

Review of compliance

Norfolk County Council Church Green Lodge	
Region:	East
Location address:	Aslake Close Norwich Norfolk NR7 8ET
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	<p>Church Green Lodge is a residential respite service providing care and support for up to six people who lived with a learning disability. Church Green Lodge is registered to provide 'Accommodation for people who require nursing or personal care'.</p> <p>It is not permitted to provide direct nursing care to people, due to its structure and staffing arrangements.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Church Green Lodge was not meeting one or more essential standards. Action is needed.

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 20 July 2012, talked to staff and talked to people who use services.

What people told us

We spoke with a person using the service who told us that they enjoyed staying at Church Green Lodge. They told us, "You get to choose what you do" they also commented, "I enjoy having my own space and have my own things in my room".

At the time of our inspection, we were unable to speak with many of the people using the service as they were not present. We therefore gathered evidence of people's experiences of the service by reviewing details of the most recent service user questionnaires. We found that comments received included, "I have had a lovely stay I love it here" and "Thank you for having me, everybody is kind – I love coming here".

What we found about the standards we reviewed and how well Church Green 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

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

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

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people who used the service. Whilst there were management systems in place these were not monitored and reviewed to ensure risks to people's health, welfare and safety were managed.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

We spoke with a person using the service who told us that enjoyed staying at Church Green Lodge. They told us, "You get to choose what you do" they also commented, "I enjoy having my own space and have my own things in my room".

Other evidence

People who used the service understood the care choices available to them. We saw that care plans had been written in an easy read format so that people could be involved in developing them. We also saw that staff used widgeits (a language programme using symbols to help people communicate) with people at the home who preferred to use this method of communication.

People expressed their views and were involved in making decisions about their care. We reviewed the care plans of four people living at Church Green Lodge. We saw that these were written in a person centred way and described in detail peoples likes and dislikes. The plans were also written in the first person and clearly demonstrated family involvement where this had taken place.

People were supported in promoting their independence and community involvement. During our review of care plans, we saw that people were encouraged to maintain their

independence. For example, one person using the service understood that a particular task that they requested staff to undertake may hinder and take away their independence. This person's care plan described the task and encouraged staff, in the words of the person concerned, not to let them undertake it so that their independence could be maintained.

People were supported to access their local community. We saw evidence that people would be taken out to the local supermarket and that many of the people staying at Church Green Lodge would be supported to attend day care services. We also saw that various other activities were in place for people to take part in such as, day trips, games and cooking.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

We spoke with a person who used the service who told us that they were aware of their individual goals. They commented "I want to live on my own and am currently trying to find my own place".

At the time of our inspection, we were unable to speak with many of the people using the service as they were not present. We therefore gathered evidence of people's experiences of the service by reviewing details of the most recent service user questionnaires. We found that comments received included, "I have had a lovely stay I love it here" and "Thank you for having me, everybody is kind – I love coming here".

Other evidence

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care files reviewed showed that there was information about people's current and past medical history. We found that individual assessments had been carried out and these were then used to develop people's individual care plans. Plans were reviewed regularly and record keeping was clear. We asked staff how they kept up to date with people's changing needs and were told that they regularly reviewed care plans, that senior staff members would communicate changes and a handover meeting took place daily. This demonstrated that care and support was assessed, planned and carried out in accordance with people's individual needs.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We noted from our review of care plans that individual risk assessments

were in place. These assessments took into account risks relating to people's moving and handling needs and specific medical conditions. We saw that where a person had a particular medical need, there was clear targeted information available to staff. This included details about signs and symptoms and the actions to take should these symptoms present in the person using the service. These assessments and information ensured that staff were aware of how to minimise risks for the people living at Church Green Lodge.

There were plans in place to deal with foreseeable emergencies. During our review of care plans we also saw that each person had in place a personal emergency evacuation plan ("PEEP"). These plans described the actions to be taken for each individual person should an emergency have occurred. We also saw fire and emergency evacuation procedures in place Church Green Lodge. These demonstrated that a co-ordinated and safe approach would be taken in relation to any emergency.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. We spoke with two members of staff about their knowledge of safeguarding people from abuse. They both demonstrated an understanding of the signs of abuse and the actions they would take if they suspected abuse was taking place. Staff were able to explain reporting requirements and how allegations of abuse would be dealt with.

