

Livability

Livability Greenwood Lodge

Inspection report

11 Barry Close
Chiswell Green
St Albans
Hertfordshire
AL2 3HN

Tel: 01727872181
Website: www.livability.org.uk

Date of inspection visit:
19 February 2019

Date of publication:
26 March 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Greenwood Lodge is a residential 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 was a small home. It was registered to support up to five people. Three people with learning and physical disabilities were using the service at the time of the inspection.

The service had an overall rating of 'requires improvement' when we inspected it in May 2018, with two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider needed to improve those four key questions to at least good. At this inspection, we found they had made the required improvements and the overall rating has improved to 'good'.

People's experience of using this service:

People who lived at Greenwood Lodge received good person-centred care. The service ensured each person was treated as an individual with personal preferences being at the forefront of care. Person centred practices helped to achieve the best outcomes for people and reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

Staff treated people kindly and communicated effectively in a way which people could understand. Staff were observed to be respectful, and staff promoted people's dignity and privacy.

There were robust recruitment checks in place which included DBS (disclosure and barring checks) and past employment history to ensure the staff were safe and suitable to work in this type of service. Staffing levels were good and appropriate to meet the needs of the people in a timely way.

Care plans and risk assessments were in place and the service had changed to online care records, which were updated regularly. People were supported to choose how they wished to be supported and retain control of their lives, and staff supported them in the least restrictive way possible.

There were effective systems in place for managing medicines. Medicines audits and medicine administration records were correctly completed. The service manager completed a range of audits such as auditing records, and quality monitoring audits.

Staff were supported with regular training and supervision to enable them to support people effectively.

People were involved in the development and preparation of food and drinks and had access to a range of snacks, which met their individual needs and preferences.

People had good access to healthcare as needed and staff had a good understanding of people's health

needs.

Rating at last inspection: At the last inspection Greenwood lodge was rated requires improvement in two key areas. Effective and Well Led both had breaches of regulation.

Why we inspected: This was a planned, comprehensive inspection based on the requires improvement rating at the previous inspection. This inspection was unannounced.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was now safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was now Responsive

Details are in our Responsive findings below.

Is the service caring?

Good ●

The service continued to be caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was now Responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well led. But did not have a registered manager.

Details are in our Well led findings below.

Livability Greenwood Lodge

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service did not have 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. The provider told us that they planned to close the service in the near future which was why they had not recruited a registered manager.

Inspection team: One inspector carried out this inspection.

Service and service type:

Greenwood Lodge is a small residential care home. The service did not have a registered manager registered with the Care Quality Commission.

Notice of inspection:

This inspection was unannounced. Inspection site visit activity started on 19 February 2019 and ended on 28 February 2019. We visited the service on 19 February 2019 to meet the service manager, people and staff and to review care records and policies and procedures.

What we did:

Before the inspection we considered all the information we held in relation to the service, including statutory notifications. This information helps support our inspections. We also requested feedback from professional at the local authority commissioners.

During the inspection we:

- Spoke to one person using the service.
- Spoke with one care staff, one senior care staff, the service manager, and received feedback from two staff via email. 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 information from two care files which included all aspects of care and risk assessments, which included their medicine records.
- No new staff had been employed since the last inspection when we reviewed two staff files. We looked staff support arrangements including supervisions, and training records.
- Health and safety and servicing records.
- Records of accidents, incidents and complaints.
- Audits and surveys.

We saw that there were systems in place to monitor the safety of the service. Is the service safe?

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse. Staff supported people safely and demonstrated they knew how to protect people from abuse.

- One person told us, "I feel safe living here."
- Staff had training in safeguarding and knew how to report any concerns.

Assessing risk, safety monitoring and management

- People were kept safe because individual risks were assessed and measures put in place to mitigate and reduce the risk of harm. These were kept under regular review.

• Staffing and recruitment

- There were robust recruitment procedures in place which helped ensure people were suitable to work in this type of service. These included a disclosure and barring check (DBS) and taking up a minimum of two references.
- Staffing levels were appropriate to meet people's needs.

Using medicines safely

- People received their medicines safely by staff who had been trained. Medicine administration records were correctly completed (MAR).
- There were robust systems in place for auditing medicines given daily and the related medicine records.
- The acting service manager carried out regular competency assessments with staff and observed their practice.
- Medicines were stored correctly and securely.

Preventing and controlling infection

- Staff used personal protective equipment when supporting people with personal care. Gloves aprons and hand sanitizing gel were available to staff, people and visitors.
- Information was available to people, staff and visitors to help minimise the risk of infection.

Learning lessons when things go wrong

- The acting service manager shared lessons learnt with staff to help prevent a reoccurrence. For example, following medicine errors. The circumstances were reviewed and considered. Staff were retrained and observed to ensure they were competent.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in the assessment, development and review of their care and support plans.
- Staff respected people's choices. Staff obtained people's consent before supporting them.
- Staff were knowledgeable about people's preferences, wishes and how they liked to be assisted.
- One staff member told us, "We treat people as individuals. We get to know their likes and dislikes."

