Independence Matters C.I.C.

Church Green 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

This inspection took place on 11 August 2015. The inspection was announced.

Church Green Lodge provides respite care for a maximum of six people with a learning disability.

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 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.

Staff knew the importance of recognising, responding to and reporting anything which might indicate a person had been abused or harmed in some way. Staff were properly recruited to ensure that they were safe to work in care and there were enough of them to meet people's needs properly. People's medicines were managed and administered safely.

Staff were competent and had a good understanding of people's likes, dislikes and how they communicated. Staff ensured they sought advice if people became unwell during their stay and they understood the importance of

Summary of findings

supporting people to have enough to eat and drink. They offered people choices and were aware of how to support those who may find it difficult to make informed decisions about their care.

Staff ensured that people's privacy and dignity was respected and they responded with warmth and kindness to people's requests for assistance. People were consulted about their care, with assistance from their family. They were supported and encouraged to follow their interests and preferred activities. There was a sociable and cheerful atmosphere within the home.

With support from their relatives where it was needed, people could raise complaints or concerns about the quality of care they received and have these addressed. Relatives were confident that concerns would be dealt with.

The management team encouraged people or their relatives to express their views about the standard and quality of the service so that improvements were identified and made where possible. Staff morale was good and they were clear about their roles and responsibilities.

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 supported by enough staff who were robustly recruited to ensure they were safe to work in care. Staff knew the importance of reporting suspicions of abuse or harm.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported by competent and well trained staff.

Staff and the management team understood the importance of protecting the rights of people who were not able to make decisions for themselves.

People had enough to eat and drink and staff sought advice about people's health when it was needed.

Good

Is the service caring?
The service was caring.

Staff showed warmth and respect when they supported people. They respected people's dignity and responded kindly and promptly to people seeking assistance or who were anxious.

Good

Is the service responsive?
The service was responsive.

Staff understood what each person's needs and preferences were and how to meet them. Activities were on offer which took into account people's interests.

Staff listened to concerns and complaints and people (or their representatives) were confident they would be addressed.

Good

Is the service well-led?
The service was well-led.

Staff were well motivated, clear in their roles and responsibilities and worked well together as a team. The views of staff, people who used the service and their family members were taken into account.

Systems for monitoring the quality of the service were effective in identifying where improvements could be made.

Good

Church Green 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 August 2015 and was carried out by one inspector. We gave the provider short notice on the day before our inspection that we intended to visit. This was because the service offered respite care for people with learning disabilities who were often out during the day. We needed to be sure that someone would be in. The service also supported people with autism and we wanted the provider to be able to prepare people for our visit.

Before we visited the service we reviewed the information we held about the home. We reviewed information about specific events such as incidents taking place within the service. The provider is required by law to notify us of these, including events affecting people's safety or accidents occurring to people while they are receiving care.

We spoke with the registered manager, two team leaders and two members of staff. Because most people who were using the service found it difficult to discuss their care or did not want to interact with an inspector they did not know, we spoke with nine relatives of people who used the service. We reviewed care records for three people, medication records for four people and records for two staff. We also looked at other records associated with the management and safety of the home. We observed the way that staff interacted with people who were staying at the home.

Good

Is the service safe?

Our findings

Relatives said that they felt people were safe using the service. They all confirmed that people showed no reluctance to go for their visits to the service. For example, one relative said, "If [name] was anxious or worried [name] wouldn't sleep." They went on to tell us, "There is nothing I'm worried about at all." Another relative commented that the person always looked forward to staying at the home and would refuse to go if they were at all anxious. A third relative told us that they would have no difficulty raising concerns if they felt anything untoward had happened during the person's stay.

Relatives also confirmed that they felt people's money was appropriately accounted for when it was spent and they received receipts to show what people had spent it on. This contributed to minimising the risk that people's money could be misused.

The training schedule showed that staff had training to enable them to recognise potential abuse and that this was renewed regularly. Staff were able to tell us what might suggest somebody was being harmed or abused in any way. They were clear about their obligations to report any concerns and said they were confident about doing so.