We reviewed Church Green Lodge's safeguarding procedures. These were accessible to staff and staff confirmed they knew where to access these should they require. These procedures also detailed the local authority multi agency protocol which meant staff had accessible instructions on how to refer allegations of abuse to the local safeguarding team.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We spoke with a member of staff who was a trained trainer in challenging behaviour and physical interventions. We were told that this training had been cascaded to other members of staff at the location and saw record which confirmed this. We were also told that no incidents of physical restraint had taken place at the Location. The member of staff explained to us de-escalation techniques such as calming, negotiating and break-

always (moving away from grabs or holds) often took place within Church Green Lodge. This meant that there was no need for any physical restraint to take place.

Our judgement

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Outcome 14: Supporting workers

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 workers

Our findings

What people who use the service experienced and told us

We reviewed details of the most recent service user feedback survey. In total we reviewed eight completed questionnaires. Each person had agreed that staff were kind to them and that they supported them when they needed help.

We spoke to a person using the service who told us that they, "Get on well with staff" and that they "help me with things I need".

Other evidence

Staff were able, from time to time, to obtain further relevant qualifications. We found that Church Green Lodge had in place a mandatory and optional training programme. We reviewed the training records and saw that the majority of staff had completed their mandatory training. We also found that Church Green Lodge operated a system which monitored training to ensure staff attended relevant courses and update training.

Optional training included courses to help meet peoples' specific needs for example training on challenging behaviour and communication. On reviewing the training records for these optional courses we were able to see that a selection of staff had been trained in each area. The provider may find it useful to note that although we were told that training in relation to people's medical conditions had taken place, there were no records available to confirm this.

Staff received appropriate professional development. We found that a programme of formal supervision and appraisal was in place for permanent members of staff. However we saw that in recent months some supervision sessions had not been taking

place. We were told that this was due to a recent management restructure but that plans were in place to ensure this was addressed. We spoke with two members of staff who confirmed that they felt supported by their managers and felt confident in raising concerns should they need to.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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 non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

We asked to be provided with details of the most recent service user feedback survey and any improvements identified. We were shown completed questionnaires but Church Green Lodge was unable to demonstrate that the results of the survey had been analysed so that improvements could be identified and made.

We asked to review the incident monitoring system in place at the home. We found that the last incident reported was in October 2011. The registered manager was not available when we carried out our inspection. However, we spoke to the person in charge of running the home at the time of our visit. The member of staff was unclear about the process which needed to be followed. We were told that some incidents were recorded in people's care files, and others would be reported to the manager.

When we asked to review an analysis of the incidents that occurred within Church Green Lodge we were told incidents were reported to a nominated person within the provider company who undertook this analysis. We therefore contacted this person and were told that they were only responsible for analysing staff related incidents. The responsibility for analysing incidents relating to people who used the service was with Church Green Lodge. Church Green Lodge was unable to provide us with evidence that this took place.

Without appropriate monitoring arrangements in place Church Green Lodge would not be able to make changes to the care provided where this was necessary.

We reviewed complaints received by Church Green Lodge. Again, we found that although complaints were documented, outcomes or analysis were not. We reviewed five compliant forms and saw that there was a section for outcomes to be recorded but in each case it was left blank. A member of staff told us that each person had been responded to verbally about their complaint but that this had not been documented. We noted that there were a number of complaints from different people about the same issue. We could not however be provided with evidence that an analysis had taken place and improvements identified.

We further reviewed the risk assessment and management process for overarching risks to the service such as health and safety. We found that no health and safety risks had been identified or monitored and that control of substances hazardous to health (COSHH) assessments had not been reviewed since 1998. We asked the person in charge of the home if they could provide us with evidence that the cleaning materials assessed had not changed since this time and they could not provide us with this assurance as they were not employed by the service at that time. Without appropriate processes in place to monitor and review risks relating to the service Church Green Lodge had not ensured the people using the service, or others, were protected from potential harm.

Our judgement

The provider was not meeting this standard. We judged that this had a moderate impact on people who used the service. Whilst there were management systems in place these were not monitored and reviewed to ensure risks to people's health, welfare and safety were managed.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: Whilst there were management systems in place these were not monitored and reviewed to ensure risks to people's health, welfare and safety were managed.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA