

Vibrance

Green Lodge Respite Care Unit

Inspection report

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Date of inspection visit:
11 May 2016

Date of publication:
27 June 2016

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 unannounced inspection took place on 11 May 2016. At our last inspection on 12 December 2013, we found that the provider breached regulations relating to ensuring people's personal care and support records were up-to-date. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. Green Lodge provides accommodation and support with personal care on a respite basis for up to nine people with a learning disability. Respite care is when a person uses the service for a short period to provide breaks for their families or unpaid carers. At the time of our visit four people were staying at Green Lodge

The service had a registered manager. 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.

Relatives told us people were safe. Each person had a risk assessment and staff knew how to manage identified risks to people. Health and safety checks had been carried out to ensure the facilities and equipment were safe. People's medicine was stored safely and administered by staff who received appropriate training.

Relatives told us that staff were kind and knew how to support people. Staff received supervision and had training opportunities in areas such as Mental Capacity Act 2005 (MCA), medicine administration and moving and handling. New staff underwent recruitment processes, which involved completing an application form and providing satisfactory evidence, such as a police check, two reference letters and evidence to confirm they had the right to work in the UK.

Staff had the knowledge and ability to report safeguarding issues and the service had appropriate policies in place for staff to read and use. There were enough staff at the service. However, some of the staff were at the service temporarily and the registered manager did not always have sufficient information about them. We have made a recommendation about this.

People were supported to access activities of their choice. People were asked to make their choices of services and staff ensured they were supported with respect and dignity. We noted staff supported people to attend a place of worship. We noted that people enjoyed the food provided at the home. We recommended that the registered manager should consult people and their representatives regarding providing fresh and home prepared meals. We saw the service was spacious and relatives told us the premises were clean and tidy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe.

People received their medicines correctly and at the right time.

Good ●

Is the service effective?

The service was effective. People were supported by staff who had the appropriate knowledge and skills to provide care that people needed.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which ensured people's human rights were respected.

People enjoyed the food provided at the home. We recommended that the registered manager should consult the stakeholders and appropriate professionals regarding providing fresh and home prepared meals.

Good ●

Is the service caring?

The service was caring. Relatives were happy with the care and support people received. Staff were kind and compassionate in their approach.

People and their relatives were involved in the development and reviewing of plans of care.

Staff listened to and respected people's wishes and promoted their privacy and dignity.

Good ●

Is the service responsive?

The service was responsive. People's needs were assessed and their care plans were developed and reviewed, to ensure that up-to-date information about people's needs was available for staff to provide them with appropriate care.

Good ●

The service had a complaints procedure.

Is the service well-led?

The service was well-led. There was a clear management structure at the service. Relatives and staff were satisfied with the management of the service.

A range of systems were in place for monitoring and improving the quality and safety of the service

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 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 May 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

As part of the inspection we reviewed the information we held about the service. This included any statutory notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we observed how staff cared for and communicated with people in the lounge. People at the service during were non-verbal and we did not speak with them. We spoke with a relative of a person using the service, two care staff and the registered manager. We reviewed four people's care plans, four staff files, the provider's policies, procedures and other records such as the staff rotas and the menus. We had a guided tour of the premises.

Is the service safe?

Our findings

Relatives told us they felt people were safe within the service. One relative said, "I feel [my relative] is safe within the service, otherwise I wouldn't send [them to the service]." We observed staff were compassionate and patient when caring with people. We saw staff were not rushing people when supporting them with their meals and personal care. This gave people time to enjoy their meals and reduced the risk of choking. Staff told us they had worked with people for many years and were aware of how to manage the assessed risks of each person.

People's care files included risk assessments. The risk assessments outlined the risks and hazards, possible harm that could occur to people and the action staff needed to take to reduce the risks so that people were safe. Records showed that the risk assessments were reviewed regularly and staff told us they had read and understood each person's risk assessment. We noted that the rooms were spacious and bright and there was appropriate equipment such as a wheelchair for people with mobility needs. Staff told us and records confirmed that people had attended training in moving and handling which showed that they knew how to move or transfer safely when needed.

The registered manager told us that the facilities and equipment were regularly maintained to ensure they were suitable and safe for people and staff. We were informed that fire safety and electrical checks had been undertaken. We noted a London fire officer had recently visited the service and found the premises to be of "a good standard" with only verbal advice being given to rectify a few minor issues such as reviewing the fire risk assessment and testing emergency lighting monthly. The registered manager and the records confirmed that these had been implemented. There was evidence to confirm that equipment, including the service's three hoists and the shower trolley were serviced. This showed that action was taken to ensure the facilities and equipment were regularly checked and serviced.

