

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

## Church Green Lodge

Aslake Close, Norwich, NR7 8ET

Tel: 01603411855

Date of Inspection: 03 October 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Norfolk County Council
Registered Managers	Mr. Brendan OBrien Mrs. Natasha Wilson-Gotobed
Overview of the service	Church Green Lodge is a respite home caring for young people who live with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We carried out a visit on 3 October 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We found that there were appropriate processes in place to obtain people's consent to care and treatment.

We found that the service was keeping up to date care records for people using the service, which included appropriate information so that staff could support their needs. One person using the service told us, "They look after me, they know what I want". Another person using the service told us, "I like it very much".

At the time of visit, people using the service were at day services so no care staff were present. We were told that three members of staff would be on duty once the four people using the service returned from day services. This was corroborated by staffing rotas. We were able to speak to people using the service who were attending day services across the road. One person told us, "They're friendly, alright" when describing the care staff at Church Green Lodge. They also told us, "I like them all, I like going out with them".

We looked at the complaints policy and procedure in place at Church Green Lodge. We found that this included all the appropriate information and was provided in a format appropriate to those using the service. A relative of a person using the service told us, "I've no complaints".

We looked at the records Church Green Lodge held for people using the service and staff. We found that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

We looked at the processes in place at Church Green Lodge to obtain the consent of people using the service with regards to their care and treatment. At the time of our visit, there were four people staying at Church Green Lodge for respite care. We looked at the care records for three of these people. We found that before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes.

The team leader of the service told us that the relatives of people using the service directly informed support planning when their relatives came to Church Green Lodge for respite. We were told that family members completed an assessment form, detailing all their relatives support needs. We found that the relatives of the three people whose records we reviewed had completed the assessment for their relative. This meant that all the care and treatment the person received whilst at Church Green Lodge was delivered with the knowledge of carers/relatives. We spoke to the carer of a person using the service about how staff accommodated the wishes of their relative. The carer told us that whilst the person couldn't communicate verbally, staff ensured that they knew enough about this person to understand when they were happy or unhappy with what was happening.

We looked at the support plans for three people using the service at the time of visit. We found that these support plans were written from the person's point of view. However, the provider may find it useful to note that relatives or people using the service had not signed these support plans to indicate they were happy with the content.

The team leader present at the time of our inspection told us that staff always asked people using the service for their consent before delivering any support to them. We were told that the four people using the service at the time of our visit were able to communicate to staff whether or not they consented to support from them.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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At the time of our inspection, there were four people staying at Church Green Lodge for respite care. We looked at the care records for three of these people. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found that each person had an assessment of their needs. This was completed by their relative and described all the needs that Church Green Lodge would need to meet during the period of respite.

We found that each person had a set of support plans in place, and these reflected the information that relatives had specified in the original assessment of their needs. For example, each person had support plans for mobility, communication, eating and drinking and social activities. Where a person had a specific support need, such as diabetes, there were support plans in place for this. These set out step by step instructions for staff on how they would meet the needs of the person.

There were risk assessments in place for each person whose records we reviewed, based on the risks to the individual person. These described the risk to the person, and put steps in place to control the risk and protect the person from harm. For example, each person whose records we reviewed had a risk assessment for manual handling. This described the way each person mobilised and what equipment, if any, they needed to assist them. The risks associated with the person's way of mobilising were planned for.

We spoke with two people using the service and one relative of a person using the service during our inspection at Church Green Lodge. One person using the service told us, "They look after me, they know what I want". Another person we spoke with told us, "I like it very much". A relative of a person using the service told us, "They're really good, they know them so well".

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs

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### Reasons for our judgement

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At the time of our inspection, all four people living at Church Green Lodge were attending day services across the road from the home. As a result, only the team leader was present at the home during the course of our inspection. This meant that we were unable to observe staff directly interacting with people using the service, and were unable to verify the number of staff on shift at the time of visit.

We spoke with the team leader about the staffing level at Church Green Lodge. We were told that there would be three members of care staff on shift when people returned from day services later that afternoon. This was corroborated by looking at the staffing rotas for the day of visit.

We were told that the staffing level had been increased to allow for a person using the service to receive one to one care. The team leader told us that the staffing levels were determined based on the needs of the people using the service, and that this changed regularly as different people come to Church Green Lodge for respite. This meant that the service was ensuring that there were enough qualified, skilled and experienced staff to meet people's needs

We spoke to a person using the service and a relative of another person using the service about the staff at Church Green Lodge. A person using the service told us, "They're friendly, alright". This person also told us, "I like them all, I like going out with them". A relative of a person using the service told us, "They seem as if they manage. The continuity of staff is really good".

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available

Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We looked at the complaints policy and procedure in place at Church Green Lodge. We found that the service had an appropriate complaints procedure in place, which specified the steps a person could take in order to complain about the service. This procedure also advised the complainant of what they should expect from the service with regard to the investigation of their complaint, and who they could speak to if they were unhappy with the outcome. This complaints policy and procedure was provided to people in an easy read pictorial format which they could better understand. This meant that people were made aware of the complaints system and that people were supported to make complaints.

We found that the service sent out a feedback questionnaire to each person using the service, or a relative, each time their period of respite ended. A section of this questionnaire focused on complaints, and gave people the opportunity to make a complaint about the service they received during their period of respite. We looked at the last seven feedback forms and saw that people had no complaints.

We looked at the way the service investigated a complaint from a relative of a person using the service earlier in 2013. We found that the service investigated their complaint in line with what was specified in the policy and procedure. We were able to view documented evidence of the outcome of the complaints investigation and what the service had put in place following the complaint. This meant that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

We spoke with a relative of someone using the service, who told us "I've no complaints. I did complain once, and they sorted it out quickly".

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We looked at the records held at Church Green Lodge for two members of care staff and three people using the service.

We found that people's personal records including medical records were accurate and fit for purpose. These records contained appropriate information about the person so that staff could meet their needs. These care records were updated every time the person returned to Church Green Lodge for respite, to ensure that they reflected people's current support needs.

We found that staff records and other records relevant to the management of the services were accurate and fit for purpose. The service was keeping appropriate records for the two staff members whose files we reviewed. These included information about the staff member such as qualifications, past work history, personal details, training records and CRB checks.

We found that records were kept securely and could be located promptly when needed. Records currently in use were kept inside the manager's office, which required a passcode to access. Records for people not currently at Church Green Lodge for respite were kept in another locked room.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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