Staff understood the importance of using techniques to de-escalate behaviour that might place a person or others around them at risk. Staff confirmed that they had training to help them manage this type of behaviour and to minimise the likelihood of it happening. They told us that some aspects of this training had been specifically tailored to the needs of individuals who used the service. We concluded that this contributed to people's safety.

Risks to people and their safety had been assessed. We found that care plans showed how staff should minimise these risks. For example, the plans of care took into account the risks from falls, associated with eating and drinking, and with epilepsy. The registered manager told us how incidents and accidents were analysed and action taken to reduce the likelihood they would happen again. We found from records that this was the case.

The risks associated with the premises were assessed. This included the arrangements for minimising the risks of a fire breaking out and emergency evacuation measures. The service had been assessed as complying with fire regulations at an inspection by the fire safety authority in May 2015. Records showed that staff had training in fire safety; they also showed that fire call points were tested regularly to ensure they would work in an emergency.

Relatives had no concerns about staffing levels and felt these were sufficient to support people properly. Staff told us that there were enough of them to meet people's needs in a safe way. We observed that staff were available to respond to people's requests for assistance promptly. There were also sufficient staff to assist people with activities outside of the home. The management team told us how the bank of relief staff was being increased. This was intended to create more flexibility in supporting people whose needs meant that they required additional staffing during their stay at the home.

The registered manager confirmed that employment histories were obtained, references taken up, and checks made to ensure that staff appointed were not barred from working in care services. These checks were completed before the staff were confirmed in their posts. The recruitment process was robustly applied so contributing to people's safety.

Relatives confirmed that staff always contacted them before a person went for their respite care, to see whether there were any changes in the person's medicines. They told us they were satisfied with the way that medicines, including creams and inhalers, were managed. One relative described the process of assessing a person's capacity to make informed decisions about their medicines before a meeting agreed it was in their best interests to administer in these covertly.

We reviewed the arrangements for managing medicines when people were staying at the service. The management team and a staff member told us how medicines were checked into the home when they were supplied by family members. This involved two staff checking and counting each person's tablets on admission. This was recorded on each person's medicine administration record (MAR) chart. Charts and balances were checked daily to ensure tablets had been given and signed for appropriately. The registered manager and senior staff told us how any queries were followed up with family members, the GP, or pharmacy. There was a system for auditing medicines to ensure that any errors could be identified and addressed promptly.

Good

Is the service safe?

The MAR charts were in the process of being reviewed so that they could contain a photograph of the individual concerned. This will contribute to enhancing the safety of systems for administering medicines and reduce the risk of error.

Staff, who were responsible for handling medicines, confirmed that they had received training. They also told us that their competence to administer medicines safely was assessed from time to time and we were able to confirm this from staff records. We concluded that the way people's medicines were managed contributed to promoting their safety.

Good

Is the service effective?

Our findings

We reviewed the arrangements for staff supervision and appraisal. Supervision is needed to evaluate staff performance and development. We found that, although staff received appraisals, they did not always receive supervision with the frequency intended by the provider. However, staff spoken with said that they felt well supported by the management team.

Relatives spoken with told us that they felt staff were competent to meet people's needs. For example, one relative told us, "The staff know [name] ever so well." Another relative said, "[Name] needs a lot of help from staff. They adhere to the care plan and have the skills and competence to follow it." A third relative told us, "I am happy that staff know how to meet [name] needs."

Staff told us that they had access to good training opportunities. They confirmed that this included core training such as health and safety, first aid, and moving and handling. They also said they had access to further training to meet people's particular needs on subjects such as epilepsy, autism, and managing behaviour which might place the person or others at risk. One staff member told us that they had completed a further qualification in care.

The registered manager showed us information about how the provider was developing a training programme for new staff; this took into account the requirements of the Care Certificate introduced in April 2015. We concluded that people received care from staff who were competent to meet their needs effectively.

Staff confirmed that they had received training in the Mental Capacity Act (MCA) 2005. Our discussions showed that they were aware of the importance of supporting people to make choices and decisions. Our discussions with staff showed that they followed the principles of the MCA when they were supporting people who lacked the capacity to make their own decisions. The decisions of people who were able to make choices were respected.

The management team gave us an example of one person who was able to understand the implications of their preferred course of action. They told us how, because of the person's health, staff would try to dissuade the person but would respect their decision because they had the capacity to make it.

