Voyage 1 Limited

Greenfields 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

Summary of findings

Overall summary

Greenfields Lodge provides short stay respite services for up to seven adults who have a learning disability or a physical disability.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

When we last inspected the service in January and February 2016 we found the provider had breached the regulations relating to the need for consent. At this inspection we found the provider had made the required the improvements in this area and was now following the requirements of the Mental Capacity Act 2005 (MCA). This meant people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and a relative were happy with the support provided at the service. They told us staff were kind, considerate and caring. Staff described the service as a safe place for people to stay. They also said there were enough staff on duty to meet people's needs.

Staff had a good understanding of safeguarding. They were also aware of the whistle blowing procedure including how to report concerns.

There were effective recruitment procedures to ensure new staff were suitable to work at the service.

Staff were trained and assessed to help ensure medicines were managed safely. The provider had accurate records to account for the medicines people had been given.

Regular health and safety checks were carried out. These were up to date when we inspected. The provider had developed procedures to deal with emergency situations.

Staff confirmed they received good support and completed relevant training.

People were supported to have enough to eat and drink. They were also encouraged to be involved in planning and preparing their meals.

People's needs had been assessed to identify the support they needed. This information was used to develop detailed and personalised care plans. These were reviewed regularly to check they were still reflective of people's needs.

People were provided with opportunities to participate in activities. These included attending social events, trips out in the minibus and bingo.

There had been no complaints about the service. People and a relative only gave us positive feedback about the service.

The service had an established registered manager. A relative and staff told us the service was well managed and that the registered manager was approachable.

A range of quality assurance checks were completed to help ensure people received good support.

The provider had received compliments about the support provided at the service.

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 remains Good.	**Good**
Is the service effective? The service was effective. Improvement had been made to ensure the provider complied with the Mental Capacity Acy 2005 (MCA). Staff received good support and training. People were supported with their nutritional needs.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Greenfields 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 checked 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 was a comprehensive inspection.

This inspection took place on 12 and 26 June 2017 and was unannounced. One inspector carried out this inspection.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Many people using the service had limited communication. We spoke with four people and one relative. We also spoke with the registered manager, deputy manager, senior support worker and a support worker. We looked at the care records for two people who used the service, medicines records for two people and recruitment records for three staff. We also looked at a range of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

A relative and staff members we spoke with felt the service was safe. A relative commented, "101% (safe). I wouldn't send [family] member if they weren't happy." One staff member said, "It is safe because the front door is locked. We do risk assessments for everything." Another staff member commented, "We are staffed 24 hours, there is always someone around. It is a safe environment."

Staff had a good understanding of safeguarding and the provider's whistle blowing procedure. They confirmed they would not hesitate to raise concerns about people's safety if needed. One staff member said, "[Registered manager] would sort out any concerns straightaway." Another staff member told us, "We have a poster (about whistle blowing) on the notice board. I have not used it but I would raise concerns. Everyone knows they can go to [registered manager] for anything. She is discreet and open. Anyone can speak up if there are any problems." There had been six safeguarding concerns raised in the 12 months prior to our inspection. These had been referred to the local authority safeguarding team as required. Records showed these had been fully investigated with robust action taken including disciplinary action.

Staff members told us there were sufficient staff on duty to meet people's needs appropriately. One staff member commented, "We have enough (staff). We all work together. We make sure the guys are supported." When we visited the service to speak with people we saw there were three staff members on duty to care for the four people using the service.

The provider had effective recruitment procedures in place to help ensure new staff were suitable to work at the service. This included completing a range of pre-employment checks before new staff started working with people using the service. For example, requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

There were systems in place for the safe management of medicines. Only trained staff, whose competency had been assessed, administered people's medicines. We found medicines records were accurate. For example, records relating to the receipt, administration and disposal of medicines. Medicines care plans had been written which described the support each person needed with taking their medicines. Medicines were stored securely with checks carried out to help ensure medicines were safe to use.

We found the service was well decorated, well maintained and very clean. One staff member said, "We have just decorated the bedrooms and new worktops in the kitchen."

There was a range of health and safety related checks and risk assessments to help keep the premises and equipment safe for people. For example, checks of fire safety, mattresses, vehicle safety, bedrails, hoists and slings. Records showed checks were up to date when we visited the service. The provider had developed procedures to help ensure people continued to receive care in emergency situations, such following a fire or loss of utilities. Personal emergency evacuation plans (PEEPs) had been developed to clarify people's evacuation needs in an emergency.

Incidents and accidents were logged and investigated. The log showed there had been six accidents and incidents in the past 12 months. These were mostly in relation to minor injuries and two medicines errors. The log confirmed the registered manager had investigated the issues and taken action to prevent them happening again. This included additional training, competency assessments and increased observations.

Good

Is the service effective?

Our findings

During our last inspection in January and February 2016 we found the provider had breached the regulations relating to the need for consent. This was because the provider was not acting in accordance with the Mental Capacity Act 2005 (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found improvements had been made in this area and the provider was now following the requirements of the MCA. Some people using the service were unable to consent to their stay. We found the appropriate DoLS authorisations were in place for each person. People's care records contained examples of MCA assessments and best interest decisions such as for people's stay at the service, restrictions due to the front door being locked at all times, medicines administration, and the use of lap belts to keep people safe when using a wheelchair.

In order to help people make decisions a 'decision making' profile had been developed for each person. This provided guidance about the most effective strategies to use to support people with making decisions. This included how the person liked to be given information, how to help the person make a decision and best and worst times for making decisions. For instance, one person needed a calm and quiet environment with no distractions and sufficient time to process information before responding.

