

Education and Services for People with Autism Limited

Garden Lodge

Inspection report

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Date of inspection visit: 2 February and 20 March
2015
Date of publication: 12/08/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place 12 February 2015 and 20 March 2015 and was unannounced. This meant the provider did not know we were carrying on the inspection on that day.

We carried out our last inspection in October 2013. The provider during that inspection met our regulatory requirements.

Garden Lodge provides accommodation and personal care for up to eight people. The home is a purpose built

house with eight bedrooms, a lounge, kitchen dining room and recently built conservatory and terrace. The home is set in its own gardens in a residential area, near to public transport routes and local shops.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection we found the service had a registered manager in post.

The provider was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People who were employed by the service had been checked by the provider to ensure they were safe to work with vulnerable adults.

We saw the staff had been trained to work with people in a positive way which protected their human rights.

The provider had put into place checks on the building to make sure people were safe.

We found staff received support from the provider using supervision, appraisal and training.

People had specialist assessments in place which recommended actions to be carried out by staff. We observed staff carrying out the required actions.

Staff promoted the well-being of people living in the home and had helped them achieve their goals.

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely understanding of peoples' needs.

Using pictures and photographs staff engaged people to help them express their wishes, likes and dislikes and the activities they wanted to do. We found people were engaged in their care and the running of the home.

We saw the provider had in place comprehensive person centred plans for each person which gave staff detailed guidance on how to care for people.

Staff were able to recognise and intervene when people's mood changed to prevent the situation from escalating and having a negative impact on them and those around them.

We saw each person had their own individual timetable of activities and people received personalised care.

Relatives told us the registered manager was approachable and easy to talk to.

The registered manager carried out a comprehensive set of audits to monitor the quality of the service. Where they found areas could be improved they were proactive in ensuring improvements were made.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had in place robust recruitment procedures.

We saw the staff had been trained to work with people in a positive way which protected their human rights.

The provider had taken the necessary steps to keep people safe in the building. They had regular fire checks, gas and water safety checks and portable appliance testing in place.

Good



Is the service effective?

The service was effective.

The provider was meeting the requirements of the Mental Capacity Act 2008 and the Deprivation of Liberty Safeguards.

Staff confirmed they received supervision, an annual appraisal and training to support them in their work.

We found the staff supported good nutrition and people told us they the food give to them in the home.

Good



Is the service caring?

The service was caring.

People and their relatives told us the service was caring.

We saw through plans and reviews people had achieved their goals and their well-being had been promoted.

Staff had utilised pictures and photographs to engage people in their care and helped them plan their lifestyles.

Staff showed a very caring and compassionate approach to the people who used the service and every aspect of care given.

Outstanding



Is the service responsive?

The service was responsive.

We reviewed people's files and found the provider had in place comprehensive person centred plans for each person.

We saw each person had their own individual timetable of activities.

We also saw the provider had in place signs and signals for staff to recognise when a person's mood might change. Staff were able to intervene to prevent a situation from escalating.

Good



Summary of findings

Is the service well-led?

The service was well led.

Relatives told us the registered manager was approachable and easy to talk to.

We found the registered manager had in place a comprehensive set of audits used to measure the service and found the registered manager was proactive in addressing any issues which arose during the audit.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

Good



Garden 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 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 12 February 2015 and 20 March 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before this inspection we reviewed any notifications that we had received from the service. We also reviewed information from people who had contacted us about the service since the last inspection, for example, people who wished to make compliments about the service.

Before the inspection we reviewed any information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse.

During the inspection we spoke with four people and two relatives. We carried out observations and looked at five people's records. We spoke with six staff members including the registered manager, care staff and catering staff. We looked at four staff records.

Before the inspection we did not ask the provider to complete 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.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Garden Lodge. People told us they were happy living in the home. One relative confirmed their family member's views and told us the person was so happy and always singing.

