Coghlan Lodges Limited

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Inspection report

335b High Street
Slough
Berkshire
SL1 1TX

Tel: 01753580745
Website: www.coghlanlodges.co.uk

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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

We undertook an announced inspection of Coghlan Lodges Limited on 22, 23, 24 and 31 August 2017.

Coghlan Lodges Limited provides care and support to people living in 15 'supported living' settings, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual arrangements. The Care Quality Commission (CQC) does not regulate premises used for supported living. Not everyone using Coghlan Lodges Limited received a regulated activity; in this case, personal care. Personal care is where people are provided with help and tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection four people were in receipt of personal care and they lived in one of the 15 houses operated by Coghlan Lodges Limited. We visited the three houses where the four people lived who were in receipt of a regulated activity.

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.

The last inspection was conducted on 2 and 3 November 2016. At that inspection, we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took civil enforcement against the provider. We issued the provider a warning notice as the provider had not ensured robust systems were in place to manage risks to people, quality systems had been compromised and we found poor record keeping. There were two further breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not following the requirements under the Mental Capacity Act 2005 (MCA) and medicines administration was not safely managed.

Following the inspection in November 2016, the provider submitted an action plan dated 7 January 2017 which set out the actions they planned to take to address the breaches. The current inspection provided an opportunity to assess whether the warning notice had been met and the action plan had been successfully completed. At this inspection we found the provider had effective systems in place to monitor and mitigate the risks relating the health, safety and welfare of people, people's medicine was safely administered and they were following the principles of the MCA.

People and their families told us they felt safe with the staff from Coghlan Lodges Limited and had no concerns about their safety in their home.

We saw where the provider looked after people's money on their behalf; systems were in place to manage people's finances safely.

Staff understood their responsibilities in relation to safeguarding people. Staff received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the authorities where concerns were identified. People received their medicine as prescribed.

People benefitted from caring relationships with the staff. Relatives said, "Definitely good relationships with staff" and "All (people) are very happy at this house". People and their relatives were involved in their care and people's independence was actively promoted. Relatives and staff told us people's dignity was promoted.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where possible.

People, relatives and staff told us there were sufficient staff to meet people's needs. This was confirmed on the day of the inspection as we observed staff numbers were adequate to meet people's needs. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable to undertake their care role.

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. The service was operating within the principles of the Mental Capacity Act 2005(MCA).

Relatives and people who were able to, told us people had enough to eat and drink. People were involved in planning their meal choice and their preferences were respected. Staff promoted healthy food options for people they looked after.

Relatives told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Improvements and learning needs were identified and action was taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager and all of the team at the service. Staff supervision and other meetings were scheduled as were annual appraisals. People, their relatives and staff told us all of the management team were approachable and there was a good level of communication within the service.

Relatives and people told us the staff at Coghlan Lodges Limited were very friendly, responsive and the service was very well managed. Comments received included, "Very pleased with his care"; "All the staff get on with [name]." The service sought people's views and opinions and acted on them.

The management team's ethos was echoed by staff and embedded within the culture of the service. One staff member said, "The management are good, they listen and there are leadership opportunities for me here".

We have made one recommendation about the Information Access Standard.

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 safe.

Relatives and people who were able to, told us they were safe. Staff knew how to identify potential abuse and raise concerns.

There were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people were identified and risk assessments in place to manage the risks. Staff followed guidance relating to the management of risks.

People had their medicine as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was well maintained.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

The provider and staff promoted people's independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to using the service to ensure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people. People were supported in their decision about how they wished to spend their day.

Relatives knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Good

The service was well led.

There was a positive culture and the registered manager and their staff team shared learning and looked for continuous improvement.

Relatives and staff told us there was good management and leadership in the home.

The service had systems in place to monitor the quality of 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 22, 23, 24 and 31 August 2017 and was announced. We gave the service 48 hours' notice because we wanted to be sure staff would be available during our inspection. The inspection was carried out by one inspector and a specialist advisor (SpA). A SpA is someone who has knowledge in the care of people with mental health needs.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider also submitted a contact list so we could call people who used the service, staff, commissioners and others.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We sought feedback from the commissioners of the service and other stakeholders.

During the inspection we spoke with three people who use the service and two relatives of people who use Coghlan Lodges Limited.

We looked at four people's care records including medicine administration records. Five staff files and a range of records relating to the general management of the service. We spoke with the registered manager, the service manager, the business development executive, two area managers and three care staff.

Good

Is the service safe?

Our findings

At the November 2016 inspection, we found that people's medicines were not safely managed. This meant that people were at risk of not receiving their medicine when needed. We served a requirement notice to the provider for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people received their medication when required and regular audits were undertaken by senior staff to enable them to identify any anomalies. We looked at four people's medicine records and found safe systems were in place to manage people's medicines. We saw people's medication administration records (MAR); including 'medicine as required' records were completed appropriately. A reducing balance method was used to check the quantity of people's medicine was correct once administered. This enabled the administrator to identify any discrepancies in quantities and to identify if a medicine had been missed. We checked a sample of people's medicine balances and found stock levels agreed to the medicine records. People's medicine was stored in a locked cupboard and the keys were held by the staff member in charge for that day. We saw any returns medicine (when people had not taken their medicine) was mainly managed safely. However, on the day of our inspection we found one house was not comprehensively following national guidelines. We discussed this with the care staff and registered manager. The registered manager confirmed they would check staff's understanding to ensure returned medicine was managed as per national guidelines. Following our inspection the registered manager sent us their updated medicine policy with amendments to cover the management of returned medicine. At the other remaining two houses, care staff were following national guidelines in full and were managing returns medicine safely. We saw a record of returned medicine was maintained and signed by the pharmacy when collected. This meant the provider had systems in place to manage people's medicine.

Relatives told us they felt their family members were safe. Comments included; "I have no concerns about safety, they [person] are settled"; "Their safety is fine, I had one challenge when they first went there, but this was dealt with really well" and "[Name] has told me, I feel safe in the home".

We saw people's personal safety was maintained. Personal emergency evacuation plans (PEEPs) were in place in each house we visited. PEEPs included important details for the person so that the emergency services would know what level of assistance the person required. The provider told us they were in the process of introducing Legionella checks in each house to ensure people were protected from potential infections.

We saw the registered manager had a crisis plan in place which detailed actions staff should take and who to contact in case of an emergency for example, utility failure. The plan also included details of temporary accommodation arrangements.

We found systems were in place to manage people's money safely. We looked at four people's records and found records of people's daily allowance, including expenditure were maintained. Receipts were obtained when purchases were made and we saw people's cash tallied to the records maintained. This meant the provider had good systems in place which were detailed and recorded transactions.

Staff had completed safeguarding vulnerable adults training. Staff we spoke with were able to tell us about the different types of abuse and the signs that might indicate abuse. Staff had a clear understanding of their responsibilities to report any concerns and were aware of which outside agencies they could report to as well as their own management team. One staff member said, "It is the protection of vulnerable adults from abuse. If I witnessed anything I would follow procedure and tell my manger. I would not hesitate to whistle blow, I know which agencies to contact, for example the Care Quality Commission (CQC)". Whistleblowing is where someone can anonymously raise concerns about standards of care. Another staff member told us, "I would report directly to my manager if I had any concerns that someone was vulnerable and being abused or neglected".

We saw systems were in place to record any safeguarding incidents and the registered manager had reported these to the local safeguarding team and CQC. Details recorded included, name, date, concern, action taken, progress of action and outcome of investigation.

People's care plans contained risk assessments which included risks associated with: behaviours; continence; nutrition; what to do if the person goes missing and medicines. Where risks were identified care plans were in place to ensure risks were managed. Details of the risk was recorded and scored to ensure the right support was in place. For example, one person was at risk of consuming a high amount of alcohol. Details were included in this person's care plan, including level of consumption and staff also knew how to manage the risk to this person. Another person was subject to Ministry of Justice restrictions. Although some details of this restriction were in the person's care plan, a copy of the full detail of the restriction was not included. We discussed this with the service manager who agreed to obtain a copy from the person's social care supervisor to ensure it was clear to staff what the restriction was for this person. We saw sleep patterns of people were monitored to enable the risk of behaviour changes to be managed. Risk assessments were regularly reviewed to ensure the measures in place were managing the risk effectively.

