with people. We spoke with the registered manager, a registered manager from another Green Light service who was standing in for the deputy manager, Green Light's managing director and three care workers. Following the inspection we contacted two relatives and two external health care professionals to hear their views of the service.

We looked at care records for three individuals and other records relating to the running of the service.

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at September Lodge. On the day of the inspection visit we saw people moved around the building freely and were comfortable in their surroundings. People were at ease with staff and approached them for support as they needed it and without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. They were aware of the management hierarchy and how they would escalate concerns if necessary. If their concerns were not acted on staff told us they would report them to the Care Quality Commission (CQC). No-one mentioned the local authority as a possible point of contact for reporting concerns. However information available for staff gave contact details for the local safeguarding team.

CQC had received notifications as appropriate when there were any concerns regarding people's well-being or safety. There were clear procedures in place for making safeguarding alerts to both CQC and the local authority. This demonstrated an open and transparent approach to sharing information with other agencies where required.

Care plans contained detailed information to guide staff about what to do to help minimise any identified risks to people. Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. One commented: "We don't want to hinder people with, "You can't do this and you can't do that." One person had been supported to take a foreign holiday during the summer. Staff had worked to identify the potential risks and challenges associated with the trip. They had identified actions to take to minimise people's anxieties such as obtaining 'fast passes' to avoid queues when using a theme park. In addition they had identified where to go to for medical support in the area if needed. Day to day risks such as travelling in a vehicle were also identified. The risk assessments highlighted what the concern was and the least restrictive option staff should take in order to de-escalate any situation.

The registered manager told us the service was fully staffed although they had been low on staff numbers during the summer months. Staff told us they had worked as a team to cover shifts and people had not missed out on any activities as a result. An on-call system was in place for staff to contact in the event of any unexpected absences. Registered managers covering on-call had either arranged for staff to be brought in or had covered shifts themselves. The registered managers told us they had needed to work shifts regularly during the summer but this had improved recently. Two new members of staff had recently been recruited and one was just completing their induction period. The managing director told us they were planning to overstaff services by between one and one and a half posts. This would give the organisation capacity to absorb any unexpected absences and help ensure all services were fully staffed at all times. Relatives and external professionals told us they had no concerns about staffing numbers.

There were enough staff on duty to support people to take part in individual activities, attend appointments and engage in daily chores and routines. During the day of the inspection visit two people were at college, one person chose to spend time unsupported and two people were at home. One of these two people went out during the day to visit a local café. The other had a friend visit for coffee. Staff rotas were flexible to allow people to take part in activities which overlapped the default shift patterns. For example staff would normally work until 8:00pm, however if people were attending an evening event the shift was altered to accommodate this.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up.

People's medicines were stored securely in a locked cabinet in the administration office. We checked the number of medicines in stock for one person against the number recorded on the person's Medication Administration Record and saw these tallied. Creams, ointments and liquid medicines were dated when opened. This meant staff were aware when medicines were likely to become less effective or contaminated. Training for the administration of medicines was up to date with one new member of staff needing to complete medicines

Is the service safe?

competency assessments. These were booked to take place within the next month. Where medicines errors were identified staff were required to retrain. Systems were in place for the storage and administration of homely medicines although none were being used at the time of the inspection. The registered manager had recently arranged for a representative from the pharmacy to visit the service. A pharmacy audit had been arranged for the next few weeks. In-house audits were carried out weekly and were recorded electronically.

If people needed 'medicine as required' (PRN) such as paracetamol, the registered manager or deputy were required to approve it. If they were not available staff

contacted the on-call manager. Staff were able to describe the signs people might present with if they were in pain and these were recorded in care plans. This helped ensure a consistent approach when deciding if PRN was necessary.

People were supported with their personal finances. Everyone had access to their own money using a cash card. Two named members of staff in the finance department at head office had access to people's Personal Identification Number (PIN). In addition some staff who had supported people to access money were also aware of PIN's. Greenlight had policies in place stating that where a member of staff with this knowledge left the organisation, PIN's were to be changed as a precaution.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The managing director told us they had adapted their advertising to attract people with interests and hobbies which matched those of the people they would be supporting. A relative commented; “They all like a bit of a joke and seem very energetic.” The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people’s specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support from staff who knew them well.