The management team told us that there were a number of people requiring one to one support when they used the service and who were not free to leave the home unaccompanied. They told us they had discussed this with people's social workers and would have further discussions with the authorising body in relation to the Deprivation Of Liberty Safeguards. They would be making applications to ensure people's rights were protected during their short stays at the home where appropriate.

Care plans reflected the support people needed with eating and drinking. We observed that people were offered drinks of their choice regularly, to ensure they remained well hydrated. Relatives told us that staff supported people well with their meals if this was needed. For example, one relative told us how a person took a long time over their meals. They felt that staff allowed to the person time for this without rushing them. Where a person required their drinks to be thickened so that they were not at risk of choking, a relative told us the staff understood how to do this correctly. People stayed at home for only short periods and so were not subject to routine screening for their risk of not eating.

A relative also told us how staff had supported a person with a healthcare appointment that had been booked before their stay was arranged. Relatives were confident that the service would keep them informed of any changes in a person's health and would seek medical advice if someone became unwell during their stay. The management team gave us an example of this happening in an emergency. However, regular and routine support to access medical services was not an expected part of the care the service offered.

Good

Is the service caring?

Our findings

All of the relatives we spoke with told us the staff were warm and welcoming and always polite on the telephone. One relative told us, "It's a wonderful place. They [staff] go the extra mile." Another commented, "Our [name] loves going there." A third relative said, "The staff are polite and respectful. They are all very kind and very good. [Name] loves all of them." One relative described the person's view of Church Green Lodge as their second home and told us how much the person looked forward to their visits.

We observed that staff responded to people's requests for attention or assistance promptly. We saw that interactions between staff and people who used the service were warm and friendly and staff took time to find out what the person needed. We concluded that staff maintained good, caring relationships with people who used the service.

Two relatives told us that the person they cared for who used the service was able to comment about their care and how this was delivered. Others told us that they were involved in supporting people to make decisions about their care. All the relatives we spoke with said that the service consulted with them before each visit, to see if there was anything different about the person's care. They said they felt involved in the process of planning care and how people wanted this delivered. We saw that staff offered people choices, for example, where they would like to go, how and where they would like to spend their time and what they would like to drink. We concluded that people were supported to express their views and make decisions about their care with the support of their family members if this was necessary.

Relatives commented to us that people were encouraged to do what they could for themselves. For example, one relative told us how the person could do some aspects of their personal care for themselves and staff respected this. Another relative said that a person had been encouraged to do some cooking and to do some of the household chores that they did when they were at home. We concluded that peoples' independence was encouraged and promoted.

We noted that, where people sought the attention of staff, they responded politely and respectfully. The language that staff used in their discussions with us and with each other showed that they were respectful of people's dignity. Staff told us that they did not have any concerns about the way their colleagues treated people.

During the course of our inspection we saw that people could spend time where they wanted to within the home. Some people chose to spend time in private in their rooms and staff respected their privacy. We noted that personal records relating to people's care were held in the staff office and were not accessible to others who were using the service, contributing to promoting people's confidentiality.

Because of the nature of the service, and that people used it for short periods for respite care, they did not routinely receive visits from their family and friends. However, two relatives told us that they kept in touch by telephone as each person preferred. They told us that staff facilitated this by taking the telephone to the person so that they could receive or make a call in private if they wished. We concluded that people's privacy and dignity was promoted.

Good

Is the service responsive?

Our findings

A relative told us that they felt the staff listened to what was important for the person and responded to their wishes about how the person wanted to be supported. All of the relatives we spoke with confirmed that a member of staff contacted them before each stay to ask about changes. This meant that updates to people's care, medicines, health or behaviour could be included in their plans of care. This supported what the management team told us and helped to ensure that staff had up to date guidance about how they should meet the needs of each individual. During our inspection, one person's care plan was being reviewed with changes in preparation for their visit.

We found that for one person, who had not yet started to use the service, a senior member of staff had obtained detailed information about their needs, risks, communication, interests and abilities from their relative. The staff member concerned described how this information would be used to develop an individual plan of care before the person started to use the service. They explained how staff would be made aware of the needs of the person before they came to the home.