Staff knew how to manager risks to people. One staff member told us that one person was at risk of falling as they would either run or walk very fast. They said, "I will always advise [name] to slow down, he does listen to me". Another staff member told us how one person was at risk of falling in the bathroom if the floor was wet. They said they would check the floor was dry to mitigate against this person coming to harm. Staff told us as part of their shift plan, each staff member was allocated a specific responsibility to ensure risks to people were managed. For example, lunch preparation with people at the house.

Relatives told us they were happy with the way their family member's risks were managed. Comments included, "His risks are managed well, there has been a vast improvement since being with Coghlan Lodges."

Accidents and incidents were recorded and actions to be taken were followed by staff. For example, we saw one person who became anxious if their care plan was changed. We saw action taken to minimise this risk was, "staff to inform [name] of any changes to their plan of care in advance to reduce anxiety". We saw reports were sent to the head office and these were reviewed on a monthly basis to look for themes and take the necessary action to mitigate the incident from happening again.

Relatives and staff told us they felt there were usually enough staff to look after people safely at Coghlan Lodges houses. One relative said, "There is enough staff, I have no issues". Staff also confirmed enough staff were on duty to look after people safely. Comments included, "There is enough staff to manage people and there is always two staff members at all times"; "If we need extra staff, that is not a problem"; "Staffing is good, there is always three staff on duty, plus the manager"; "We have three staff for four residents and that is a safe number to manage their needs. We have two waking night staff and one sleep in staff member" and

"There is definitely enough staff to look after people safely".

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the houses to ensure they were of good character. These included employment references and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The staff files we viewed showed that no one had started to work along with people until their DBS had been received.

Records showed staff had completed a job application form and we saw there were no gaps in a person's employment record. Interviews had been completed, competency questions were used to assess staff suitability to their role, photographic identification was obtained and right to work permits were present in staff files where applicable.

Good

Is the service effective?

Our findings

At the November 2016 inspection, we found that the provider was not working to the requirements of the Mental Capacity Act 2005. We found capacity assessments were not in place for people who lacked the ability to make decisions. We served a requirement notice to the provider for Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found mental capacity assessments had been carried out. 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.

We saw people's capacity had been assessed and recorded in their care plan. People were supported to make decisions on their day to day care. People's consent was appropriately obtained and recorded. Care plans outlined whether people had capacity to make decisions on care and treatment. We saw the assessments were decision specific. For example, one person was able to choose what they wanted to purchase, but were not able to go to the bank to withdraw their money without support of a care worker.

Where appropriate, people had support with their decisions. For example, we saw one person who had been appointed an independent mental capacity advocate (IMCA). Their care plan contained details of a best interest decision as this person had difficulty in making decisions about their finances. This meant the provider understood the need to support individuals with their decisions and sought the right support for people. A best interest decision is an action taken on behalf of a person and involves the person, family and professionals where appropriate. Regard must be given as to whether an act or decision is the least restrictive of a person's rights and freedom.

We spoke with staff about their understanding of the MCA. They told us, "I have recently done a course on doing assessments. We treat everyone as though they have capacity and work from the positive side"; "Always assume capacity until the person has been assessed. It's about people's ability who can or cannot make a decision" and "The MCA protects people who are deemed not to have capacity and are unable to make decisions. We appreciate the person believes they know what is best for them, but sometimes we do need to work in their best interests if we have to take the power of the decision away from them".

Staff had the skills and knowledge to meet people's needs. Staff had completed training which included; moving and handling, safeguarding vulnerable adults, medicine administration, food hygiene, first aid awareness, Mental Capacity Act 2005 and managing challenging behaviour. We saw staff had face to face training and also had access to on line training to maintain their skills.

Staff were complimentary about the training provided and were able to request any additional training they felt would improve their skills and knowledge. Comments included, "We have lots of training, including medicines. We have access to on line training, which is a good source of learning"; "I am well supported with

my training, I have medicine competency checks and I have recently done training. I have progressed well at the service as I have become a team leader"; "The training is good, I have opportunity to grow and progress personally"; "We get good training, if you are not confident in anything, you can have more" and "The training is quite good, enough to do my job and I am training for my professional qualification and I am being supported well by the provider. I will be doing client assessments, so that's good progression for me and builds my confidence".

Relatives told us they had confidence in the staff and they had the necessary skills to look after people at Coghlan Lodges Limited. One relative said, "The staff training is good".

