

Random inspection report

Care homes for adults (18-65 years)

Name:	Garden Lodge
Address:	Maureen Terrace Seaham Durham SR7 7SN

The quality rating for this care home is:	three star excellent service
The rating was made on:	

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Nicola Shaw	2	7	0	4	2	0	1	0

Information about the care home

Name of care home:	Garden Lodge
Address:	Maureen Terrace Seaham Durham SR7 7SN
Telephone number:	01915131185
Fax number:	01915130388
Email address:	
Provider web address:	

Name of registered provider(s):	Education and Services for People with Autism Limited
Name of registered manager (if applicable)	
Ms June Naylor	
Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	8	0

Conditions of registration:								
Date of last inspection								
Brief description of the care home								
<p>Garden Lodge is a care home providing personal care and accommodation (but not nursing care) for eight people between the ages of 18 and 65 years with autism spectrum disorders. It is managed by the organisation now known as European Services for People with Autism Limited, (ESPA), which was established in 1987 and runs a range of services for younger adults with autism. The home was purpose-built and has eight single bedrooms, two living rooms, a dining room and its own garden. The premises are decorated and furnished to a good standard and in a domestic style throughout.</p>								

What we found:

Before this random inspection visit:

We looked at:

Information we have received since the last annual service review on 29th May 2009.

How the service has dealt with any complaints and concerns since the last visit.

Any changes to how the service is run.

The provider's view of how well they care for people.

The visit:

An unannounced visit was made on 27th April 2010.

During this visit we:

Talked to the service users, staff, the manager, relatives and a visiting health care professional.

Looked at information about the people who use the service and how well their needs are met.

Looked at other records which must be kept.

Checked that staff had knowledge, skills and training to meet the needs of the people they care for.

Checked what improvements had been made since the last visit.

We told the manager what we found at the end of the visit.

Individual Needs and Choices:

We looked at a sample of the service user care records. Excellent up-to-date information was available in what the home calls the "living plans". In the living plan there is lots of information about how each service user communicates, which is very important so that they can be supported to make choices and decisions for themselves. There is also excellent information about each service users health and personal care needs. The plans include guidelines on how to respond to any challenging behaviour and assessments and guidance from specialists such as the speech and language therapists.

There is a keyworker system. It is the responsibility of the keyworker to help service users maintain contact with family and friends. We spoke to visiting relatives who confirmed that the keyworker system worked very well and that they were always kept informed of their family member's health care needs. They also confirmed that they were

always invited to attend review meetings.

Visual aid boards, which have been developed with the service users, are used to help service users make choices and decisions about every area of daily life, for example, what to wear, what to do, what to eat. In the last 12 months some staff have completed training in person centred planning and personalisation to help them further understand how to support service users to make choices and decisions for themselves.

Lifestyle:

There were lots of activities taking place when we visited. These included walks out in the local community, a group horse riding session and a trip to the Alan Shearer centre to use the Hydra pool there. All service users are supported to use the local community each day to shop for personal items and groceries. The range of activities available each week is excellent and includes pottery, photography, dance, drama, IT, swimming, and having meals in restaurants. Risk assessments are recorded, which describe the benefits a service user may gain from an activity and the safeguards that need to be put in place to support this.

In order to further improve on the range of community activities available to people the manager told us she is in the process of applying for free bus passes for each service user.

Meal times are flexible although it was clear that staff also understand the importance of routine for some service users. There is a cook who confirmed that she provides a healthy menu and that alternatives are always available to suit the individual's likes and tastes. Service users told us they liked the food.

Personal Health Care and Support:

In the life plans we looked at there was detailed information about the care and support each person needs and how they prefer their care to be given. Each service user has a person centred intimate care procedure and touch profile. Staff have been provided with training about the home's intimate care policy. Service user are given the choice of who they would like to support them and the manager makes sure that there is always a female member of staff on duty available for female personal care.

