

Review of compliance

Education and Services for People with Autism
Limited
Garden Lodge

Region:	North East
Location address:	Maureen Terrace Seaham Co Durham SR7 7SN
Type of service:	Care home service without nursing
Date of Publication:	May 2011
Overview of the service:	Garden Lodge is a care home providing personal care and accommodation (but not nursing care) for eight people between the ages of 18-65 years with disabilities known as autism spectrum disorders. It is owned and operated by an organisation called Education and Services for People with Autism Limited (ESPA).

	<p>The home was purpose-built and has eight single bedrooms, two living rooms, a dining room, its own garden and is in a residential area, near to public transport routes and local amenities.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Garden Lodge was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, Carried out a visit on 03/03/2011, Checked the providers records, Observed how people were being cared for, Looked at records of people who use services, Talked to staff.

What people told us

The manager told us that most people who lived at this home could find it difficult to express their overall views about the service directly. To overcome this she had carried out surveys with the people who lived at the home and their relatives and / or advocates.

The most recent survey carried out by the manager in 2010 found that:-
Everyone said that they were happy at Garden Lodge, they liked the food, they were warm and they liked their home. They said that the staff team helped them and some said what activities they liked.
Relatives said that the homes strengths were training, dedicated staff and management, staff team work, well maintained premises, good staff ratio, good activities and holidays, and good healthcare and diets

What we found about the standards we reviewed and how well Garden Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who received services were respected and involved in making decisions. People were put at the centre of their care through the care planning process and with the involvement of advocacy services where this was appropriate.

Outcome 04: People should get safe and appropriate care that meets their needs

and supports their rights

People experienced effective, safe and appropriate care and support that met their needs. Care plans identified risks and how these would be managed and reviewed

Outcome 06: People should get safe and coordinated care when they move between different services

People who used services received safe and co-ordinated care, where more than one provider was involved, or they moved between services.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who lived at Garden Lodge were protected from abuse.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The safety, health and welfare of people living at Garden Lodge was protected by staff who were fully supported and properly trained.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People who used services were protected by the effective monitoring of their care and welfare.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

One person said, "I'm going to the disco with (staff name) tonight."

Another said, "I talk to the staff about what I do."

The manager told us that most people who lived at this home could find it difficult to express their overall views about the service directly. To overcome this she had carried out surveys with the people who lived at the home and their relatives and/or advocates.

The most recent survey carried out by the manager in 2010 found that:-

People living at the home were happy, liked the food and liked their home;

People who lived at the home said that the staff team helped them and some people were able to say what activities they liked and what they would like to do more of;

Relatives and advocates said their views were listened to;

Relatives and advocates were always invited to reviews.

Other evidence

The manager said that there was an up-to-date Service User Guide which told people about how the home made sure their right to privacy was respected. For example, people's rooms were considered to be private areas with locks on doors and staff treating these areas respectfully by knocking to check that it was alright to go in.

The manager told us that relatives were actively involved in the planning and there was clear information in the Service User Guide about how to get an advocate and what they did.

The manager told us that people living at Garden Lodge were always listened to and their views and decisions respected.

The manager told us that people living at Garden Lodge had capacity to make decisions in some areas of their lives, and for those who did not or for more complex issues they consulted families, care managers, key workers, staff, advocates etc to make decisions in the person's best interests.

The manager told us that all staff had undertaken specialised training to support each individual to make their needs known i.e. visual aids, signing and gestures.

The manager told us that people living at Garden Lodge and their families had been involved in creating accessible 'person centred' care plans. They had developed intimate care and touch guidelines which stated the person's preferred method of support. They had recently used an advocate who was independent to the home, to make sure that someone's wishes were considered and acted upon. She also said that people were consulted on a daily basis regarding, activities, staff support, food, drink, concerns etc.

The manager told us that they had developed visual boards, timetables, and structure to help people to predict timescales and routines that they may need to lead a meaningful lifestyle and also helped people to be able to use this information on their own throughout the day.

The manager told us that the views of people living at the home were listened to each day by staff, in meetings, through families and staff 'keyworkers', reviews and surveys.

When we visited Garden Lodge we saw staff day-to-day practices which confirmed that people were encouraged to give their views and that they support people to make real choices and decisions. People were being asked about things like activities they would like to take part in, which staff would support them and their preferences for things like meals. We saw that people who lived at this home asserted their views and preferences and were clearly empowered and encouraged to say what they thought.

We looked at care plan records and saw that some of these were written in ways which helped people to understand and take part in them; some people were keen to show their care plans to us and had signed them to show that they had been involved in agreeing them. Care plans showed the opportunities people had and the choices that they had made.

