

Education and Services for People with Autism Limited

Garden Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Garden Lodge is a residential care home providing personal care for people living with learning disabilities and/or autism. Up to eight people can be supported in a large, detached house. At the time of our inspection seven people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. However, the service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance for the following reasons. One person was being restricted in a room at times without clear supporting evidence that this had been agreed in line with the Mental Capacity Act 2005 (MCA).

People's experience of using this service and what we found

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Systems to monitor the quality and safety of the service needed to be more robust. Staff said they could raise concerns with the management team. However, they had not received regular supervision and team meetings had not taken place on a regular basis.

The provider had safeguarding policies and procedures in place for staff to follow if they suspected a person was being abused. Most risks to people were identified and measures had been put in place to address those risks identified. However, there was limited evidence available on inspection that risk control measures for one person had agreed by all appropriate bodies. Medicine management was safe. The provider's recruitment procedures reduced the risk of unsuitable candidates being employed.

Relatives and people told us staff were caring. The service worked closely with a range of health professionals.

Staff encouraged people to be as independent as they were able. Support was based on people's individual needs and preferences. People took part in a range of outings and activities and accessed the local community. Families told us communication with the service was good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 14 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, the need for consent and the governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Garden Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Garden Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We talked with two people and four relatives about their experience of the care provided by the service. We spoke with seven staff members including the registered manager, the deputy manager, a senior support worker, three support workers and the cook.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always kept safe from the risk of harm.
- One person sometimes displayed self-injurious and severely distressed behaviours. Plans were in place for staff to follow to reduce the risk of the person coming to harm. However, their risk assessment in regard to this contradicted the information we were provided with by staff about the use of a walk around technique.
- People did not always feel safe living at the service. One person told us, "I don't always feel safe here." They told us the distress experienced by one person living at the home was impacting upon others causing them anxiety.
- Health and safety checks of the building by the management team were not robust.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection to address the issues raised.

- Risks around tasks carried out by staff were assessed. For example, taking people on outings. Plans were in place to support people in an emergency including personal evacuation plans.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place.
- Staff had received training in safeguarding people from abuse.

Staffing and recruitment

- Staffing levels met people's needs. The registered manager monitored staffing levels to ensure people received the right level of support.
- The provider's recruitment processes reduced the risk of unsuitable staff being employed.

Using medicines safely

- Medicines were administered safely. Staff carried out daily counts of medicines to help identify any errors. However, management team medicine audits were not taking place regularly. This meant there was a risk issues with medicine management could be missed. We discussed this with the registered manager who

told us these would be scheduled.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had training in infection prevention and control. Measures were taken to control the potential spread of infection. Gloves and aprons were available for staff.

Learning lessons when things go wrong

- Accidents and incident were reviewed and monitored by the registered manager and provider. Where lessons learnt had been learnt these were shared with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The requirements of the MCA were not always met. Records did not always show clearly how decisions taken in one person's best interest had been reached.
- We found a restriction on one person's liberty which was not authorised by their DoLS. The registered manager told us a meeting had taken place involving the person's family and other professionals where the restriction had been agreed. However, meeting minutes were not available.

The provider failed to ensure staff acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action to address this issue with the professionals involved in the person's care and support. Following inspection the provider sent us information about additional actions taken to meet MCA requirements

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed. Plans of care were very detailed and person centred particularly in regard to people's individual needs associated with living with autism.
- Outcomes were identified for people to work towards.

Staff support: induction, training, skills and experience

- Staff said they could flag up any issues they may have. One staff member told us, "I've made suggestions

and they have been listened to." However, the provider had not ensured staff received support through regular supervision meetings.

