

Education and Services for People with Autism Limited

Garden Lodge

Inspection report

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27 July 2017

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Garden Lodge provides accommodation and personal care for up to eight people who may have a learning or physical disability. At the time of our visit there were eight people using the service.

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

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 there was a registered manager in post.

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

Without exception people and relatives we spoke with told us that staff were extremely caring. We were given lots of examples of when staff had gone the "extra mile" to show excellence in caring. All interactions we observed between staff and people were caring and respectful, with staff being patient, kind and compassionate. Feedback from relatives was exceptional, with comments like, "I have never seen a more caring group of people."

Staff demonstrated a good understanding of safeguarding and the provider's whistle blowing procedure. This included knowing how to report concerns.

Medicines were managed safely. Records showed people received their medicines when they were due. Only trained and competent staff administered people's medicines.

Health and safety checks were completed regularly to help keep the building safe. Up to date procedures were in place to ensure people continued to be supported in emergency situations.

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

Staff told us they were well supported and trained appropriately.

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.

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

People had opportunities to participate in their preferred activities.

The provider carried out a range of internal and external quality assurance audits to monitor the quality of people's care.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Outstanding.	Outstanding ☆
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	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 7 July 2017 was unannounced and we also spoke with relatives on 13, 24 and 27 July 2017.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and spoke with two people's care managers.

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

During the inspection we spoke with six people and two relatives. We carried out observations and looked at four people's records. We spoke with six staff members including the registered manager, care staff and catering staff. We looked at the care records for four people who used the service, medicines records for four people and recruitment records for two staff. We also looked at a range of records related to the running of the quality and safety of the service. Following the inspection visit we spoke with a further four relatives.

Is the service safe?

Our findings

People told us they thought the home was safe. One person told us, "Yes I am happy and comfortable here." People's relatives we spoke with told us, "I feel [name] is very safe there," and "Yes, I know the staff would contact us if there was anything amiss."

Staff had a good understanding of safeguarding and knew how to report concerns. They were also aware of the provider's whistle blowing procedure. Staff said they would not hesitate to use the procedure if they had concerns about a person's safety. One staff member said, "We all know about safeguarding and would report any concerns to the manager or higher up if we needed to." There had been no recent safeguarding concerns about people living at the service. However, procedures were in place to deal with future issues if required. We saw easy read information about keeping safe, aimed at people using the service, was displayed prominently on a notice board.

People and staff did not raise any concerns about staffing levels. We saw staff were always on hand to offer support and assistance when people needed it. We saw staff rotas which showed staffing levels were maintained and there was no use of agency staff. The registered manager told us the rota was flexible and could be changed to meet people's needs.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. Records were also available to show applicants had been assessed following an interview process and had completed an induction programme when they started working at the home.

Medicines were managed safely. People received their medicines from trained staff. We viewed a range of medicines related records and found these were completed accurately. For example, medicines administration records (MARs) and records for the receipt and disposal of medicines. Medicines were stored securely in a locked cabinet. Appropriate arrangements were in place for medicines that needed to be stored in a fridge.

We found the home was well decorated and clean. The provider regularly carried out health and safety checks and risk assessments help keep the premises safe for people. Accidents and incidents were appropriately recorded and analysed on a monthly basis to identify any trends. Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Emergency evacuation procedures were also in place to help ensure people continued to receive care in an emergency situation. For example, each person had a personal emergency evacuation plan (PEEP) which

described their individual support needs in an emergency.

Incidents and accidents were logged and investigated by the registered manager. We saw examples of how the service made immediate adjustments or improvements to ensure people remained safe for example, one person had recently had an injury and professional advice was sought to ensure they could remain safe with their reduced mobility. One relative also told us how the service worked with their relation to ensure they were not present when fire alarms were checked as this caused them great distress.

Is the service effective?

Our findings

Staff confirmed they were well supported and received the training they needed. One staff member told us, "The training is brilliant and we are always kept up to date." People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions.

Staff were required to complete essential training as part of their role. This included moving and handling, infection control, health and safety, medicines and safeguarding. Staff had one to one supervision every two months and an annual appraisal. A supervision is a meeting with a manager. Records confirmed supervisions, appraisals and training were up to date at the time of our inspection. New staff completed a comprehensive induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Care plans were in place which described how people should be supported with communication and decision making.

