

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

Garden Lodge

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Date of Inspection: 07 October 2013

Date of Publication:
November 2013

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

Consent to care and treatment	✓ 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	Education and Services for People with Autism Limited
Registered Manager	Mrs. Naylor June
Overview of the service	Garden Lodge provides accommodation and personal care for up to eight people. The home is a purpose built house with eight bedrooms, a lounge, kitchen dining room and recently built conservatory and terrace. The home is set in its own gardens in a residential area, near to public transport routes and local shops.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 7 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with commissioners of services.

What people told us and what we found

We used a number of different methods, for example observing how people were supported to make decisions about their care, to help us understand the experiences of people using the service. This was because some people were unable to give us their comments directly about the care they received.

During our visit we found people were asked for their consent before they received any care or treatment and the provider acted in accordance with their wishes.

We found care and treatment was planned and delivered in a way which ensured peoples' safety and welfare. We spoke with people about how they felt about the home. They said things like "happy here," "very, very good," and "home form home." One person told us he was "happy working with (staff name) and happy at Garden Lodge."

The provider had made suitable arrangements to protect vulnerable people and responded appropriately to any allegation of abuse. One staff said, "People who live here are very aware of how they should be treated so we have to make sure what we say and do are very clear so they cannot be interpreted as being abusive."

The provider had taken steps to make sure people at the home were protected from staff who were unsuitable to work with vulnerable people. This was because they had carried out thorough background checks.

We found people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. In feedback from a survey the provider had carried out with relatives. They told us all staff were "excellent" at communicating with them and they "couldn't agree more strongly that staff are excellent." Other comments included. "It's a warm feeling as you enter the building" and "Staff have a good sense of humour which I think is important."

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People were asked for their consent before they received any care or treatment.

The deputy manager told us most people who lived at this home sometimes found it difficult to express their overall views about the service directly. To overcome this they had used their knowledge of peoples' preferences, behaviour and responses to organise the support people needed in a way which was acceptable to them.

Staff supported people to make decisions about how they wanted their care to be organised and closely followed their directions and gestures. For example, people were regularly asked about things they liked such as activities and meal preferences, which staff then supported. We also saw people who lived at Garden Lodge asserted their views and preferences and made choices. In this way people were empowered and encouraged to be in control of their lives.

We spoke with staff who told us they had undertaken specialised training to support each individual to make their needs known, for example, training about the use of visual aids, signs and gestures.

The deputy manager told us the people who lived at Garden Lodge had capacity to make decisions in some areas of their lives. For more complex issues, the staff had consulted families, care managers, key workers and advocates to make sure decisions made were in the person's best interests. We looked at records which and found people were involved in making decisions at the home. For example, meetings were held twice a year so people could decide where to take their holiday and what activities they would like to take part in during the summer.

We looked at care plan records and talked with staff about them. We saw some of these were written in ways which helped people to understand and take part in them. For example, some were written with photographs and drawings. Care plans showed the

opportunities people had and the choices they made and where possible people had signed them to show they were in agreement. We saw people had made very clear choices about the visits and activities they liked to take part in and those they did not. All of these measures demonstrated how procedures were in place to obtain consent from people using the service.

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 which met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way which ensured people's safety and welfare.

When we visited the home there were seven people living there. We spent time with them and watched how staff gave them support and care. We then looked at their records to see how peoples' care was planned, monitored and co-ordinated and compared this with the staffs' practice we had seen.

We spoke with two staff and the deputy manager who told us everyone who lived at the home had a care plan. They described to us in detail how staff at the home made sure people were properly cared for and how this was written in their care plans.

We looked at examples of how peoples' needs were to be met by care staff. We found every area of need had very clear descriptions of the actions staff were to take. This meant staff had the information necessary to guide their practice and meet these needs safely. We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This was very effective for those people who may have been feeling stressed or anxious. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of using positive language such as "It's fine" and "(the activity) will be good" to reassure people who may otherwise have become anxious.

We spoke with people about how they felt about the home. They said things like "happy here," "very, very good," and "home form home." One person told us he was "Happy working with (staff name) and happy at Garden Lodge."

Some of the people who lived at this home found it difficult to say what their needs and preferences were. To help others understand their important requirements, preferences and background, each person had a document called "About Me". This told staff, in detail, all about each person's needs and preferences, using pictures and photographs.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. We saw staff had taken action when a person's condition had changed. For example, where peoples' behaviour had changed, staff had taken actions such as involving doctors to check for signs of illness and to recommend appropriate treatment.

The way care plans were written showed how people were to be supported and there were reviews to see if their needs had changed. There was evidence a great deal of thought, consideration and care had gone into peoples' care plans. All of these measures showed people were receiving appropriate care, support, treatment and specialist support when this was needed.