Staff understood safeguarding, bullying and abuse. They explained the different kinds of abuse and how to ensure that people were safeguarded and what to do if they became aware of a safeguarding incident. A member of staff said, "If I see or become aware of people being abused, I intervene, I write a report, I inform my manager." Another member of staff told us that it was their duty to ensure people were protected from abuse. We observed staff interacted with people in a respectful way.

Medicines were kept safely in a locked cabinet in a room. The registered manager explained that medicines were checked when people came to the service. Staff communicated with families and GP's to confirm the right medicines were received. We checked four people's medicines and Medicine Administration Record Sheets (MARS). We found these were in order with the evidence that there were no gaps in the medicines and MARS.

A relative told us there were enough staff to support people. They said, "I think there are enough staff [at the service]." The registered manager told us that the staffing level varied based on the number and needs of people using the service. On the day of the inspection there were four care staff, an administrator, a member of staff doing cleaning tasks and the registered manager on duty. The staff rota also showed that there were

always one waking night (the manager said this could be increased depending on the needs of people) and one sleep-in staff at night shifts. Staff told us they felt the staffing level was enough. During the inspection we did not see a person waiting for staff to be supported. We noted that enough staff were available to support people who needed assistance with their meals all at the same time.

The home had a recruitment process in place. We looked at four staff care files and saw that appropriate checks (such as two written references, criminal record checks and a form of identification) had been undertaken before staff were employed.

Is the service effective?

Our findings

A relative told the service was "better than it used to be" and the staff were "willing to learn". They told us that were satisfied with the staff because "you can talk to [staff] and [staff] talk to you back". They informed us that staff had appropriate knowledge and experience to meet people's needs.

We saw staff putting into practice their training when supporting people with their meal. We saw they sat beside people and interacted with them while assisting them with their meal. We saw they were attentive to people's needs, showing them the options available and allowing people to choose what they preferred. Staff asked people where to be in the lounge and how they wanted to be supported.

Staff attended various training programmes relevant to their roles. Staff told us, and records confirmed that staff attended infection control, medicine administration, basic food hygiene, fire safety, moving and handling, first aid and safeguarding. We also noted that new staff completed an induction programme before working without supervision. Staff told us the service provided them with training that was related to people's specific health and social care needs. For example, records showed that staff had attended training in dysphagia (swallowing problems), a condition that existed in the service. This showed staff received training for their job roles. Staff also told us that they had received regular supervision and annual appraisal from their line managers. They told us they were well supported to be able to provide care that people needed.

Staff told us that there was good communication between the registered manager and care staff which meant they were aware of the needs of people and were therefore able to provide timely support and respond to people's changing needs. We noted information was passed between staff through handover sessions, daily notes and staff meetings. Staff communicated effectively with each other to ensure people's needs were met, and this included seeking advice from the registered manager.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests. 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 within the principles of the MCA and noted that there were documents which detailed people's capacity assessments. Records showed that a DoLS authorisation had been granted for one person and staff and the registered manager had the knowledge of what to do if someone needed to be deprived of their liberty for their own safety. Staff told us that they encouraged and supported people to make their own decisions about their care. Records showed that the registered manager had obtained people's consent to receive care. We saw people or their representatives had signed care plans to confirm their agreement to the care provided.

We observed people enjoying their lunch. A relative told us the food provided at the service "smells nice"

and they "felt" people liked it. The registered manager told us the service consulted relatives about the food and even though there was a menu, people could choose alternatives. On the day of the inspection, people were offered a similar main course which was prepared and warmed. We discussed with the registered manager that the menus needed to be reviewed and freshly prepared meals provided. We recommend that the registered manager consults people who use the service, their relatives and relevant professionals about healthy eating and ensures that people are provided with freshly prepared food and balanced diet.

Staff told us they supported people to attend their healthcare appointments. The registered manager said staff escorted and stayed with people when they attended appointments. We saw that there was a "Hospital Passport" (a document containing advice for healthcare staff on how to communicate with and support a person with a learning disability) which staff took with them when people attended healthcare appointments. Staff told us they liaised with families and healthcare professionals about people's medical needs. Even though people who used the service lived with their families or at other services, the service ensured that there was continuity of service and people attended their appointments when using respite care.

Is the service caring?

Our findings

A relative spoke highly of the care and support provided at the service. They said, "The staff are lovely. They are always willing to help. They show a lot of care." We observed staff were compassionate and caring, for example, when moving or transferring people and helping them with their meal. Staff sat by and interacted with people when assisting them with their meal. We noted staff addressed people with their preferred names and offered them their preference.