The service users who live at Garden Lodge have complex emotional needs. And sometimes this can mean a service user self harms or displays aggression towards other people. As previously mentioned detailed behaviour profiles and guidelines are recorded so that the staff know and understand the best way to support service users at such times. And it was evident during our visit that staff had the skills and knowledge needed to support the service users appropriately.

The service users health care needs are closely monitored and regularly reviewed by staff. Service users are supported to see a range of health care professionals such as dentists, opticians and psychiatrists. They are also encouraged and supported to choose their own dentists, opticians, etc, and two service users have chosen to do so.

One service user has been supported by staff to join a weight management programme at the local surgery. They have made excellent progress as a consequence of this.

On the day of our visit a chiropodist was visiting a number of service users. They spoke positively of the support provided by the service.

We observed how medication was administered to service users. This was carried out in a safe, discrete way. Staff confirmed that they had completed training in the safe administration of medicines. Each month there is a clinical review involving psychiatrists, psychologists and language therapists. These include a review of the service users medication.

Concerns, Complaints and Protection:

Relatives we spoke to said they would have no hesitation in complaining to the manager and staff if they had any concerns. They said that they felt listened to by the manager.

Staff have completed training about safeguarding adults, which is up-dated every year. They have also been provided with training about the Local Authorities safeguarding policy and procedure so that they know what to do should they observe or suspect abuse.

Each service user has an individual behaviour profile and guidelines and all staff have completed training in behaviour management to further protect service users. Relatives are asked to look at these guidelines to check that they feel they are reasonable. Training has also been provided about the Mental Capacity and Deprivation of Liberty Acts. And there is a special assessment tool used to ensure that least restrictive practice is promoted in the service user's best interests.

Environment:

The building is decorated and furnished in a domestic style and is bright and welcoming. Bedrooms are all different and decorated according to the preference of each service user.

There is a beautiful well maintained garden equipped with swings and garden furniture. Service users can freely use this area.

Staffing:

Staffing levels are excellent. On duty when we visited were the manager, deputy manager, one senior, two grade two staff and 3 grade 3 staff. There was also a cook and domestic. Such good staffing levels mean that 1 to 1 support is available providing an active lifestyle for service users which meets their individual needs.

Staff told us that the training provided was excellent. The manager told us that a range of training methods are used, such as in-house training provided by herself, as well as access to specialist trainers in behaviour management and health and safety, to ensure staff are provided with the skills and knowledge they need. This includes training in autism, communication, equality and diversity, disability awareness, privacy and dignity of service users, care planning and communication and sensory impairments.

Relatives spoke very highly of the staff.

Conduct and Management of the home:

The registered manager has extensive experience of managing services for people with autism. She has achieved the NVQ level 4 qualifications in care and the Registered Managers Award. Additional training she has undertaken, to keep her knowledge up-to-date, includes training in the Mental Capacity Act, Safeguarding and Deprivation of Liberties Safeguards, dealing with conflict and person centred planning.

The Annual Quality Assurance Assessment (this is the information we ask for before an inspection) contained excellent information about what the home does well, what has and what needs to improve. It was clear that the manager has a high level of self awareness and recognises the areas that still need to improve with lots of ideas about how she will achieve this.

Service user and relative surveys, as well as open discussion in review meetings, are used to find out what people think about the service and how it can be improved. As a result of listening to people who use the service additional space is to be provided by building an extension.

What the care home does well:

Service user life plans contain excellent up-to-date information about their health and personal care needs.

There are lots of activities for people to choose from. And staff make sure service users are supported to make choices and decisions for themselves.

The meals are good with plenty of choices available and relatives and friends can visit anytime they wish.

Service users are protected by the medication, complaints and safeguarding procedures.

The home is clean and well maintained.

Staffing levels and staff training is excellent.

The manager has many years experience of managing a care service and has had lots of training in the area of management and autism. Relatives commented that she was very approachable.

What they could do better:

We have not made any requirements or recommendations as a result of this inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Reader Information

Document Purpose:	Inspection Report
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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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