New staff were required to undertake a two week induction process consisting of a mix of training and shadowing and observing more experienced staff. The managing director told us that, as well as preparing new staff for their roles, the induction allowed the organisation to get to know people and identify what services they would “fit into” best. The induction process had recently been updated to include the new Care Certificate. Staff told us the training covered all areas of the role and was relevant. One commented; “There was nothing that you thought, I don’t see the point of that.” Another described it as a; “Valuable tool. Intense, but it covers everything you need to know.” A relative of someone using the service provided by Green Light had been involved in delivering training for the induction. The managing director told us this helped to personalise the training and make it more real for people. In addition people using the service often attended induction sessions to help new employees gain an understanding of their needs. A member of staff commented; “The training was amazing and helped you feel confident. By the end of it I was itching to put it into practice”

Training identified as necessary for the service was updated regularly. Staff told us the training was comprehensive. The managing director told us the organisation had plans to invest more heavily in training to help ensure staff were well equipped to carry out their roles and remained up to date with any developments in the care sector.

Staff told us they felt well supported by their line manager and received supervision and annual appraisals. This gave them an opportunity to discuss any changes in people’s needs and exchange ideas and suggestions on how best to support people. One staff member told us they felt; “100%” supported.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. DoLS provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Mental capacity assessments and best interest meetings had taken place and were recorded as required. These had included external healthcare representatives and family members to help ensure the person’s views were represented. Applications to the local authority for DoLS authorisations had been made as required by the legislation. An external healthcare professional told us the service was; “well versed” in this area.

People took part in choosing meals on a weekly basis using photographs of meals to facilitate this. One person had specific needs associated with food and staff supported them to monitor their intake themselves. The registered manager told us; “If [person’s name] has an odd day when they go over that’s OK, because most of the time they are brilliant.” Staff encouraged people to eat the main meal of the day together and make it a social occasion. People were supported to be involved with shopping and preparing meals. The registered manager told us the food budget was sufficient and people shopped locally for fresh produce. For example they bought fresh eggs and meat from a nearby farm shop.

People were supported to access other health care professionals, for example GP’s, opticians and dentists. Multi-disciplinary meetings were held as necessary to help ensure all aspects of people’s needs were taken into consideration when planning care. An external professional told us the service worked well with them and took on board any suggestions.

Is the service caring?

Our findings

People were relaxed and at ease with staff. It was clear from our observations and discussions with staff, caring relationships had been developed and staff valued people. They talked about their roles enthusiastically. Comments included; “I didn’t realise working in care could be as fulfilling.” And; “I really enjoy it. You try and put yourself in the person’s position and think how would I feel? It’s nice to support the guys to have a good life.”

People were supported in a way which ensured their privacy and dignity was upheld. One person decided they did not want to meet with us and did not want us to talk with their relatives. Staff respected this decision. Another person spent the morning with staff both in and out of the building. During the afternoon they chose to spend time on their own and again this was respected. Staff ensured people knew who we were and the reason for our visit. At one point it became clear that our presence in one part of the building was preventing someone from using that room and staff asked that we move to another area.

We looked at one person’s room with their permission. It was decorated in keeping with their age and gender and reflected their personal tastes. We saw personal photographs and mementoes’ were displayed in the room. Staff told us there were plans to redecorate the room in the near future and this would be with the person’s full involvement. Everyone had their own en-suite bathroom. Throughout the building there were photographs on display. One relative described the premises as; “Homely, not at all clinical.”

Not everyone who lived at September Lodge communicated using words. Staff were familiar with people’s communication techniques and were able to support people to engage with us. Comments included:

“[Person’s name] doesn’t verbalise but that doesn’t mean they don’t communicate. They communicate very well.” Another staff member told us of the importance of avoiding closed questions when talking with one particular person and giving them clear choices with limited options so as not to confuse or overload them with information. We saw staff communicate effectively with people throughout the day.