New staff completed an induction and were supported by more experienced staff until they felt confident to work alone. Staff told us, "I shadowed another care worker before I worked on my own. It was about a month's shadowing" and "I shadowed a senior care worker and I was under their supervision. It was very good". We were told staff had workbooks to complete to assess their competence and to identify where further training was needed as part of their induction.

The provider had systems in place to monitor staff training. The registered manager used a training matrix which showed the type of training, date completed and frequency of renewal for staff including management and care staff.

We saw communication processes were in place to keep staff up to date. Handover meetings took place between shifts. Details of how each person was on the day was discussed and what specific needs people required. Details were recorded on an electronic care plan system so that if any staff were unable to be present or wanted to check details, this was available throughout the shift. The registered manager also told us they used handover notes to regularly review each house to see how people were progressing and if there were any issues arising about individual people.

Staff felt well supported by the management of Coghlan Lodges Limited. Staff had regular supervision and an annual appraisal. We saw a supervision matrix was completed with actual and planned dates. Staff told us it was an opportunity to discuss any concerns and personal development needs. Comments from staff included, "I feel comfortable when having supervision. I can raise anything which I feel is right or not right"; "We have supervisions frequently and we spend about an hour. They ask me about my welfare and how it is going with the people we look after"; "We have supervisions every two months. We discuss anything and can raise concerns. I am listened to. I have a very good rapport with my manager" and "We have an open conversation, but this can be at any time, not just at supervision".

Staff knew the importance of equality and diversity for people. One commented "Mental health problems amongst people is one of the most misunderstood group of people. The public can be fearful, so it's important that we support people to improve awareness".

Relatives told us they felt their family member was supported appropriately with their nutrition. One relative said, "I have no problem with [name] nutrition. I was at the house once and I saw he was having home cooked food, which was great. They have now reduced the number of 'takeaways' and the food options are healthier, which is good to see". At one of the houses we visited we saw healthy nutrition options, a balanced diet and good hydration was offered. We saw meals were appropriately spaced and flexible to meet people's needs. The meal time was not rushed and there was collaboration between residents and staff around the food of their choice. There was a 'homely' feeling to the experience for people.

Staff told us how they worked with people to plan their meals. They said they would sit down with the

person and talk to them about what they would like to eat. They would then go with the person to the shop to buy the food. Staff told us people have the choice on the day of what they would like. For example, one person liked fish and chips. We saw this was recorded on the person's care plan. Staff confirmed they worked with people to try and maintain a healthy diet. They said, "We are trying to reduce eating out so much. We promote home cooked food and invite the person to help us cook". One relative told us how staff promoted their brother's health. They said if they were using the bus, they would get off a stop early so that they could walk the rest of the way home.

We saw records which showed people's nutrition was monitored. People were regularly weighed to monitor their weight and actions were taken to address any risks.

People had access to health professionals when required. People's care plans showed people had been supported to see health professionals, for example their GP. Relatives told us they were kept informed of any health concerns regarding their family member.

Good

Is the service caring?

Our findings

People told us they found staff to be caring and said they had no complaints about the staff. We saw staff interactions with people were positive and people and staff got on very well. Staff knew people they supported and cared for. People's preferences and histories were known by staff and staff showed genuine concern for people's wellbeing. We saw staff were caring and supported people in a meaningful way and responded to people's needs quickly. People told us, and we saw, there were very good relationships between people and the care staff. One person told us, "I have no concerns, I am very happy here. The staff are ok and we go out shopping".

Relatives told us good relationships existed between their family member and staff. Comments included, "He gets on really well with them (staff)"; "There are good relationships with staff and all the people in the house"; "I can see there is very close working relationships between my brother and staff. [Staff name] has something special with my brother"; "[Name] is happier here as it is a smaller set up. By comparison, this is heaven" and "Staff fall in love with [name] and staff give him a second chance as they know him well".

We saw staff were caring toward people. This was confirmed from the comments made by relatives. They said, "Staff know he is very quiet. They know he does not like a lot of noise. [Name] is laid back and they know how to manage him. They have [name] wellbeing at heart and they (staff) have a calming effect on him"; "[name] would bite his fingers and nails. But now they have grown quite long. This proves to me he is less stressed and a lot happier here"; "They (staff) have done a lot of extremely hard work with [name]. He has come on 'leaps and bounds', I know he quite likes being looked after"; "[Staff name] have been brilliant, they accompanied him to our father's funeral. I am really pleased with his care. He now showers really well on his own"; "It's a good team at the house, right staff and they are amazing with him".