When we visited Garden Lodge we saw that people living at the home were treated with respect by staff who knew them well. Relationships between people and with staff were relaxed, friendly and informal which helped them to feel comfortable. People appeared to be relaxed and happy with the support they got from staff.

We have had no other information from people who live at this home, their relatives, advocates, commissioning councils or social workers that suggested that this home was not respecting and involving people who used services.

Our judgement

People who received services were respected and involved in making decisions. People were put at the centre of their care through the care planning process and with the involvement of advocacy services where this was appropriate.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The manager told us that most people who lived at this home could find it difficult to express their overall views about the service directly. To overcome this she had carried out surveys with the people who lived at the home and their relatives and or advocates.

The most recent survey carried out by the manager in 2010 found that:-

Relatives and advocates applauded the 'good healthcare for residents.'
Relatives said that staff and the manager had a really good understanding of their relatives likes and dislikes;

When we visited people at this home told us that they had care plans and that these were important to them.

Other evidence

The manager told us that every person living in Garden Lodge had a detailed Care Plan and health plan for staff and also a more accessible person centred plan for service users.

When we talked to staff we found that they had an excellent understanding of people's histories, needs and preferences which they needed to support people. From their records we could see that staff also worked closely with other community-based health

and social support staff to make sure that people's wider needs were supported by fully co-ordinated care. The way that care plans were written showed how they were to be supported and there were reviews to see if their needs had changed. There were examples of where a great deal of thought consideration and care had gone into this planning. For example how people's relationships were supported to make sure that they were not vulnerable to abuse and how people were to be supported to take risks to help them to be independent whilst reducing the likelihood of harm.

When we looked at the records we found that some people at this home had needs which required the staff to respond to them in particular ways for example, to give them support to feel confident and help them to manage their anxieties.

When we visited the home we saw that people got support from staff which followed these individual plans and tailored to their specific needs. Staff were caring for people in a way which placed each person at the centre of a network of support and tailored so that they had individual lifestyles. At the home this is called 'person centred care.' and all staff had been trained to work in this way.

Overall by looking at people's care plans we saw that they had relevant information in place which had been reviewed and monitored by the manager.

We have had no other information from people who lived at this home, their relatives, advocates, commissioning councils or social workers which suggested that this home was not meeting the care and welfare needs of people who live there.

Our judgement

People experienced effective, safe and appropriate care and support that met their needs. Care plans identified risks and how these would be managed and reviewed

Outcome 06: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us

The manager told us that most people who live at this home can find it difficult to express their overall views about the service directly. To overcome this she had carried out surveys with the people who lived at the home and their relatives and/or advocates.

The most recent survey carried out by the manager in 2010 found that:-

Relatives commented positively about the way that the home supported people to get advice and treatment (from other providers) to improve their health and wellbeing.

Other evidence

The manager told us how Education and Services for People with Autism Limited, (ESPA) supported people who wished to move to an alternative, more independent lifestyle. This had involved the home staff working with an advocate, relatives and the new provider to make sure that they were able to provide the support that would be needed.

The manager also told us that care plans included all the information a new service would need if a person was required to transfer urgently such as the support they required during personal care, previous medical history, risk assessments, assessment documents and medical details. This information was available to be transferred to a new service in time for them to make assessments if required.

There was a Complaints and Concerns Policy in written and an accessible format to help people who lived at the home to voice concerns. This was incorporated into the Service User Guide which individuals received as part of the admissions process.

The manager told us how staff at the home work alongside other staff employed in day opportunities and that arrangements were in place to keep confidential personal information secure when care plans were transferred within the service or shared with other agencies. The home has a process for contacting supporting services such as occupational therapists, psychiatrists and community support. Each person had access to a multi disciplinary team and meetings took place where health needs were reviewed and referrals to other specialists could be made.

We have had no other information from people who live at this home, their relatives, advocates, commissioning councils or social workers which suggested that this home was not co-operating with other providers.

Our judgement

People who used services received safe and co-ordinated care, where more than one provider was involved, or they moved between services.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The manager told us that most people who lived at this home could find it difficult to express their overall views about the service directly. To overcome this she had carried out surveys with the people who lived at the home and their relatives and/or advocates.

The most recent survey carried out by the manager in 2010 found that:-

People who lived at the home said they were happy and they liked it there.

Relatives commented positively about the way that staff were trained at the home.

Other evidence

The manager told us that all staff were trained in safeguarding and the safeguarding policies of the organisation. The manager made sure that all staff had a good understanding of them. This included safeguarding, whistle-blowing, finance, intimate care, protection of vulnerable adults, dignity at work and anti bullying. Staff also undertook alerter training verified by Durham Safeguarding Adults inter Agency Partnership who made sure that acceptable standards of knowledge were achieved.