Staff had a good understanding of how to support people to make choices and decisions. They told us about the strategies they used to support choice and decision making when supporting people using the service. This included showing people items to choose from. One staff member told us, "We usually give two choices at a time so not to overload them with information." Care plans were in place which described how people with limited communication indicated choices. This was usually done verbally or through the use of facial expressions and body language. For instance, when one person was offered an item they would throw it on the floor if they didn't want it. Staff members had supported the people using the service for a long time. One staff member commented, "We know them (people) well anyway."

Staff were well supported and the received the essential training they needed. Essential training included moving and handling, nutrition, first aid and fire safety. One staff member told us, "We have supervisions every other month. We discuss any problems, health and safety, how to improve the service and activities. We are asked if we want to do anything (in relation to training and development." Another staff member said, "I am very supported, not just by [registered manager] but by all the staff. I feel we have a good staff team and we all support each other. We have regular supervision and appraisal." They are nice and regular so if you have concerns they are dealt with quickly. We usually have them four to six weeks." Records confirmed supervisions, appraisals and training were up to date when we inspected the service.

People received support to meet their individual nutritional needs. One staff member commented, "We made a healthy eating plan for one person who needed a healthy eating plan. Staff met with the [person]

and made a plan based on what [person] would enjoy eating. Some guys like coming in and cooking. Quite a lot like to help in the kitchen." Care plans described the support people needed with eating and drinking. They also gave details of people's food likes and dislikes and any allergies they had.

Good

Is the service caring?

Our findings

People and a relative said they were happy with the care provided at the service. One person said, "I like it here," A relative commented, "[Family member] loves coming here. The girls love [family member]. I feel comfortable coming here."

We saw staff members were kind, considerate and caring. Interactions between people and staff were warm and friendly. People told us staff were caring. One person said, "The staff are nice, they look after me." Another person commented, "I like you (referring to a staff member) and (another staff member). They treat me nice here."

Staff told us about how they adapted their care practice to promote dignity and respect. For example, talking to people throughout when supporting them with personal care, letting people know what was happening and always keeping them covered up as much as possible. We observed staff members were polite and respectful when speaking with people.

Promoting independence was a priority within the service. One staff member commented, "We encourage people to give us a hand with things. We get people to feed themselves and make decisions." Another staff member said, "Usually people make their own choices. We involve them in things like making their tea. We encourage people to at least give it a go themselves to keep up their living skills."

Care plans included details of people's care preferences including their likes and dislikes. For instance, being able to get out and about in the local community, spending time with family and friends and eating healthy meals. 'One page profiles' provided a summary of each person's personal qualities, what was important to them and how they wanted to be supported. For example, for one person this meant having the opportunity to be involved in all in-house activities. A life history had been developed so that information was available to help staff get to know people better.

Information had been made available in adapted formats to help people understand important information about their care. A pictorial 'service user handbook' had been developed which contained information about finance, support, keeping safe and how to tell the provider what people think about the service.

Good

Is the service responsive?

Our findings

People's needs had been assessed to help identify the care and support they required from staff. This information was then used to develop detailed and personalised care plans. All of the care plans we viewed clearly described the support each person needed from staff. People had been involved in deciding what was in their support plan. Staff were prompted to record how they had involved the person and how the person had contributed. A relative told us staff provided updates about their family member's care. They said, "They let you know what is going on."

The support people needed was described clearly and specific prompts were included to help ensure people received consistent care that met their preferences. These included prompts for staff to encourage independence, maintain dignity and for bathing which toiletries people preferred. Support plans also described the skills people had in each area or the contribution the person could make when being supported. This meant staff were clear about what people wanted from their support; what they were able to do for themselves and what they needed support with.

Support plans had been reviewed to help ensure they reflected people's current needs. Each person had a key worker who ensured that specific checks were carried out every month. These included reviewing people's emotional wellbeing, activities, achievements during the month and care records.

Staff supported people to participate in their preferred activities. For example, people said they went to a disco, went out for ice cream, had trips out in the minibus, played bingo and watched their favourite TV programmes. One person commented, "You can watch a bit of telly." One staff member said, "We do a lot in here, they are not just sat."

People and a relative gave us positive feedback about people's care. They also told us they knew how to raise concerns if required. A relative commented, "I don't have any worries or concerns. I don't have a problem with here at all. I can talk to the girls and they listen to you. It is an open door policy here." There had been no complaints made about the service.

Good

Is the service well-led?

Our findings

The service had an established registered manager. 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.

The registered manager had been proactive in submitting the required notifications to the Care Quality Commission. Relatives and staff told us the registered manager was approachable. One relative said, "The registered manager is spot-on, she is always there. She is here on a Sunday sometimes." One staff member told us, "If I have any problems with anything I can go to [registered manager] straightaway, even about home life." Another staff member said, "I think we have a really good management team. [Registered manager] is very open and you always know where you stand and what is expected of us. [Registered manager] always follows up to make sure things are done."

Staff members described the service as having a positive atmosphere. One staff member described the atmosphere as "friendly, warm and welcoming".

Staff had opportunities to feedback their views about the service to management. One staff member said, "We have staff meetings every six to seven weeks and senior meetings." We viewed the minutes of staff meetings which confirmed these were held every month. Topics discussed during these meetings included quality assurance, training, safeguarding, whistle blowing and support planning.

The provider had effective systems of quality assurance checks to help ensure people received good care. Records showed these were carried out consistently and covered a range of areas. Where areas for improvement had been identified action plans were developed and monitored to ensure improvements materialised. For example, the most recent action plan identified improvements were required to health and safety checks and some medicines records. An operational manager external to the service was responsible for overseeing compliance with audits.

Compliments had been received from people and relatives. These described the service as 'excellent', 'very good', and, 'top class'. Staff were described as 'very friendly', 'helpful', and, 'great'.