Care workers told us they felt they were caring towards people. They said, "I am compassionate, and empathetic to the needs of other people. I can understand individual needs. I feel I am kind and caring"; "I have a caring attitude and being a mum helps as well" and "I feel I look after people very well. I understand their needs and how to manage them as I have a family member with a similar condition. I want to work with them and for them to be as free as possible. I treat them (people) as normal people".

The registered manager told us, "We have a 'can do' attitude and have the full support of the professionals who commission the service. These people are very important to us as for some, where else would they go? We put structure into people's lives and we all find this so rewarding". The service manager and one of the area managers told us about the work they had done with one person. They said they had worked hard to find the person's daughter and now the daughter and father had spoken over the telephone in the last two months twice for the first time in years. This meant so much for both parties as the relationship had been revived. They said the daughter had been involved in decisions about her fathers' care and had worked with health professionals. We were told by the team that this person had lived on the streets for a long time and that the Coghlan Lodges placement was the longest this person had ever been settled in one place.

Another example provided by the service manager was how they had worked with one person who had

come to the service. They said this person's hygiene was in a very poor state. They said they had worked with them on a one to one basis and got on very well and had common interests as they supported the same football team. Within a week they said the person had showered, had a haircut and this had made real improvements to the person's wellbeing. This was confirmed when we spoke with this person's relative. They said, "It is great as his hair is now cut and he is clean shaven".

Staff recognised and respected people's choices. They said, "If the person does not want you to share something with their family, you respect that"; "We keep people's independence. We will prompt him instead of helping him. We advise him it's time to get dressed and we let him choose what he wants to wear"; "[name] never used to cook, but now he makes tea, a sandwich and we do cooking lessons with him"; "I will go into town with [name]. But I will keep a respectful distance and respect their independence" and "We let the person choose what they want to do daily, go out into town for example. [Name] has a choice of care staff member to help them with their personal care". We saw people's choice was respected. They could get up and go to bed at a time which suited them.

People's dignity and privacy was respected. When staff spoke about people they were respectful and they displayed genuine affection. The language used in care plans was respectful. Staff explained how they promoted people's dignity. They said, "When I am assisting people with personal care I will always make sure their bedroom door is closed and curtains are closed". One relative told us, "Staff know to check his dress before he goes out to make sure it is appropriate".

Staff knew how to keep people's information confidential. The electronic systems used were all password protected and staff knew not to speak about anyone in their care outside of work.

We saw people were dressed appropriately and looked well. This showed staff recognised the importance of people's appearance and they promoted their dignity.

Good

Is the service responsive?

Our findings

People were assessed prior to moving into the service and assessments were used to develop personalised care plans. We saw professionals worked with the provider and the person regarding their care choices and this was reflected in people's care plans. This included looking at the compatibility of people before placing them in one of the houses. We saw people and their relatives were involved in their care and reviews of their care whenever possible. Relatives told us, "I am involved with the care of [name], I can make suggestions and they listen"; "I go to the reviews, they used to be twice a year but now things have settled, it's once a year" and "I meet with the social worker and my brother and I go through the care plan". We saw care plans were written with the involvement of the person and their relatives. We saw people's daily choices were displayed in the house in a pictorial version so that the person could see what their planned day was.

We saw people met with their keyworker weekly to enable them to discuss their choices and decide on their goals for the week. For example, we were told of one person whose goal was to go out of the house. This had been achieved and we saw that a further goal had been set with this person to go out for a meal. This meant people's needs and choices were the focus of their care plan. We saw the provider used a point system so that people could monitor their progress in reaching their goal. If points had been reached at a given period, the person was rewarded with a shopping voucher which they could spend as they wished.

Relatives felt Coghlan Lodges Limited were responsive to people's needs. One relative said, "They are always encouraging [name] to do more things and work to their goals".

