

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Green Lodge Respite Care Unit

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Tel: 02089246140

Date of Inspection: 12 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Redbridge Community Housing Limited
Registered Manager	Mrs. Bekezela Noko
Overview of the service	Green Lodge Respite Care Unit provides support to nine people with a learning disability. There is also a day care service on the same premises.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People using services were happy with the care that they received. One person viewing the service said that they would like to stay at Green Lodge and that they were looking forward to it. People were able to express their views about the service and there were regular meetings with them and relatives to assess the quality of the service.

People received care according to their support plans which were monitored using a key worker system. People experienced care, treatment and support that met their needs and protected their rights.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had a recruitment process in place and people were supported by staff who had the necessary skills and knowledge to meet their needs. The provider had put in place an effective system to monitor the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

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.

Reasons for our judgement

On the day of the inspection there were two people using the service. One person had gone out to a day centre that they regularly attended and was supported to do so by a member of staff. People could choose how they wanted to spend their time and we observed one person doing table top puzzles sat overlooking the garden which was their preference. Staff were observed supporting people in a respectful and dignified way.

The person in charge on the day said that people usually came to visit prior to staying at Green Lodge and this could mean having a meal, staying just for the day and also experiencing an overnight stay so that they could decide on whether or not they wished to use the service. On the day of the visit one person was visiting accompanied by their relative. Both were able to ask questions and the process explained in a clear manner.

Every two to three months there is a relative led 'Quality Assurance' meeting. These were advertised in the main lounge and open to all relatives and people who use the service.. The minutes showed that people were provided with the opportunity to discuss how respite services were used, how the allocation system worked, future events and a relative check on the premises and the actions that were previously taken to improve the service.

A key worker system was in place and at the time of the inspection a review of all the people who use the service was underway which included feedback on how the service had met the needs of people using respite care. The service had a complaint procedure in place and support from independent advocacy was advertised on the notice board should people want to raise any issues. The two records we reviewed showed that people were able to express their views and preferences about how they wanted to be supported. The records also noted people's likes and dislikes and took account of their personal background so that their diversity and values were respected.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Prior to using services people were assessed by a senior member of staff which consisted of a home visit. Information provided by other professionals and relatives was also taken into account. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Some people were unable to say how they wanted to be supported but were able to let their wishes be known by gestures and actions. We observed that one person liked to have their food served in a specific way and to eat alone. Staff respected their wishes but also stayed close by to ensure that they had sufficient nutrition and support as needed.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. One care plan noted the cultural needs of the person and their preference for less healthy foods. There was guidance for staff to suggest how to encourage a balanced diet and to ensure that their health needs were met by looking at ways to reduce the risk of infections by taking more fluids. Hospital passports were in place as were Health Action Plans which noted the advice of clinicians and therapists.

The provider was in the process of reviewing all support plans. One support plan was in need of updating to ensure that it provided clear guidance for all staff. The provider might like to note that some parts of the support plan contained judgemental comments and did not focus on people's needs.

People who use services and their relatives were central to the reviewing process. In cases whereby relatives were unable to attend a review the updated care plan was posted to them for their comments.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

There was a safeguarding policy and procedure in place. Staff had received training on safeguarding and when asked were able to say how they would recognise abuse and how they would report it. Staff were also knowledgeable about protection plans and the need to monitor people who may have been abused to ensure their safety. One person using services had been subject to a safeguarding incident outside of Green Lodge and the service had taken appropriate steps to support them by working with the local authority.

The officer in charge advised that safeguarding had been considered when allocating respite places. The service ensured they had the right level of staffing to meet the needs of people who may have challenging behaviour and that people would feel safe as there were sufficient to meet different needs of people.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. Two staff records were reviewed. Both files showed that people had been appointed following an appropriate recruitment process consisting of an application and formal interview. Checks had been made with the Criminal Records Bureau and references gathered to ensure that the candidate was suited for the work and there were no concerns for the safety of people who use services. People also had to satisfy the provider that they were physically and mentally fit for work and that they were entitled to work in the United Kingdom. Appropriate checks were undertaken before staff began work.

The recruitment process showed that people had the qualifications, experience and skills to work with people who use services. They also had a career plan.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At the time of the inspection there was no permanent manager and the deputy manager together with the registered nurses undertook the management role. The Deputy Director of Operations from the head office visited on monthly basis to undertake 'Regulation 10' visits. This referred to Regulation 10 of the Health and Social Care Act 2008, whereby the overall quality of the service was assessed including ensuring that action plans were produced for any concerns noted in audits or through incidents or complaints. There were no concerns noted by the officer in charge.

There were regular audits of medication management, health and safety and the quality of the accommodation. The head office also undertook a quality check of the building on a quarterly basis. Feedback was provided to staff at staff meetings. In addition there were audits of the care plans and risk assessments. In line with local authority oversight, care plans were also reviewed to ensure that continuity plans were place.

Green Lodge is part of Redbridge Community Housing Limited who undertake an annual survey. Following each respite stay people also have the opportunity to provide feedback.

While recruiting for a permanent manager Redbridge Community Housing Limited continued to provide the extra managerial oversight from the head office.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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