People were supported to maintain relationships with families and friends. People attended events with their peers from some of Greenlight’s other services. Relatives were able to visit when they wanted and staff supported people to keep in regular contact by telephone where they wanted to. The registered manager spoke with relatives regularly and spoke of their commitment to supporting families to be involved in people’s lives. They were planning a trip to meet a relative outside the local area in order to help establish a relationship with them that would be of benefit to all concerned.

Care plans contained information about people’s backgrounds and personal histories. This meant staff were able to gain an understanding of the events that had contributed to who they were today. The care plans were developed and kept on-line using a computer based system. However adapted versions with limited text and pictures were also created for people. These were printed off so people had access to them. Staff were able to support people to understand them and where possible consent to the plan of care described in them.

People were supported to access advocacy services when decisions were being made about their future. This demonstrated the service recognised the importance of having an independent representative to help ensure the person’s voice was heard.

Is the service responsive?

Our findings

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. Where certain routines were important to people these were broken down and clearly described, so staff were able to support people to complete the routine in the way they wanted. Care plans were regularly updated and relatives were invited to attend reviews.

One person had very specific health needs. These were monitored and reviewed regularly to help ensure any changes were identified. Care documentation contained links to further information about the particular condition. The registered manager told us they were arranging for a Positive Behaviour Support trainer who knew the person well, to work with their key worker to try and identify any additional means of supporting the person. This demonstrated the service was continually working to develop the care provided in order to meet people's needs.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover of care information and daily logs of people's activity were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. Daily logs were audited monthly to identify any emerging themes. A communication book was also used to record any general information which needed to be shared amongst the staff team.

People had access to a wide range of pursuits which were meaningful to them and reflected their individual interests. On the day of the inspection two people were attending college. Other activities included swimming, bowling, visiting the local pubs and other social events. Plans were being made for one person to travel to the north of the country to attend a concert. Some people enjoyed going to the cinema and had been supported to both general viewings and 'autistic friendly' screenings. Some people had a strong preference as to which screenings they preferred to attend and this was respected. The service had three vehicles to use when supporting people to attend appointments or go out on activities. During the induction period Greenlight identified new employee's interests and tried to match them with people who had shared interests. The registered manager said they would identify alternative activities for those attending college during holiday

periods. They told us it was important to people to maintain some structure and predictability in their routines at all times. A relative commented; "They seem to do what they want to do."

One person had not been living at the service for very long and staff were still trying to identify what activities they enjoyed. The registered manager had spoken with the person's family and the college to draw on their knowledge. In addition they had compiled a list of new experiences for the person to try. Sensory equipment was available for people and there was a large trampoline in the garden which was in regular use.

People were protected from the risk of social isolation because the service supported them to have a presence in their local community and access local amenities. People regularly walked to the local farm shop and visited the nearby pub. The registered manager told us people were all well known in the village and had formed some positive relationships with local tradespeople. They were investigating supporting one person to take on a local paper round. Staff described the local community as; "Very welcoming." One person particularly enjoyed chatting with people while out and about. Staff encouraged and supported this social interaction where appropriate. Another person was often reluctant to go out preferring to spend time at home. While staff respected their decision they also encouraged the person to go out to avoid them; "Getting stuck in a rut." A member of staff told us; "It's a big thing for them. [Going out]. You need to be ready to go or you might lose the moment. Shoes on, keys ready! It's a great achievement to get [person's name] out. They're a home bird." An external professional commented; "The person did access the community well and outside my role I have seen the person out with staff being supported quite well."

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. Staff told us they knew people well and were able to tell from their behaviour if they were unhappy and might want to make a complaint. One member of staff said they would always pass on any complaints to the registered manager. People were asked every month if they were happy with the service using a simple questionnaire, symbols and pictures. Where any issues were identified action was taken to address them.

Is the service responsive?