Care plans included detailed information relating to people's life histories, what and who was important to them, their likes and dislikes, daily lifestyle and there was a photograph of the person in the front page of the file. The care plans were very well organised and contained detailed information about people to enable staff to look after them. There were various sections to the care plan. For example, these included medicine, nutrition, health visits and emergency contact details of people and specific health needs. There was a hospital section which could be downloaded so that it could be taken to hospital with the person. People's care plans were held on an electronic care system. This was accessed by staff through a hand held device and or a laptop. Staff told us they regularly used care plans to understand people's needs and that these care plans were regularly updated. One staff member commented on the system, "The system is really good, is easy to get up to date information about a person". We saw regular reviews of care plans were in place to ensure people's needs were still being met. Particular needs were recorded on the electronic care system. The system would automatically 'flag' up when a particular activity had not been completed. For example, medicine administration or when a care plan review was due. This system was reviewed by the registered manager and senior staff to enable them to monitor people's care. If any anomalies arose, the registered manager or senior staff would investigate.

Care plan reviews were done on a monthly basis or earlier, depending on needs of the person. This included reviews of risks and involved people or their relatives as much as possible, who were encouraged to make comments or amendments to the care plan. Risk reviews included people accessing the community and individual risks regarding that person's health.

People were able to make choices of what they would like to do on the day. This varied to visits into the local town and trips out. For example, we saw pictures of a recent boat trip which people went on. One relative told us how a staff member had recognised the interest the person had in music. The person loved to identify pop groups, so the care staff member went onto the internet to source obscure pop bands. They then played the songs to the person and they were able to identify them straight away. The relative told us the person really enjoyed this and everyone was surprised they could identify so many pop groups.

We saw the provider used the 'resident of the day' system. This meant staff would concentrate on one person's care plan for the day to ensure it was complete and up-to-date.

There was a system in place to manage complaints. We saw complaints had been dealt with and had been recorded appropriately, including outcome of the complaint. We saw responses were made in writing to people who raised a complaint, apologies were made and the registered manager also met with the person to resolve any concerns. Relatives told us they had not made a complaint but told us they would raise any concerns with the registered manager and were confident they would be addressed promptly. They said, "There was an issue when he first moved in, but that was dealt with very well"; If I have any concerns, I am listened to"; "I would not hesitate to raise anything. [Name] will give me feedback and will tell me if concerned" and "I did raise a complaint, it was dealt with and sorted quickly". When complaints had been received we saw actions were taken. For example, the addition of a security gate and ways to minimise disruption to the neighbours of the houses.

We discussed with the registered manager the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw the provider used a pictorial options in people's care plans to ensure the person understood their choice, for example, daily routine. However, the registered manager was not fully aware of the standard.

We recommend the registered manager familiarises their understanding and requirements of the standard and ensure all staff are aware of their responsibility under the Accessible Information Standard framework.

Good

Is the service well-led?

Our findings

At the November 2016 inspection, we found that a robust system was not in place to identify where quality or safety had been compromised. Risks to people had not always been identified and people's care records were not always complete. We served a warning notice to the provider for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to be compliant by 23 December 2016.

At this inspection we found systems were in place to monitor the quality of care provision to people, risks had been identified and people's care records were comprehensive and complete.

The leadership and management that we saw on the day of the inspection demonstrated an open approach and supporting culture that encouraged good care and team spirit.

We received positive comments about the workplace culture from relatives and staff. Comments included; "The management are good as improvements are made"; "[Staff name] leads a good team and goes beyond the call of duty"; "Coghlan Lodges Limited are going forward for people and their families"; "They (management) listen, understand and help us to address problems"; "It's great to work here. If you are someone who likes personal development, it's here for you"; "I am quite content, I like my job" and "I can always contact my manager, no problem".

We saw regular management meetings took place to discuss any actions outstanding and to report on their progress. For example, we saw the action plan which was put into place following our inspection in November 2016 was being monitored closely. It identified the failure, actions to be taken, improvements made and lessons learnt. This meant the provider had been proactive in making improvements and monitoring these improvements by outcome.

We saw communication was good between families and the care staff. Family members told us that they could speak with any care worker or senior person, including the management team at any time. For example, if they had any suggestions on how to make improvements for their relative. One family member told us how a diary was available to them which showed what their family member had achieved. This included photos and videos. They said it was important to have that assurance.

Other forms of communication options were available for people and their visitors to complete. For example, a comments book was available at each of the houses we visited to enable people and visitors to comment on the service and care. One professional said; "The person's improvement plan is very visual and detailed, well done to all" and one person said; "This is the longest home I have managed to stay at…..it's all down to how well all the staff support and understand me".