- Staff training was monitored. The provider had identified a range of training key to staff roles. Where there were gaps in staff training dates had been identified.
- New staff received a comprehensive induction and worked alongside experienced staff until they felt confident enough to work unsupervised.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Staff provided guidance to people on healthy lifestyles. People's needs and preferences at mealtimes were followed. One person said, "It's nice food here." They told us how staff supported them with making healthy choices.
- Where required, staff consulted and followed the advice of external professionals such as speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were not always met. The service had experienced difficulties in supporting one person with their behaviours. The registered manager told us the service could not meet the person's needs without use of a severe restriction. At the time of inspection there was no clear evidence trail as to how the decision to use the restriction had been made.
- People were supported to access health professionals. Where needed staff accompanied people to appointments. Advice given by external professionals was followed by staff.

Adapting service, design, decoration to meet people's needs

- The building did not always fully meet the needs of all the people supported. One person was guided to an office room when distressed. At times staff remained on the other side of the door and the person was unable to leave the room. There was a risk the person could injure themselves on when staff were on the other side of the door.
- The flooring in two upstairs bathrooms was damaged and required replacing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated good. This meant people were safe and protected from avoidable harm.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring. One person said, "I had three other companies and it failed. They didn't understand. They listen here. I get on with the staff."
- Staff were very patient and attempted to provide reassurance and distraction when people started to become anxious and distressed.

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to express themselves. Staff using signs and gestures and touching of hands to communicate with people effectively.
- Staff used a wide range pictorial information such as photos to communicate with people.
- One person chose his own staff daily from the staff on duty.
- A person living at the service acted as a representative for the service at external events.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. They ensured they knocked on doors and asked permission before carrying out day to day tasks.
- People were supported by staff to maintain and develop their independent living skills where able. Staff told us how people's independence was promoted wherever possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Most people received support based upon their assessed needs and preferences. Plans of support were very person centred and detailed. They included what was important to the person and the actions staff should take to try and ensure each person had their best possible day .
- Each person supported had individual timetables including their preferred routines. Staff told us this was very important to people living with autism.
- The service was flexible. For example, staffing rotas were changed to enable people to attend events and outings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Care and support plans provided staff with a great deal of information and guidance about people's individual communication needs.
- Staff knew people very well and were able to understand what people were communicating through their body language and other signs. A wide range of pictorial information was made available to people to help them make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to develop and maintain the relationships important to them including spending time with their families.
- People were able to take part in a wide range of activities and were supported to access their local community. This included walks, visiting local cafes and shops and going swimming. One person told us how they did some of the food shopping for the service. They also made a meal and some puddings each week for others to enjoy.

Improving care quality in response to complaints or concerns

- The provider had a system in place for managing complaints however none had been received.
- Relatives told us they knew how to make a complaint but had not needed to.
- We identified informal complaints were not documented. We discussed this with the registered manager who told us this would be put in place.

End of life care and support

- The service was not providing end of life care at the time of this inspection. The registered manager told us if this was ever needed the service would support people as long as possible and would signpost them to the appropriate services.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits needed to be more robust. The registered manager carried out some checks and audits to monitor and improve standards including audits of plans of care. However these did not identify the issues we found on inspection. For example, a lack of staff supervisions, a restriction being placed on a person without a clear evidence trail of how this decision was reached and some maintenance issues.
- The service had experienced difficulties meeting one person's needs and this had not always been escalated appropriately by the management team to ensure the person and other people supported were kept safe.

The provider and registered manager did not carry out robust audits of the service to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager acted responsively during the inspection ensuring they took immediate action to remedy many of the areas of improvement we identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they were happy with the service and the support people received. They felt communication with the service was good. One relative said, "We are delighted with Garden Lodge. Staff are lovely, very welcoming."
- Staff told us they said they felt supported by the management team. However, some said they felt one person's display of some distressed behaviours was difficult to manage, despite the involvement of a range of other professionals. They felt this was having an effect on staff morale. One staff member said, "We feel a bit in limbo."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and relatives told us the registered manager was approachable. One staff member said, "He has

an open door policy."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent 11 (2) (3) The provider failed to ensure staff acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (2) Systems were either not in place or robust enough to demonstrate safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (2) The provider and registered manager did not always carry out audits of the service to assess, monitor and improve the quality and safety of the service. The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.