People were supported to meet their nutritional needs. We spoke with the chef who was knowledgeable about people's nutritional support and likes and dislikes and who clearly engaged very well with everyone who used the service. One person we spoke with told us how the service supported them to lose weight using a national recognised slimming programme and how they were delighted with the help and support they had received to achieve a significant weight loss. We saw that other people with specific nutritional needs had clear plans in place to support them to eat well. People were positive about the food and we observed the lunchtime meal where people were well supported and offered choices in a calm and sociable atmosphere.

People were supported to access health care in line with their needs. Records showed people regularly attended appointments or had input from a range of health professionals. This included GPs, occupational therapists and dentists. Where specific guidance had been provided this was incorporated into people's care plans. One relative we spoke with told us, "They support [name's] health brilliantly and contact me about anything. They ensure [name's] skin is protected, which it needs to be." This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Is the service caring?

Our findings

People told us they were happy with their care and with the staff supporting them. One person said, "I like everyone who is here." We spoke with relatives who told us, "They care for [name] and everyone at the service exceptionally well, they have a fantastic understanding of everyone's needs," and "We have experienced other services that have been poor but Garden Lodge is just amazing, we know how happy [name] is there and we can only say really positive things about it."

We observed warm and positive interactions between people and staff. Some people had lived at Garden Lodge for a long time with a stable staff team. Staff knew people's needs very well. We saw all staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were supported by staff in a patient and friendly way. We saw and heard how people had an excellent rapport with staff. For example, we observed one staff member talking with one person, encouraging them to take part in activities. They ensured they gave the person clear and direct instruction and then gave them time to process and respond to their request. We saw this person's care plan reflected this communication approach.

When staff carried out tasks for people, they explained what they were doing as they assisted people and they met their needs in a sensitive manner. All staff told us they had training in communication and each interaction from staff was undertaken efficiently in a caring, focused manner which promoted the person's wellbeing. One relative told us, "They [staff] can sense when things are going wrong and immediately step in to diffuse things before they blow up, they just know [name] so well."

We saw people were treated with dignity and respect. One care manager we spoke with told us, "Staff are caring and treat residents respectfully. The family of my client are completely happy with the care they receive."

We were given lots of examples by people of when staff had gone the "extra mile" to show excellence in caring. We were told when a power cut occurred that caused people considerable distress and would be off for some time that one staff member offered the use of their caravan nearby and so people went there where they could have drinks and be supported. One person told us, "There are some very special people working here." A relative told us, "From where we were, the change in our relative has been amazing, they have dealt with [name] brilliantly." Another relative told us how the service ensured they were supported too, they said, "The staff put so much into the care. They have worked with me and have gone that bit above to help [name] and they involve me all the time." We were told of how one person wanted to use the facilities with staff support at a local health spa. When staff made enquiries the spa was reluctant to enable their facilities to be used and so the staff prepared a document about how the staff would be supporting the person with autism. After the visit went ahead, the spa contacted the service saying what a pleasure it had been to facilitate this person and their staff support and they were very welcome to attend again in the future. This showed how staff advocated on behalf of people who used the service.

People were encouraged to be as independent as possible. We observed people helped to set tables for

lunch and were involved in preparing meals. Another person got up later than other people and helped make their own breakfast. One person was being supported with an exercise programme to help recover from surgery and we saw staff being supportive and encouraging as well as giving the person lots of praise when they had completed their exercise. We were also told about how staff all visited this person in hospital in their own time to make sure they felt supported.

People were supported and encouraged to make choices about their care. All staff told us they encouraged people to have as much choice as they could around their daily life from when they got up, to meals, activities, clothing choices, and bedtimes and also whether they actually wanted support from care staff. One relative we spoke with said, "They ensure he chooses his own clothes and that is really important to us both."

People attended regular house meetings where we saw activities were planned and people were asked their views about the service. The meetings also reviewed people's achievements so this could be shared with each the provider to change the format of these surveys as, "I wanted to make it other. One staff member said, "People will tell you what they want." People were also supported to complete questionnaires to gather their views about the home. One person using the service told us how they had worked with easier to understand and to make it more relevant to our home." The registered manager also told us this person was working with the provider to review policies and procedures to again ensure they were written for people using the service so this showed how people were involved in the running of the service. Questions asked included: whether staff listened to them; were their opinions taken into account; were they supported to stay safe; and were they treated with dignity and respect.

People and relatives were involved in the care planning process which helped maintain the quality and continuity of the support to each person. Meetings and reviews were carried out to involve people and their relatives in all aspects of people's care. Relatives we spoke with told us they were given regular updates about their relation and said they could visit and ring at any time and they were always made welcome at the home. This showed the service supported people to maintain key relationships.

People were supported to access independent advocacy and support. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us none of the people using the service had advocates currently however information on advocacy was made available to people and family members.

Is the service responsive?

Our findings

People's needs were assessed to help ensure they received the care they needed. The information gathered during the initial assessment was then used to develop personalised care plans. Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

Care plans included reminders for staff about important things to remember about each person's care. For example, to ensure staff adhered to a particular routine in relation to one person's stereotypical behaviour which helped the person remain calm. Where potential risks had been identified during the initial assessment, risk assessments had been completed to help keep people safe.

Care records were personalised and included information about people's care preferences and their likes and dislikes. Each person had a short stand alone support plan which provided a summary of important information about them that staff needed to be aware of. This included how they wanted to be supported and what was important to the person. For example, for one person this included key information about how their autism affected them and how staff could support the person to prevent social isolation. People's personal qualities and personality traits were also recorded so that information was readily available to help staff get to know people quickly.

People participated in regular reviews of their care. These were undertaken monthly by key workers and on a formal annual basis with families and care managers. As part of the review, people and staff discussed outcomes and reviewed what had happened over the preceding month. We saw where actions were needed for example, gaining assistance from a healthcare professional then this action was monitored to ensure it took place.

People were supported to take part in their preferred activities. One person said, "I have been out to the gym today." Another person told us, "I like jigsaws." 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. Other people had specific communication tools to enable them to choose activities and with whom they would like support from. Staff had taken photographs to help people remember what they had done in relation to holidays and activities. This gave further evidence of the personalised care provided by the service.

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included: whether staff listened to them; were their opinions taken into account; were they supported to stay safe; and were they treated with dignity and respect.

People only gave us positive feedback about their care. Staff told us people would speak up if they were worried or concerned. We also saw from viewing the complaint record that issues could be raised and these were recorded, investigated fully and resolved by the registered manager. Information about how to make a complaint was available in an easy read format specifically for people living at the home. One relative told us, "If [name] was worried they would let me know and I have no cause for complaint but I know I can speak with them about anything." There had been one complaint since our last visit.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. One care manager we spoke with told us, "She is very experienced and person centred."

People and relatives told us the registered manager was very accessible. One care manager told us, "The manager has always been fully open and approachable with myself and my client's family." One relative we spoke with said, "[Name] is brilliant and they have an amazing relationship with my family member which just works so well. We get the heads up about any issues at all." We observed how the registered manager interacted with everyone very positively during our visit and they clearly knew everyone very well. People were comfortable around them and people came in and out of the office area in a way that showed they were not restricted from this room within the home.

Staff members we spoke with told us they were happy in their role and felt supported by the management team. One staff member said, "The manager is really approachable and very accommodating with staffs' personal circumstances."

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly and staff told us about recent improvements relating to how the provider communicated service developments. They said, "The service is more open, involved and focussed on people. They [provider] listen and are more interested in the service users' quality of life."

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider carried out yearly questionnaires as we saw the results were analysed and actioned. This year, one person from the service had worked with the provider to re-draft the survey to make it easier read and also more applicable to Garden Lodge. This person was also going to work on improving policies and procedures to again make them more relevant for the people using the service. This showed the service listened, involved people and acted on feedback.

The provider carried out a range of audits within the service to check the quality and safety of the environment. This included health and safety, medicines, and records relating to people and staff members. The registered manager told us they conducted reviews of other services owned by the provider and they were subject to peer reviews. They also told us they were developing these peer reviews to include people using the service visiting the provider's other homes as, "They can talk with and do observations in a much better way than we can."

The service had good links with the local community. People who used the service accessed local shops and leisure facilities.

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them, ensuring people's personal information could only be viewed by those who

were authorised to look at records.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. The provider also displayed its CQC rating at the service and on its website as required.