We checked to see if staff had been recruited and were safe to work with vulnerable adults. We saw prospective staff members were required to complete an application form detailing their education, training and past work experience. The provider also carried out Disclosure and Barring Service (DBS) checks and obtained two written references. This meant that the provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We saw a copy of the provider's safeguarding policy. We spoke with the registered manager about safeguarding; they told us they would always investigate an issue raised by staff or people who lived in the home. We looked at the safeguarding file and saw records of incidents were appropriately investigated by the provider. The registered manager told us all staff had recently been trained in additional safeguarding training, specific to the needs of people with additional learning needs. Staff confirmed they had received the training and told us if they suspected any harm to people they would tell the registered manager. The registered manager told us the staff had in place a Social Code of Conduct which had been discussed with all members of staff. The code of conduct gave clear guidance to staff on the standards of behaviour required of a staff member. This meant the provider had in place additional safety standards for staff.

The provider had in place disciplinary procedures. This meant people could be safeguarded against the impact of adverse staff behaviour. We saw there were no on-going disciplinary issues. The provider also had in place a whistle-blowing policy, at the time of our inspection there were no whistle blowing issues.

The registered manager told us they reviewed any incidents and accidents. We saw these were documented and when required people's plans had been changed. This meant the service had learned from incidents and had taken corrective action.

During our inspection we checked to see if there were enough staff on duty. We saw people's needs were

attended to and staff responded promptly to people if they required support or assistance. Staff had time to sit and chat with people and there were sufficient staff to support people with their chosen daytime activities. No one we spoke with during the inspection commented on there being a lack of staff. We saw staff rotas which showed staffing levels were maintained. The registered manager told us the rota was flexible and could be changed to meet people's needs.

We checked to see if people were given their medicines in a safe manner. All staff we spoke with who gave people their medicines told us they had been trained in their administration. We noted there was a PRN (as and when required) medication protocol sheet in place for those people who required it which explained the rationale for using such medicines. Staff had been given information to identify when a person might need PRN medicines. Each person's medicine's records had a photograph on the front so staff could be assured the right person was receiving the right medicine. We looked at medication records and found they were up to date. The provider had in place systems to ensure people continued to have their medicines when they were on leave away from the home.

One relative had commented in their feedback, 'Garden Lodge is always very clean yet homely'. There were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, lounges and bedrooms and bathrooms were clean, pleasant and odour-free.

We reviewed people's records and saw that staff had assessed risks to each person's safety. We found individual risk assessment plans were included in care plans for people where appropriate and actions had been put in place to mitigate the identified risks. These included an 'emotive language profile' which described people's emotive language and behaviours. This meant staff could address people's emotive behaviours before they escalated.

The provider had assessed the risks in the home and taken action to make sure people were safe. This included ensuring certain cupboards doors were locked and any equipment was kept safely.

The provider had in place regular building checks included fire alarms, water temperatures gas and portable electrical appliance testing (PAT). We saw records to confirm that

Is the service safe?

regular checks of the fire alarm were carried out to ensure that it was in safe working order. People had in place emergency evacuation plans and we saw the provider had a critical incident plan. This meant the provider had taken the necessary steps to ensure people were safe whilst living at Garden Lodge.

We found people had in place individual behaviour management plans which focused on the least restrictive

forms of control. Where incidents took place we found there was guidance for staff to reduce their impact on the person and others in the home. The registered manager told us all staff were trained to use techniques which promotes positive behavioural support and non-adversarial ways to manage incidents. This meant the service had systems in place to keep people safe whilst at the time protecting their human rights.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw the provider had submitted applications to the relevant local authorities. The registered manager had recorded comments from the best interest assessors and the GP carrying out the assessments. The comments stated the assessments carried out by the provider were positive and the record keeping was outstanding. All of the applications had been approved and at the time of our inspection the registered manager was awaiting for the remaining four approvals in writing. Staff we spoke with were able to tell us about DoLS and what that meant for people in their care.

We saw the provider carried out best interest decisions and found where people were assessed as unable to make decisions for themselves the service had engaged the support of other professionals and family members to help make decisions. For example we saw one person had a best interest's decision taken about their medication, another person had a best interest's decision in place about restricting their activities.

We spoke with staff about the support they received from the provider. Staff confirmed they had received an induction and told us they had completed specialised training on autism, developed by the provider and also safeguarding training. Staff also spoke with us about receiving training courses which were 'interesting,' 'motivating' and of a 'professional standard.'

Staff had supervision meetings with their line manager. A supervision is a meeting which takes place between a staff member and their manager to discuss their progress, any concerns they may have and training they required. We saw staff regularly received supervision and were required to have an annual appraisal to monitor their performance and set targets for their learning and development. We saw in the summarised version of the relative's feedback, the majority of relatives either agreed or strongly agreed staff are professional and well trained. Staff confirmed to us they received such support. One staff member told us the provider was, "really good with training."

Before people came to live at The Garden Lodge we found the provider had carried out a number of assessments and

requested information from other professionals. This ensured people could be appropriately cared for in the home. We saw people who lived in the home had consented to receiving care from the service supported by their family members and other professionals. People we spoke with told us they wanted to live in the home.

We saw the provider also had in place specialised assessments which documented people's needs. For example we saw a detailed speech and language assessment had been carried for one person. The report documented their history, needs and provided an assessment summary assessment. The report concluded with an action plan. Staff were able to tell us about the action plan and we observed the recommended communication techniques being carried out. We found staff were knowledgeable about people's needs and had carried out actions plans.

Staff we spoke with were aware of how to communicate with each person in the home. Throughout our inspection we observed staff engaging people using pictures and photographs as identified in their communication plans. The picture and photographs were used to support people and identify their needs and wishes. We saw the staff had used talking mats; these were mats on which were placed pictures of people's activity preferences. For example we saw one person disliked swimming and camping but liked going out to restaurants, discos and parks. The mats were also used to enable people to describe their food and drink likes. One person disliked bananas and hot chocolate and but like tea, coffee, chicken and strawberries. This meant staff had helped people to focus on their needs using appropriate methods whilst gathering pertinent information to support each person.

We saw staff communicated effectively with each other, their managers and other support staff. This included detailed written updates about people's care, their achievements and successes and areas where staff need to provide further support. Staff updated each other verbally with important information and showed effective teamwork. We also observed staff following agreed protocols and using the same language and phrases which reassured people at the home and helped them to be more relaxed and confident.

People told us they liked the food in the home and were offered choices in the meal. Staff knew people's personal likes and dislikes. One relative had fed back to the service

Is the service effective?

their family member's diet, "Is monitored and carefully adjusted to their needs by the staff. I couldn't ask for more." Another relative commented on how they appreciated the staff vigilance in monitoring their family member's intake of food. We spoke with the catering staff who demonstrated they understood people's nutrition and hydration needs.

Staff described to us a person's weight loss due to having an increasing healthy lifestyle, but they also pointed out to us the importance of the person having their treats including, "Pop and crisps." We found staff supported good nutrition for people and were aware of people's nutritional needs.



Is the service caring?

Our findings

One person's relatives told us the staff treat people like their own family and, "Nothing is too much trouble." Another relative described their relative as being so happy and said they had helped their relative so much. They told us everyone was always laughing and they felt the staff were, "Really caring."

Relatives told us they felt involved in the care provided to their family member. They commented to us they were always told what people were doing and were kept up to date. One relative felt supported by the service and said, "When I have with [person] at home the staff are very supportive and help me get through the difficult times." This meant staff engaged with relatives to care and support them.

When we inspected we found there was a calm and relaxed atmosphere in the home. Throughout the day we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people at the home very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people easily understood. Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions.

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely understanding of people's needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care. Relatives in their feedback form said, 'We have huge respect for all the staff. Some go far beyond the call of duty for the residents'. One relative told us staff took

care of their family member's appearance, they always found their family member clean, well dressed and wearing aftershave. We found relatives appreciated the care given by staff.

People told us about how they had recently had their bedrooms decorated in colours of their choice. We saw the redecoration had been documented in photos to help people remember their involvement. We found staff respected people's bedrooms personal items were cared for and kept in the places people wanted in their bedrooms.

We found involvement was a key theme of the service. People were given opportunities to make decisions and choices during the day, for example, what to eat, or where to sit in the lounge. We saw staff encouraged people to give their views and supported people to make choices and decisions. People were asked about things like activities they would like to do and meal preferences. We also saw people asserted their views and preferences and were empowered and encouraged to be in control of their lives. For example, people who lived at the home took part in a wide range of social and leisure activities. Staff also told us they used their knowledge of each individual to determine whether or not an activity was acceptable. Staff showed us photographs of people under the heading, 'How we help run our home'. The photographs depicted people shopping for their weekend brunch including buying the bread buns and the meat. We found there was an impetus in the home to support people to be integrated in the local community. For example shopping expeditions supported people to be more independent and meet with friends and acquaintances.

In response to people's needs for equality we found the provider had in place arrangements to assess people's needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their abilities and enabled them to learn new skills. We saw through plans and reviews people had achieved their goals and their well-being had been promoted.

We spoke with the registered manager who gave examples of how they respected people's choices, privacy and dignity. When we visited the home we saw this being put into practice. For example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. The staff we spoke with explained how they maintained the privacy and



Is the service caring?

dignity of the people that they care for and told us that this was a fundamental part of their role. In the 2014 parents survey all the parents agreed or strongly agreed their family members were treated with dignity and respect. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

We observed staff gave people choices throughout the day and were given the time to decide. Staff were patient with people and discussed options with them. People were supported to make preparations to go out and given information and explanations by staff.

The registered manager told us the people who lived at Garden Lodge had capacity to make decisions in some areas of their lives. For more complex issues, the staff had consulted families, care managers, key workers and advocates to make sure decisions made were in the person's best interests. We found the service spoke up for people in their care. We looked at records and found people were involved in making decisions at the home. For example, meetings were held twice a year so people could decide and agree about decisions affecting their home such as bedroom locations, activities, meals and holidays.

Is the service responsive?

Our findings

People told us they went out with staff on their own and liked doing that. One relative told us people do not go out in large groups. We found people received individualised care.

People spoke with us about their activities and listed for us what they do. The list included attending a day centre, computer classes, cooking, drama, horse riding, bowling and swimming. We saw each person had their own individual timetable of activities and knew what day they were doing particular activities. We saw one person had a calendar on their wall to remind them of their activities. Staff had taken photographs to help people remember what they had done. This gave further evidence of the personalised care provided by the service.

We saw the provider had in place a complaints policy but found there were no complaints since our last inspection. One relative told us they never had to complain. Another relative in their feedback said, 'Staff always listen to our concerns and act very swiftly on them'. The registered manager told us they prefer to deal with any issues as they arose and prevent the need for people feeling they had to make a complaint.

We reviewed people's files and found the provider had in place comprehensive person centred plans for each person. We found staff were given detailed information on how to care for people. Each person's file contained a personal profile and included significant people in people's lives including contact and visiting arrangements. Relatives confirmed to us the recorded visiting arrangements were correct.

We found each plan was preceded by an assessment of the person's needs. This meant plans were robust and founded on individual needs. We found the plans included specific information on each person's autistic spectrum disorder and each person's behaviour and communication needs. The latter plan described in detail people's personal communication style and how staff should communicate with them. The plans also included ways for people to be

involved in decisions and choices. We spoke with staff who were able to give us information about each person; the information concurred with that in people's care plans. We found staff used the plans and were very knowledgeable about people's care needs, past history and how they needed to be supported.

We also saw the provider had in place signs and signals for staff to recognise when a person's mood might change. For example staff knew when one person became anxious they might challenge. This meant staff could recognise the signs and signals and were able to intervene to prevent a situation escalating to the detriment of the person and others in the home.

People's plans took into account the assessments of other professionals and the multi-disciplinary approach used by the service. We found the provider had sought assessments from appropriate professionals and gathered sufficient information to be able to provide care for people.

