

Coghlan Lodges Limited

# Coghlan Lodges Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

Coghlan Lodges provide personal care and support to people living in seven supported living schemes, principally in the Slough and Maidenhead area. The service was last inspected in May 2013, when it met all standards assessed. At the time of this inspection we were told there were 32 people being supported by the service.

There was no registered manager in place following the recent resignation of the previously registered manager. We were informed the application process for registration by the Care Quality Commission (CQC) for the newly

appointed manager was underway. A registered manager is a person who has registered with the 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.

# Summary of findings

We found there were contradictions between the registration of the service as supported living and the way it actually operated. We have provided the provider with guidance and suggested they review some of the documentation in use, for example, "House Rules".

Whilst people were safe and expressed positive views of the support they received, this was not consistently supported by effective record keeping of their medicines and finances.

People were supported by staff who were knowledgeable about their care needs and how they were to be effectively met. New staff were subject to an appropriate recruitment process and received support through training and supervision.

The service worked well with other health and social care services and professionals. We received very positive feedback on the service from health and social care professionals, people who used the service and their families, where these were involved with their care.

# 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 not consistently safe.

People were not protected by an accurate and consistently managed system for supporting them with their medicines.

Although people told us they felt safe, not everyone could lock the door to their private accommodation.

People were aware of how to report concerns about their safety. Staff had received appropriate training to help them safeguard the people they provided care and support for.

**Requires improvement**



### Is the service effective?

The service was effective.

People's needs were effectively met by staff who had received relevant training and support.

People could access the health support they needed to maintain their physical and mental health.

People benefitted from close and effective working between the service and other support agencies.

**Good**



### Is the service caring?

The service was not consistently caring.

People were subject to 'House Rules' which were unduly restrictive and did not support their independence, privacy or dignity.

People were encouraged to express their views about the service.

People's individual care needs were identified and met appropriately.

**Requires improvement**



### Is the service responsive?

The service was responsive.

People received care and support from staff who had a good understanding of them and their needs.

People's care plans clearly set out the assessed needs of the person and how they were to be supported to meet them.

People were supported appropriately over time because changes in the level of service they needed were identified and acted upon.

**Good**



### Is the service well-led?

The service was not consistently well led.

**Requires improvement**



# Summary of findings

The provider had not always notified the Care Quality Commission of significant events which affected people who received support. The registration of service was potentially not appropriate to the care, accommodation and support being provided.

People were not consistently protected by effective record keeping or monitoring of records, including those for medicines and finances.

People were positive about the management of the service.

# Coghlan Lodges Limited

## 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 the 4th and 5th of August 2015 and was unannounced on the first day. The second day was announced as the service provides support to people who are often out during the day and we needed to be sure that someone would be available to talk with.

The inspection was carried out by two inspectors. Before the visit we reviewed all the information we had about Coghlan Lodges. This included any concerns which had been raised with us or that we were aware of about Coghlan Lodges.

We contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of local authorities and social care professionals responsible for people who receive care and support from Coghlan Lodges.

During the inspection we talked with people who used the service and with members of the staff team, including the manager. We spoke after the visits with two relatives of people who received care and support from Coghlan Lodges and with staff.

We looked at care plans and staff recruitment records. We checked medicines records at the supported living scheme we visited. Following the inspection visits we received feedback from commissioners of care as well as additional information from the provider in response to requests we made.

# Is the service safe?

## Our findings

Medicines were not always managed safely. Although the medicines were all locked away and each individual had a separate section, the manager was unable to accurately account for medicines which were left in the service by other health professionals. On the day of inspection we found an envelope containing loose diazepam tablets.

Two people we spoke to were unaware of what medication they took, but said they had confidence in the staff to administer the medication. We observed medicines being given to people who use the service; staff did this in a safe way. Staff were able to respond to a request for medication when required. We heard one person using the service requested pain relief which was promptly given. One community mental health professional cited a case where staff had actively pursued issues around the provision of one person's psychiatric medicines to ensure there was a consistency of supply for them, another noted; "Medication is supported by staff daily. Staff have been liaising with community health team regarding any concerns".

It was not clear that there was a consistently effective system in place for the recruitment of staff. We looked at the recruitment records for three staff and spoke with staff about the recruitment process they had experienced. Whilst we found appropriate checks had been undertaken in those cases, some records within recruitment files had not been signed or dated in all places and not all management staff were familiar with the details of the service's recruitment policy.

People said that they felt safe living where they did. The people we spoke with said they have recently been informed that they will get keys to their own rooms; one person said that the night staff had a large bunch of keys the previous night to the inspection but they had not been given a key yet.

One relative told us they were; "Very confident" their relative was safe and protected from harm.

Staff we spoke to were able to tell us how to protect people from avoidable harm and the service had a clear safeguarding policy. Staff training records were seen which included safeguarding of vulnerable adults and what to do if abuse was seen or suspected. People who used the service we spoke with were aware of how to report concerns about their safety.