Relatives told us they had not needed to complain but would not hesitate to do so if necessary. They told us the registered manager was approachable and they were confident any concerns would be acted on.

Is the service well-led?

Our findings

There was a positive atmosphere within the service and staff and people interacted with each other in an open and friendly manner. Staff told us they were a strong team and a new member of staff told us they were well supported by management and their colleagues. Supervisions and staff meetings were held regularly and staff told us they were able to raise issues or concerns they had at any time.

External professionals told us they had confidence in the organisation as a whole with one describing it as; “One of the better ones.” A professional said of September Lodge; “You can’t fault them in terms of person centeredness.” Relatives told us they considered the service to be well managed.

There was a clear shared set of values across the staff team. In our conversations with staff they frequently referred to the aim of supporting people to have “fulfilling lives.” The registered manager and staff told us they found Greenlight to be a supportive organisation with a strong ethos focussed on improving people’s lives. Staff told us all the services were different as they were built around the needs of the people using them. However, organisational systems, policies and procedures were well established across services. The registered manager described Greenlight as; “Forward thinking, always looking to improve how they provide care. This is what other organisations should be aspiring to.” When potential employees applied to work for Greenlight they were asked about their values and beliefs, and the managing director told us this section was particularly scrutinised during short listing. The induction included a session on the organisation’s ethos and values.

Throughout the inspection the registered manager spoke of the value of establishing personalised relationships with all stakeholders. They talked of the importance of meeting people, families and other professionals, on a face to face basis. They demonstrated a clear commitment to developing an accessible, friendly and approachable service. For example they had personally met with college tutors and had arranged to travel out of the local area to meet one person’s family.

There were clear lines of responsibility and accountability within the service. The registered manager was supported by a deputy manager. At the time of the inspection the deputy was away from work and a registered manager from

another service was supplying additional support at the service. People had assigned key workers with responsibility for reviewing and updating care documentation, organising appointments and co-ordinating care planning.

The registered manager told us they were well supported in a variety of ways commenting; “The support here is unbelievable, and at any time. You could pick up the phone at 2am and get someone.” There was frequent communication with other managers. Regular management meetings were held and informal contact also encouraged. An on-line chat facility enabled managers and staff to communicate at any time to access advice or support. In addition senior management were accessible and available at all times and the on-call system provided further support.

Senior management communicated with all staff using a variety of methods. For example, social media and newsletters. The managing director was known to staff and dropped in at the service regularly. Head office kept the service up to date with any developments in the care sector and shared good news stories from different services across the organisation. A staff member told us; “They also share when things could be done better. And they’ll ask for any suggestions. You get that a lot. It’s being transparent about everything and allowing staff to be actively involved in decision making. They do not want a ‘them and us’ organisation.”

Accidents and incidents were recorded appropriately. Event forms were completed on-line which would then trigger an alert to the registered manager, operations manager and managing director. A recent addition had been to include the key worker in this reporting group in order to help ensure they had a; “sense of ownership” about managing the occurrence. Event forms were analysed monthly to pinpoint any trends. Training was being arranged to look at incident reporting to help ensure staff took a consistent approach to defining and reporting any incidents.

Staff were provided with opportunities for personal development. Those who wanted were both encouraged to apply for more senior positions and supported through the process. There were opportunities to request additional

Is the service well-led?

training or undertake NVQ's at various levels. The registered manager told us they actively supported staff to develop their skills commenting; "The service needs to be able to run if the manager isn't there."

Annual satisfaction surveys were circulated to families and other professionals. As the return rate of surveys could be low visitors to the service were also asked for their feedback. We saw copies of surveys and guest feedback and it was always positive. Families were contacted at least once a month to update them on their family member's

well-being. Relatives told us they were kept informed of any appointments or changes in people's needs. One relative said they would like more information around people's day to day well-being.

Regular audits were carried out to help ensure the service was running effectively and safely. For example there were monthly manager audits in respect of training and supervision records. Quarterly management reports covered all housekeeping areas as well as care planning documentation.