We found staff engaged people in their plans and used visual techniques to enable people to choose what they wanted to do. This meant people were supported to be proactive in choosing their lifestyle. People we spoke with told us what they had chosen to do.

We saw people had an annual review. People were supported by staff to put together photos of their year and what they had been doing. Staff supported people to write text to describe the content of the photos and what they had enjoyed doing. This meant people were empowered, were able to attend their review and participate with their own report and review of their year. Staff confirmed they attended review meetings with social workers to review people's progress.

During our inspection we observed people going out on activities and receiving one to one support. One relative spoke with us about how pleased they were that staff supported their family member to integrate and do more things. We also observed that whilst people had access to their bedrooms and were able to choose if they wanted time on their own staff worked with people to avoid them from becoming isolated.

Is the service well-led?

Our findings

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. At the time of our inspection we found the service had a registered manager who had been in post for over five years.

People told us the registered manager was approachable and easy to talk to; one relative told us the registered manager, "Was a lovely lady, very approachable." We observed the registered manager and found people approached her and they received an appropriate and caring response. Staff told us they felt supported by the registered manager, one staff member commented, "I like the way they listen."

We found the registered manager had used questionnaires to assess the service. Relative's feedback on the service was very positive. We saw relatives found the staff approachable caring and supportive and their views and experiences were listened to. The registered manager had collated the feedback to give an overall view of the service. This meant the registered manager was able to compare responses.

People who used the service were supported to give their feedback in a visual format. We saw care had been taken not to influence people when they were given their responses. The feedback stated people enjoyed the lifestyle offered by the Garden Lodge.

The registered manager also used questionnaires to check if staff knew about people. The registered manager asked staff to give examples of what each service really enjoyed. Staff were also asked about their understanding of what made people happy. Staff responded by describing people's body language and how they gesticulated or used specific language and phrases to demonstrate they were happy. One staff member had written, "[person] whilst out walking gives you vocal loud sounds, laughing sounds and smiles." Another staff member described people's use of language and said they would say, "I am happy." The staff

responses reflected the information documented in people's care plans. This meant the registered manager was able to assess the service provision and the staff's understanding of people's communication.

We found the registered manager included staff in the development of the service and asked them in the questionnaire, 'In your opinion what more can we do to ensure service users are happy'. Staff responded with continuous improvement ideas. These included going to different places and trying different things in the community.

Further evidence of a culture of continuous improvement was found in the registered manager's development plan from January to December 2015. We saw the plan included three broad objectives which when were broken down to address the service meeting legislative requirements and best practice, delivering personalised autism specific support and staff training. This meant the registered manager had in place a plan to deliver ongoing service improvements. Staff confirmed there was a drive in the service to continuously improve.

We spoke with the registered manager about quality assuring the service to people. The registered manager clearly demonstrated to us their understanding of a comprehensive quality assurance approach and used this approach to critically review the service. The registered manager completed monthly audits of all aspects of the service, such as infection control, medication, learning and development for staff. We found the registered manager produced actions plans and we were able to see when actions had been signed off.

The registered manager told us they conducted reviews of other services owned by the provider and they are subject to peer reviews. This system provides an additional layer of auditing and demonstrated there was a culture of transparency and openness in the service. This ensured strong governance arrangements were in place.

Throughout our inspection we observed staff updating people's records. We found the records were accessible and easy to read. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

Is the service well-led?

The service had in place formal and informal community networks in the home. For example we saw the service had developed a relationship with the district nurse and the SALT team.

We found the provider as a part of their registration requirements had notified the CQC of relevant incidents.

During our inspection we observed a positive culture in the home. Staff were led by a registered manager who was clear about how people were to be valued and treated as

individuals. We saw this in action when staff encouraged people to make choices and supported them to carry out those choices. We also found people were encouraged to be in control of their lives, for example people chose their activities.

We saw the provider had management systems in place to support the registered manager including finance and human resources support located at the providers local head office.