We saw one accident and incident form which had been completed following an incident at one of the supported living schemes. This had been dealt with appropriately to ensure other people who received support were not at risk. Staff had involved appropriate people and agencies in dealing with the incident. The person's care and risk assessment had been reviewed and staff had been informed of how to ensure further incidents were avoided where possible to do so.

People were supported to be part of the community, one person regularly attended the local church and staff supported people to access the local area. People felt free to live how they wished to. Two people who use the service told us that the front door was locked and they had to ask for it to be opened. Staff told us that this was due to concern regarding the local area, however advised that the back door was always left unlocked and people were free to leave the property when they wished to.

Risk assessments were completed for all people using the service, these fully detailed potential risks and ways to manage them. The risk assessments were reviewed regularly. Health and social care professionals informed us they had no issues or concerns about people's safety. One said; "My client has been supported and supervised around clinical risks and I receive regular reports of their progress."

Staffing levels were appropriate to meet the care needs of people. Relatives and health and social care professionals we spoke with did not raise any concerns about staffing, based on what they had seen and experienced. One noted; "There is always someone supporting clients every time I have visited, even without notice".

# Is the service effective?

## Our findings

People's needs were effectively met by staff who had received relevant training and support.

Staff we spoke with advised that they had a full induction prior to working alone, and that they had regular one to one meetings with the management. Staff files reviewed did not demonstrate that staff had always been supervised in line with the provider's policy. However, those staff we spoke with had confidence to approach management and felt well supported.

We saw comprehensive minutes of monthly staff meetings. These included discussions and information sharing over a range of topics. For example, the meeting of 11 June 2015 included file management, medication, client interaction and involvement and communication.

The service ensured that staff regularly undertook training to help them deliver a safe service; systems were in place to help the management monitor staff training. We saw a comprehensive training matrix for all staff. This showed the training all staff had received and what training was planned. Training was classified as 'mandatory' where all staff were required to attend, which included safeguarding of vulnerable adults and what to do if abuse was seen or suspected. Other training was classified as "desirable" which was optional. This included, for example, QCF Diploma at level 2 and 'personalised care planning.'

Staff confirmed that training was discussed with them in supervision. We saw minutes of staff team meetings at which health and safety had been raised and staffs' attention drawn to guidance available to them.

Staff we spoke with had a good understanding of the Mental Capacity Act, and how to implement it. The manager advised us the service did not undertake Mental Capacity Act assessment as they were carried out by people's health and social care professionals. We saw little specific reference to the Mental Capacity Act within the care plans where actions being undertaken by family members were recorded. However, we did see evidence, where a family member had power of attorney for their relative, appropriate action and consultation was held with them regarding a financial decision.

People who used the service told us that they 'ask permission' to go out but this was more for 'safety' reason than seeking permission.' "I can go out when I like, but I tell them so they know where I am" one person said.

People's nutritional levels were monitored and this was evidenced in the care plans. People were responsible for providing and preparing their own food, however the service also provided basic food items.

People had access to a range of health and social care professionals. One person who used the service regularly attended a support group. Staff informed us that community psychiatric nursing staff often visit people who use the service.

One healthcare professional told us; "My client has been singing the praises of staff whenever I go to see them". Another stated; "My client has achieved the longest time in recovery under Coghlan Lodge in the history of their care. I believe the treatment and social capital they have received from their key worker at Coghlan has contributed to this success and reflects a measure of effectiveness."

# Is the service caring?

## Our findings

We found there were; 'house rules.' which did not support independence, privacy or dignity for people using the service. For example; "No service user is allowed in another service user's room without staff's knowledge and permission". Two people told us they did not have keys for their rooms.

The 'house rules' did not demonstrate or support an inclusive decision making process to build independence or freedom of choice, for people using the service. For example; "All service users should be in their respective rooms by 11.00pm". We were also informed by the manager that people 'were allowed the remote control for the television' at different intervals, which the manager described as a therapeutic exercise.

Staff had caring and positive relationships with the people they supported. During the visit we made to people in the supported living setting on the second day of our inspection we observed positive interactions between staff and people who used the service. We saw individual staff interaction with people to be appropriate, caring and respectful. One person who used the service told us that they felt very well supported by the staff and had confidence in them to deal with any issues.

Two relatives told us they felt staff were caring and spoke positively about the way their relative's care and support was provided and the improvements they had seen in them since they moved to Coghlan Lodges supported locations.

One healthcare professional told us; "The service has been understanding of the complexities of this person's case, involving many co-morbid factors. Staff appear to be considerate of client's difficult presentation at times." Another health care professional noted about a different person; "Since my client moved, they have expressed satisfaction with the support that they receive. Their mother has also visited them there and is happy with the progress they have made since they moved".

There were individual programmes in place for each person and where responsibility for communal tasks were part of the supported living ethos, these were clear and accessible.