When we visited Garden Lodge we saw that staff record any incidents of abusive behaviour in care plans and any unexplained bruises or changes to eating and sleep patterns etc are reported to the manager and recorded. Staff also told us what they

would do to protect people living at the home if they saw or suspected that abuse had taken place.

In the Statement of Purpose people were told that they had the right to make a complaint about the service without fear of reprisal or discrimination in any way.

We have had no other information from people who lived at this home, their relatives, advocates, commissioning councils or social workers which suggested that this home was not supporting people's human rights and protecting them from abuse.

Our judgement

People who lived at Garden Lodge were protected from abuse.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The manager told us that most people who lived at this home could find it difficult to express their overall views about the service directly. To overcome this she had carried out surveys with the people who lived at the home and their relatives and/or advocates.

The most recent survey carried out by the manager in 2010 found that:-

People who lived at the home said that they were happy with the way that the staff team helped them.

Relatives made positive comments about staff training and their communication with staff; some said it was excellent.

All relatives who responded to the survey said that the quality of care and support from staff was good or excellent.

One relative's comments about staff included, "Top quality training and dedicated staff and management."

Another said "Well trained staff, very supportive, work as a team."

Other evidence

When we visited the home we saw that care workers were well organised with shift patterns that reflected the demands of people living at the home and records showed that sufficient numbers of people had been working there. The manager told us that the staffing ratio within Garden Lodge is always high because people who live there need significant support and only permanent staff were employed with a low turnover of new

staff which helped to make sure that care was consistent.

The manager told us that all staff at Garden Lodge received an annual appraisal and six supervisions per year to review their performance and set targets. ESPA has its own training department which supports staff to have the skills and qualities they need to support the people who use services. The manager told us that there was an extensive programme of induction training for all new staff, which included Common Induction Standards with courses in Autism Awareness, Communicating with people with Autism Spectrum Conditions, Sign Language, First Aid, Manual/People Handling, Basic Food Hygiene, Fire Safety and An Introduction to Behaviour. The Common Induction Standards were internally verified. The manager told us that each year there was a 'Service Development Plan' for Garden Lodge which included a review of job roles, job specifications and training requirements to make sure that training was up to date and relevant to the people who lived at the home. All staff working in Garden Lodge had received relevant training which included National Vocational Qualifications (NVQ) in care and promoting independence.

The manager told us that staff were supported to achieve relevant qualifications and access training to provide continuous professional development including, Diploma in Health and Social Care, Diploma in Health and Social Care L4 Management, Accredited Behaviour Training and Autism Spectrum Conditions Training.

When we visited the home we saw that staff demonstrated an in depth knowledge of people's needs and the strategies and approaches they used to support them. Staff showed that they were competent in their role as care practitioners and this was reflected in the good standard of practice when they supported and interacted with people living at the home.

The manager told us that there were regular staff meetings and when we visited the home we saw copies of team meeting minutes which showed that the meeting had been thorough and a variety of relevant areas had been discussed.

We have had no other information from people who lived at this home, their relatives, advocates, commissioning councils or social workers which suggested that this home was not supporting people's safety, health and welfare by employing competent staff.

Our judgement

The safety, health and welfare of people living at Garden Lodge was protected by staff who were fully supported and properly trained.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The manager told us that most people who lived at this home could find it difficult to express their overall views about the service directly. To overcome this she had carried out surveys with the people who live at the home and their relatives and / or advocates.

The most recent survey carried out by the manager in 2010 found that:-

Relatives said that asking them for their views about the performance of the home was one of the services main strengths.

Other evidence

The manager told us that ESPA had a detailed and comprehensive organisational risk management procedure and the risk register was updated annually. This analysed the strategic and operational risks to the charity from the perspective of all stakeholders including people who used services and reviews controls, monitoring processes and required actions to minimise the potential likelihood or impact of each area of risk. She told us that

Garden Lodge had an annual development plan that reflected the personal goals for each service user and the objectives for the service. Common service user or service objectives or requirements were included within the strategic plan.

The manager said that they had monitored the quality of service at Garden Lodge by

using surveys. These were sent to people who lived at the home, relatives and staff. Information gathered from these helped to show where changes could be made. An example was that relatives and staff felt that Garden Lodge needed more space to improve the quality of life and provide more privacy, choice and space for people living there. As a result of listening to people they had improved the service by building an extra room at the home.

When we visited the home, staff told us that they had consulted and supported the people who live there, to raise any concerns that they may have had in relation to their care and preferences. This had influenced a change in practice for example, the menus were changed to give more variety including take away meals and the type and variety of activities available for people to take part in was increased.

We have had no other information from people who lived at this home, their relatives, advocates, commissioning councils or social workers which suggested that this home was not using effective monitoring and decision making to support people's care and welfare.

Our judgement

People who used services were protected by the effective monitoring of their care and welfare.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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