Staff support: induction, training, skills and experience

- Staff received a thorough induction when they started working at the service. They received ongoing training and regular updates.
- Staff received an ongoing training programme which met the requirements of the role and supported safe practices.

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

- At the last inspection in May 2018 we found that people were not consistently supported to eat a balanced and varied diet. The provider was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found that people were involved in menu planning and were supported to eat a healthy and varied diet and to drink sufficient amounts to maintain their health and wellbeing.
- People chose when and what they wanted to eat and could access a range of snacks when they wanted.
- Staff prompted people to have regular drinks and a large bowl of fruit was on display to remind people that snacks were available.
- Staff supported people where possible to prepare their own food. One person told us "I really like making salad, it is my favourite meal."

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

- The home was clean, there were no mal odours, and the communal areas were decorated to reflect the personalities of the people who lived there. People's individual rooms were personalised, and demonstrated people's involvement.

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

- Staff supported people to access health professionals when required including their GP, dietitian, dentist or occupational therapist.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were working within the legal requirements.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff provided good care and responded positively to people's individual wishes and preferences.
- Visitors were welcomed to the service at all times.
- Staff were kind and caring towards people. They treated people with patience and communicated with people at their own pace.
- We noted language used by staff towards people was respectful. Staff maintained and promoted people's dignity and privacy.
- People's communication needs were assessed and recorded in their care plans.
- We saw staff used a gentle tone of voice and ensured appropriate body language when interacting and speaking to them.

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

- Staff treated people kindly and helped them with decision making. This ensured people could make informed decisions about their care.
- One person who had been present at the previous inspection. Staff had supported them to become more independent and developed their confidence. The person told us "I get my hair done now." Staff explained the person used to wear a head brace but no longer required this and had now taken much more interest in their appearance.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated they were passionate about ensuring that individual needs were met in a compassionate way.
- People were supported as individuals and staff had worked many years at the service and had developed meaningful relationships with the people they supported.
- Information recorded in people's care records contained life histories and a short profile about people and this helped staff understand people's journey and care pathways.
- People's confidential health and medical information was stored securely to ensure it remained confidential.
- People were supported to access independent advocates to offer impartial advice on a range of topics.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was responsive to people's changing needs and offered a flexible service. For example, people could decide how they spent their time, what time they got up and went to bed.
- Staff supported people to participate in a range of activities that were suited to people's differing abilities.
- Staff supported people with activities outside the home in the community. This included attending various day care, cafes and clubs. We saw that people had busy social diaries which they enjoyed.
- One person told us "I enjoy the take away and my favourite is Chinese food." Staff told us that people choose to get a take away every week and they took it in turns to choose what they would have."

Improving care quality in response to complaints or concerns

- Staff were responsive to any concerns raised.
- People knew how to complain if something was not right. One person had been supported to raise a concern. They told us that another person was being too noisy. This was investigated and resolved to the person's satisfaction. The outcome was that they were offered another room and moved into it and were happy now.

The acting service manager showed us the process for responding to complaints.

- There was also a process for recording positive feedback. Relatives and professionals were complimentary about the service. In particular about the dedication and commitment of the staff. People and staff felt the acting service manager would listen and act on any feedback.

End of life care and support

- People had lived at the service for many years and had been asked about their end of life wishes. Staff ensured these difficult conversations were dealt with sensitively.
- The service was not currently supporting anyone who needed end of life care. However, there were appropriate arrangements in place should anyone who lived at the service require end of life support. This included support from other professionals to ensure people could continue to live at the service if this was their wish.

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

The service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in May 2018. We found that there was a lack of management overview at the service. There was a lack of robust quality assurance systems in place. The provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made by the acting service manager and they were now meeting the legal requirements. However, the service did not have a registered manager in place which is a requirement of their registration.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The acting service manager and provider demonstrated they understood their responsibilities in relation to duty of candour responsibilities.
- The provider had a good understanding of registering for the right support and trying to ensure that people's needs were met in a way that focuses on meeting their individual wishes.
- The care staff and acting service manager were all very passionate about providing high quality care and achieving good outcomes for people.

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

- The acting service manager had overall responsibility for the day to day management of the service.
- Records were being transitioned from paper to an IT system which helped streamline information and helped staff to records updated.
- The acting service manager completed a range of audits and quality assurance checks to make sure systems and processes were being used effectively. These included reviewing care records health and safety, medicines and MAR charts.
- We saw the audits were effective in identifying any shortfalls which were then put in an action plan and addressed.
- The acting service manager and staff team had clearly defined their roles and felt supported by the provider.

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

- People and staff gave very positive feedback about the management team, senior manager and human resources staff and felt very supported by them.
- Staff told us they were happy to work at Greenwood lodge and supported well by the management team.

- The acting service manager sought feedback from people, relatives and staff and used the feedback to good effect.

Continuous learning and improving care

- The acting service manager had set objectives for improving the service and building on the quality of care provided.

Working in partnership with others

- There was evidence of networking and continuous learning and improvement and working in partnership with others to help provide person centred holistic care to people.