Staff spoken with told us that there was sufficient information in care plans to enable them to respond to people's needs. They were able to tell us about the individual needs, preferences and interests of the people they were supporting and we found that their information was consistent with records for the people concerned.

Staff told us how the layout of the dining area had been reviewed and changed, to better respond to the needs of people who used a wheelchair. This had enabled the area to be more accessible and for them to have room to enjoy their meals with others who used the service.

During the course of our inspection, two people were supported to go out to a park, have lunch out and go on to the coast. We saw that both of them were smiling and enthusiastic about their day when they returned to the home. A relative commented that they felt the person had good opportunities to do what they were interested in while they were staying at the home. Another relative said that their family member saw their stay at Church Green Lodge as a holiday. They told us that staff encouraged the person to "chill out" and to get up at their own pace in the morning before planning their day.

We concluded that people received care that was focused on their individual needs and preferences.

We found that guidance about making a complaint was available within the home in an 'easy read' format for people who may be able to use it. In practice most people who used the service would need assistance from family members or staff to raise a complaint. Most relatives said that they thought they had been given information about how to complain although two relatives were not sure. However, all of them expressed their confidence in the staff at the service and that any complaints they did have would be taken seriously and addressed. Two relatives gave us examples of issues which they had raised in the past and described how prompt action had been taken to resolve them and to prevent a recurrence. Another relative said, "I am confident that any issues would be dealt with."

We concluded that the service took complaints seriously and learnt from people's experiences.

Good

Is the service well-led?

Our findings

The registered manager told us that the provider had a quality assurance director in post. They said that the focus for this person was on working with others, for example the local authority quality assurance team, to ensure that policies and procedures reflected best practice.

However, the provider's quality assurance systems had not fully identified that expected management audits were not taking place as regularly as they should. Medicines audits were completed regularly but the registered manager told us that some internal audits were not happening as frequently as intended. This included audit checks on the safety of the premises and equipment, which were due to take place quarterly. We found that none had been completed since January 2015. This meant that checks had not identified ceiling track hoists were a week overdue for servicing to ensure that they remained safe to use. We raised this immediately with the management team. Within 24 hours of our visit the manager confirmed that arrangements had been made for this to happen. She confirmed that no one who used the service required the equipment before the service date. We were satisfied that action had been taken to ensure people's safety.

We reviewed the record of staff training and found that some training was overdue for renewal. The registered manager had recognised this was a problem and was working through training records to establish which staff needed their training to be updated.

The registered manager showed us how safeguarding incidents were monitored and how incidents were analysed. We found that these records were complete and showed any gaps or shortfalls which should be addressed as well as what remedial action had been taken. We saw that action was taken to monitor and improve staff conduct when it was needed. We also noted that information about notifications which needed to be made to the Care Quality Commission was displayed on the office wall for reference. We concluded that there were effective systems to monitor and improve the service and to comply with regulations.

The registered manager had responsibility for another service and so was not present full time at Church Green Lodge. The manager's office was situated in a nearby building. Only one of the nine relatives spoken with knew who the manager was. Others identified the team leaders as being responsible for managing the service. However, all of them considered the service to be well run and felt able to express their views about it. Staff said that they felt free to raise any issues or suggestions with one of the team leaders and could contact the manager for advice, either by telephone or by going to her office, if they needed to.

People's relatives told us that they were sent questionnaires to ask for their views. Some told us that they had not filled these in but did not feel constrained in raising their views about the quality of service with staff. The registered manager told us how surveys for people had previously been completed by them with assistance from staff. They said they had revised this process so that relatives supported people to complete the information. They felt this was less likely to influence the responses and they would therefore have a clearer view about any improvements that could be made.

Staff spoken with told us that they enjoyed their work. For example, one senior staff member said, "I love it here, I really do." They went on to say they felt communication among the staff team was good and honest. A member of staff said, "I have always felt included in the staff team. We can go to the team leaders at any time." The second staff member said that there had been concerns in the past about some staff not 'pulling their weight' but that this has improved. They too confirmed that there was a good team spirit and morale within the home. They told us, "I don't think of it as coming to work." We concluded that, although the manager was not well known to relatives and therefore possibly not as 'visible' as she might be, the culture within the service empowered people to express their views and fostered good morale.