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

Our judgement

The provider was meeting this standard.

People 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

The provider had made suitable arrangements to protect vulnerable people and responded appropriately to any allegation of abuse. The deputy manager was aware of his responsibility to notify the local council's safeguarding team if there were any allegations people at the home had been, or were at risk of being harmed.

We watched how staff supported people at the home. People were relaxed around care staff who treated them with respect, smiled and gave good eye contact. Staff took their time to give people personal contact and attention.

We spoke with the manager and two of the care staff about the safeguarding of vulnerable adults. They were able to describe to us the different types of abuse. One staff told us she had been given information about safeguarding adults as part of their induction pack when they first started working in the home and all staff had attended safeguarding adults training. We looked at staff training records which showed all staff had completed training and regular 'refresher' training was also scheduled. In this way the provider demonstrated they had taken steps to identify the possibility of abuse.

We saw staff played a key role in providing a safe environment at the home and supported vulnerable people to remain safe. We saw there was a 'safeguarding' policy and procedure in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone. The staff we spoke with were clear about the action they would take if they saw or suspected abuse. One staff said, "People who live here are very aware of how they should be treated so we have to make sure what we say and do are very clear so they cannot be interpreted as being abusive." The deputy manager showed us how these were recorded in peoples' care plans.

In these ways we saw how people who lived at the home benefited from staff who knew how to recognise and report suspected abuse.

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.

Effective recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We asked the deputy manager to describe how the recruitment procedure should be carried out. She told us vacancies would be advertised to all staff in the organisation first and then on the internet and the job centre. She said every applicant was expected to complete an application form. Those people who were suitable were selected to be interviewed by the manager. She told us two references would always be obtained as would a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check) to make sure people employed were suitable to work with vulnerable adults.

During our visit we looked at two staff records in detail. We found important information had been checked to make sure those using the service were not at risk from staff who were unsuitable to work with vulnerable people. For example, there were references to verify the applicants' employment history and satisfactory evidence of their conduct in previous employment. There was also evidence the provider had attempted to carry out further checks to make sure each referee was genuine; such as contacting them by telephone. This meant the manager could clearly demonstrate she had checked each applicant's references to make sure only the right people were employed by the service.

We also checked records which confirmed Disclosure and Barring Service checks had been carried out by the provider for all staff prior to them starting work at this home. As well as this the deputy manager showed us records of checks to see if staffs names appeared on the Disclosure and Barring Service 'barred lists' (previously called Independent Safeguarding Adults First list) of individuals who were known to be unsuitable to work with children and adults before they started work. This meant people who used services were protected by people of good character employed by the provider.

Records showed staff were provided with an accurate job description and terms and conditions of employment. As part of their on-going training and development, we saw the provider had made sure new staff had received relevant induction training which was targeted and focussed on improving outcomes for people who used the service. This had resulted in a diverse staff team with had a good balance of skills, knowledge and

experience to meet the needs of people who used services.

All these measures ensured the provider had robust recruitment procedure in place to protect the people who used the service.

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The deputy manager told us they took steps to make sure the home performed well by carrying out regular checks. These included checks of care plans, medication, health and safety, behaviour management plans and the environment. We looked at these records and saw these checks and audits had been taking place. The home had an up to date 'Development Plan.' The deputy manager showed us how they used these, to make sure the home was functioning well and progress towards identifiable and measurable targets was being met. She said if any checks showed there was a fault or an issue, then she took action. For example, the way the home was staffed overnight had recently been changed following a detailed analysis of incidents and peoples' needs to make sure there were enough staff in place and arrangements in place should there be an emergency. The deputy manager also showed us records of support meetings which took place with other managers to discuss important topics and to share ideas and best practice which could then be used at the home.

When we visited the home, staff told us they had encouraged and supported the people who lived there, to raise any concerns they had in relation to their care and preferences. The deputy manager told us a 'Record of Discussion' document could be used at the home by people who wanted to speak with the manager and have their discussion, and any decisions made, written and formally recorded. This showed people were empowered to express their views and these were taken seriously at the home.

The deputy manager showed us the responses from people at the home following the survey they had carried out. This showed people were satisfied with the service they had received. Everyone said they thought the staff understood their needs and what was important for them and that they were helpful and supported them to stay healthy and well.

The deputy manager also showed us feedback from a survey they had carried out with

relatives. They told us all staff were "excellent" at communicating with them and they "couldn't agree more strongly that staff are excellent." Other comments included. "It's a warm feeling as you enter the building" and "Staff have a good sense of humour which I think is important."

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw assessments were carried out before care was delivered to make sure people were not at risk. There was evidence these had been reviewed and changes made to the care plans where needed. All of these measures ensured the performance of the service was effectively monitored and assessed.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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