One healthcare professional did note they thought there was scope for more 1:1 support to help their client access further opportunities within the community. Overall however, they felt the service provided a high standard of care and support.

We were told that one person currently had an informal advocacy arrangement; another had previously used an advocate although was not currently doing so. Contact details for advocacy services were available to people who requested them.

**The provider may wish to review the house rules in the light of current best practice guidance.**



# Is the service responsive?

## Our findings

People received care and support from staff who had a good understanding of them and their needs. The staff we spoke with were able to describe people's care needs and how they assisted them to be met. The care plans we reviewed highlighted individual choices and preferences. People who used the service felt that they knew the staff well, 'I have known .....for years and I also know the manager', 'I get on with everyone.'

We saw staff responded in a timely way to people's needs and used appropriate language and strategies to support people. One relative said they were pleased at the progress made in building their relative's confidence and capacity to be; "More independent".

The care plans we saw for people who lived in different service locations were comprehensive and overall well-completed. They clearly set out the assessed needs of the person and how they were to be supported to meet them. There was evidence that changes in the level of service needed were identified and acted upon.

We were told that when temporary agency staff were used, they were not allowed to work with people until they have seen the care plans and associated risk assessments for

them. Detailed behavioural support guidance was provided where necessary to ensure staff were aware of what had proved to be the most appropriate, effective and successful way of engaging with people who could sometimes exhibit behaviours which might challenge services and other people.

We found people were encouraged and support where necessary, to maintain contact and relationships with their families and friends. One person told us of the activities they took part in and places they liked to visit in the local town.

People's family members told us they aware of the service's complaints policy. We saw the complaints policy was on display in the service we visited. Individuals who received care and support and those relatives we spoke with all indicated they would be more likely to speak directly to the service manager than to raise an official complaint. For example, we found records which showed the management had responded to comments made to them and had met with a family to discuss how to move forward.

There were contact details readily available for each of the local authority commissioning teams involved with the service as well as for the Care Quality Commission and the Local Government Ombudsman.

# Is the service well-led?

## Our findings

The service had failed to notify the Care Quality Commission (CQC) about important events that had happened and which they were required by law to inform us about. For example, where police had been involved with the service or incidents had been reported to them.

This was a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) regulations 2014.

The manager informed us they supported two people with their finances. The money was locked away and stored securely. However, on reviewing records of transactions, a number of errors were found.

There were systems in place to audit the administration of people's medicines, but these were not consistently effective and did not accurately manage the risks to people.

These were breaches of Regulation 17 (2) (d) of the Health and Social Care Act 2008(Regulated Activities) regulations 2014.

A provider of a supported living service can only register for the regulated activity of 'personal care' rather than 'accommodation for persons who require nursing or personal care' if there is clear and sufficient separation between the provision of the accommodation and the provision of the care. In the supported living setting we visited, in talking with people who lived within the service and when looking at the documentation in place covering individual placements, the separation between the provision of care and accommodation was not clear.

During the course of the inspection process, following our visit, amendments were made to the agreements between people who received support, Coghlan Lodges and Enchor Housing Limited. However, these did not make a sufficiently clear and obvious distinction between the various parties involved and did not take full account of CQC guidance on the registration criteria for supported living services provided to Coghlan Lodges following our

inspection visits. Coghlan Lodges Limited and Enchor Housing Limited may wish to seek further advice and guidance to ensure the registration of Coghlan Lodges limited is appropriate.

The previously registered manager of the service had recently resigned. A new manager had been appointed and was present throughout this inspection. Whilst the process for registration as manager had been started, administrative delays in obtaining the necessary Disclosure and Barring Services clearance meant the application had not yet been made to the CQC.

People told us they found the manager approachable. Relatives were mostly positive about the level of communication with the service, although one person said this could vary between different members of staff. One commissioner told us although the placement they had made had eventually broken down, the initial placement process was effective and efficient. They did note that communication prior to the breakdown of the placement could perhaps have been better. However they indicated they would use the service again and assessed the breakdown as a result of the person's mental health problems rather than a failure of service.

Staff were supportive of the newly appointed manager and said they felt able to approach them with any concerns or for help and guidance. The manager was responsive to any requests for information during or after the inspection and co-operated fully with the inspectors.

We were sent details of the most recent satisfaction survey of the service. The analysis of this was in summary rather than detailed, however it showed a significant majority of people rated the service as being very good or good, with no ratings of poor or very poor. The feedback we received from commissioners of services from Coghlan Lodges was positive.

The series of team meeting minutes we saw included detailed reviews of care practice and the management and administration of the service. This meant staff could raise issues with the manager about how the service was run and receive clarification and guidance where required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured that financial and medicines records in relation to people using the service were accurate.

### Regulated activity

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The registered persons had not notified the Care Quality Commission of abuse or allegation of abuse in relation to a service user or any incident which had been reported to or investigated by, the police. Regulation 18 (2) (e) and (f).