We noted people looked relaxed and observed staff had the experience and knowledge needed to provide appropriate care when people were anxious. Staff told us they had worked with people and knew how to support and meet their needs.

People's privacy and dignity was respected. We observed that staff knocked on the doors before entering rooms. Staff told us how they made sure that people were treated with respect and dignity and how they ensured their privacy. A member of staff said, "I close the door when I provide personal care. People have the same right so I encourage them to choose what they want." People's files showed that their preferences were recorded and they were supported to attend a place of worship. This showed people's needs were identified and appropriate support was provided.

People and relatives were involved in the review of care plans. A relative told us staff talked to them and they shared information about their relative's needs. Staff had worked with people for many years and knew how to provide care that met their needs. Staff told us they understood people's needs from their body gestures and facial expressions. The care files we reviewed were detailed and there was recorded evidence to show that relatives and people's representatives were involved in care plans.

Is the service responsive?

Our findings

At our last inspection we found that care plans and information about people were not up to date. During this inspection we noted that people's care plans were updated and contained information about their needs and how they should be supported by staff. The registered manager told us, and records showed that assessments of needs had been completed for most people before they started using the service. We were informed that people who came for emergency respite had their assessment of needs and care plans completed within a few days of their admission. The registered manager told us that the service requested information from relatives and professionals every time a person came back for respite care. This was to ensure that staff had up-to-date information about people's needs.

People received personalised care. Care plans were based on the assessed needs of people and we noted people and their families had a say in how they were cared for. The registered manager told us that each person had fixed respite dates allocated to them during the year. They told us that some people used the service for a few nights or weeks while others came for a day respite. The registered manager told us that the service was flexible in that it provided emergency respite to respond to people's and their carer's needs. Records showed that care plans and risk assessments were completed during or soon after people were admitted for emergency care. This ensured that staff knew how to respond to people's needs.

A relative told us they were satisfied with the activities provided at the service. They told us people were supported to continue with their regular activities while they stayed for respite. We noted most people had activities at day centres but the service also had various activities for people who stayed in the home during the day. On the day of the inspection, we observed that a member of staff went out with a person and the others were engaged in different activities at the home. There was a day care plan for each person which was displayed on the wall at the service. The registered manager told us, and records confirmed that people were involved in the planning process.

The service had a complaints procedure in place. A relative told us they knew the service had a complaints procedure but "I have never complained". They told us they could talk to staff and "sort problems between us". The registered manager told us that each complaint or concern received was investigated and responded to following the procedure. However, no complaints were received during the last year.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a senior care worker and an administrator. We noted the registered manager open and transparent in sharing information with us and willing to improve the quality of the service. The registered manager took hands on approach and was accessible to people and staff. This ensured that there was interaction between people staff and the registered manager.

A relative told us that the registered manager was approachable and they could talk to staff. The relative felt that the service was well managed. Compliments and "thank you cards" received by the service showed that relatives were satisfied with the care provided by the staff.

People and relatives were consulted about the quality of the service. Staff told us that from time to time they asked people and visitors how they felt about the service. We noted that survey questionnaires were sent out to the stakeholders. The outcome of the last survey was being analysed but it showed that people were happy with the service. The registered manager told us the findings would be collated and action developed to ensure that people's views were taken into account in the planning and delivery of the service.

The service arranged carers' meetings. The last carers' meeting, which took place on 22 February 2016, was attended by 16 relatives. The service also produced and sent a newsletter once every three months to relatives and professionals. A relative confirmed that they had received copies of the newsletter and said that they gave them information about the service.

Staff told us they were well supported by the registered manager and had a "good bond" with each other. A member of staff said, "I love working here. I like the clients and I get support from colleagues and management. I can ask for help if I want. The manager is very approachable". Staff told us and records confirmed that meetings took place regularly and staff were able to discuss practice, training and other common issues related to the service.

A range of methods were in place to monitor the quality and safety of the service. We noted that survey questionnaires were sent out to the stakeholders. The outcome of the last survey was being analysed but it showed that people were happy with the service. The registered manager told us the findings would be collated and action developed to ensure that people's views were taken into account in the planning and delivery of the service.

Incidents and accidents were recorded electronically and reviewed by senior managers. We noted the assistant director and operations manager visited and checked various aspects of the service, including observing people, talking to staff, and checking that care plans, risk assessments and the policies were up-to-date. Records showed that staff checked fire safety, medicine, the premises and the equipment to ensure that they were safe to use.