Staff told us they were well supported by the registered manager and the provider. They said, "It is good here, I cannot complain"; "I enjoy my job, clients know me really well, it's my second home here"; "It's been a learning experience for me here. I believe I am valued"; "It's well managed. The only thing I would comment

on is that the response time could be improved when I am trying to get hold of a manager"; "The support is good. We focus on specific areas on a weekly basis, for example, medicines"; "We look at two online policies a week. We review these to ensure we are clear of our responsibilities and the management will check our understanding" and "We have monthly staff meetings at the houses. These are minuted so we can look at the areas discussed".

We saw regular resident meeting took place at each of the houses. People were able to raise any issues or suggestions with the management team. We saw the topics of discussion included, fire exit reminders for people, group activities which were planned and any new staff members.

Regular staff meetings took place at the houses. We saw that topics included, staff rotas, record keeping of people's care plans, general housekeeping and alerts for staff when policies or procedures had changed. We saw recently that the safeguarding policy and procedure was discussed at one of these meetings. This also included the completion of the safeguarding workbooks which staff are required to complete. One staff member commented, "These meetings are useful as we can give feedback to the management team, for example, the new electronic care plan system. And they listened".

Comments about the overall management and staff at Coghlan Lodges Limited included, "Everyone is very pleased how [name] has settled down. He has been here for two years without incident now"; "All the team are encouraging, motivating and always learning"; "Overall the management is very good. I don't think there is anything else they could do better. Only thing is maybe for the staff to be more impromptu with people (when choosing what the person wanted to do)"; "There have been a lot of improvements over the last seven to eight months. It's really good. My son goes out more and is eating better "All of the staff are dedicated, they saved my brothers' life!" and "[Name] is brilliant with my son and all the people"

Relatives told us overall they were very happy with the service at the home. They said, there was very little needed to make improvements and nothing they (service) could do better. Comments included, "They could not do anything better, everyone is hard working" and "There is good team leadership and definitely a good team of staff". However, one relative commented, "It would be nice if there were more holidays for people and more guidance on how to look after their own house".

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

At the time of the inspection, the service had an appropriate duty of candour policy. The document provided clear steps for the management to follow if the duty of candour requirement was triggered. The registered manager demonstrated a good understanding of the duty of candour. They commented "It's about being honest and reporting incidents. Working with families when a concern arises and take learning points from the outcome of the investigation. We apologise when mistakes are made".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Systems were in place to monitor the quality of the service. The registered manager told us they had a

quality team who met monthly and they would work with staff to make improvements. Audits were carried out on a weekly, monthly and quarterly basis. These included audits of; medicines, activity goal successes and care plan audits. Where improvements were needed, actions were taken to address these including a 'root cause' analyses of the process failure. These audits were reviewed by the registered manager and the senior management team. This ensured the quality was maintained and improved. We viewed the audits which had taken place of medicines and care plans and found them to be regularly reviewed.

People, relatives and staff were encouraged to feedback about the quality of the service. People and relatives told us they were asked for feedback and regularly had access to the registered manager to share this feedback, both formally and informally. We saw the results of people, family and staff surveys from June 2017. People had a set of questions about the service. These included, 'Am I treated with dignity and respect at all times?'; 'Staff discuss my medicine with me and I understand what I am taking' and 'Staff encourage me to manage my own medication'. All the results for the people's survey were shown in green. This meant satisfactory results showed 59% strongly agreed with the comments and 37% agreed. The remaining feedback was neutral. We saw the family survey consistently showed they were happy with the service. Comments included 'I am very pleased with the quality of care'; 'Generally good. Staff are supportive of my sister, no concerns'; 'The service is doing a good job. My relative is happy here and content with the service offered' and 'The service is good, my daughter feels safe and supported on a daily basis'. The staff response rate to the survey was very good as 44 out of 50 staff responded. They rated the support and management of the service at very good, 58%; generally good, 37% and 4% were neutral. Staff comments included, 'Great improvement in communication'; 'Staff meetings were very helpful'; 'A lot of training, this really contributes to my knowledge. This makes our job easier as we have a good understanding of our roles and how to support the people'.

We saw the registered manager worked in partnership with other organisation. We saw they worked with the local authority who introduced placements at Coghlan Lodges Limited. They also had regular meetings with the commissioners and these were minuted. This ensured Coghlan Lodges Limited were working effectively with people who lived at the service.

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records.