Inspection Report

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 December 2013

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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
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Vibrance
Overview of the service	Green Lodge provides accommodation and support with personal care on a respite basis for up to nine people with a learning disability.
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

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'.

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 December 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 carers and / or family members and talked with staff.

What people told us and what we found

People were treated with respect and their care, health and welfare needs were met. They and their relatives were happy with the care they received. One person told us "it's okay there. I like the staff and I liked the Christmas Party." A relative said "I have no worries about her when she is there. I feel she is safe."

There were systems in place to ensure people received their prescribed medication appropriately. A relative told us "they are very hot on medication."

Staff received the training and support they needed to carry out their duties and to enable them to effectively support people who used the service. A member of staff told us "training is up to date and we have the training we need to do things properly. I get good support from the manager."

People were not always protected from the risks of unsafe or inappropriate care because accurate and appropriate records were not always maintained.

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

What we have told the provider to do

We have asked the provider to send us a report by 17 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

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 they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes. People were supported to make choices as to what happened whilst they were staying at Green Lodge. People's wishes were followed as far as possible. For example, in relation to what they wore, what they had to eat and what they did during their stay.

Staff understood that people should be asked for their consent before any care was given. One member of staff said "we ask 'clients' about everything for example, personal care, food and medication. We use photographs to help them say what they want or don't want. We also use advocates when needed." .We saw evidence of this in one person's file and and advocate confirmed that they had supported the person in making decisions about their future.

Staff had received training on the Mental Capacity Act (2005). They were aware that if people did not have the capacity to make decisions for themselves then a decision could be made in their 'best interest'.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

Green Lodge was a respite service and people told us that they were happy with the care and support provided when they stayed there. One person said "yes I like coming here. I've been shopping." A relative told us "he is happy to come here. He feels settled and relaxed and there are never any problems."

People's needs were assessed and care was planned and delivered in line with their individual care plan. Each person had an individual care plan and we saw that these contained information about their needs, preferences and daily routines. We looked at four people's files. We found that risk assessments were relevant to each person's differing needs. They gave guidance on meeting these needs as safely as possible. Care plans and risk assessments also included relevant guidance and information from other professionals that worked with the individual. For example, a physiotherapist or speech and language therapist. A relative told us "we give an update every time he stays and there is also a yearly review." This meant that there was up to date information to enable staff to support people as safely as possible.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. People only used this service for short breaks and the overall responsibility for their health care remained with their relatives. However, we saw that when needed, people were supported to attend medical and other health appointments. We also saw that information had been prepared for hospital staff if a person needed to be admitted to hospital. A relative told us "they are very supportive with his health and carry out anything that needs to be done. They notice things and let you know about them."

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Staff were responsible for the ordering, storage and administration of medication. Medication was securely stored in appropriate locked metal medication cabinets. Staff who administered medication had received training and been assessed as competent to do this. Medication was administered by the qualified nurses and was witnessed by the support workers. Nursing staff had recently completed an advanced medication administration course to support them to administer medication safely and appropriately.

When possible medication was administered from specific medication administration aids filled by the pharmacist to lessen the risk of an error being made. When this was not possible medication was administered directly from original containers. People who used the service brought medication with them at each visit. This was checked by staff to ensure that details and amounts were correct and sufficient for the person's stay. A relative told us "they are very hot on medication. We take it in with a completed form and they check it when we arrive."

Appropriate arrangements were in place in relation to the recording of medication. We looked at a sample of medication administration records (MAR). We found that they were up to date and contained a photograph of the person, a record of any allergies and details of their medication. The provider may wish to note that in some cases the guidelines for prescribed 'as required' medication were not always clear or detailed as to how and when this should be administered or what the frequency or maximum dosage was. This meant that staff did not always have the full information available when administering this medication. The manager had already identified this issue and was in the process of obtaining the necessary information to update the protocols in line with good practice guidance. For example, in one person's file we saw a letter from their epilepsy specialist detailing how and when 'as required' medication should be administered when the person was having a seizure. Monthly medication audits were undertaken to ensure that medication was appropriately stored, administered and recorded.

Supporting workers ✓ Met this standard

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

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.

Reasons for our judgement

Staff received appropriate personal development and all received ongoing training to support and enable them to meet people's needs. Staff told us that there was a lot of training available and that they had the necessary training to effectively support people who used the service. Records confirmed that all staff received appropriate training and that this was updated when needed.

Staff had the opportunity to discuss their work practice and any issues affecting people who used the service. There were staff meetings and people had supervision (individual meetings with the manager). Staff meeting minutes were available. This meant that staff unable to attend the meeting were kept informed of the decisions and discussions that had taken place. A member of staff told us "there are always updates to training and we have supervision and yearly appraisals." Another staff member said "we can discuss anything and get good support."

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People were not always protected from the risk of unsafe or inappropriate care because accurate and appropriate records were not always maintained. Some people's personal records were accurate and fit for purpose but this was not always the case. Although files contained the necessary care plans, risk assessments and guidance these were not always up to date. For example, in one file we saw information dated 2010 and there was no indication that this had been reviewed. This meant appropriate written information was not always available to enable staff to provide people with the support that they needed. We also found that there was no indication that guidance or information was no longer current or being used. This increased the risk of staff using out of date information when working with individual's and this placed them at risk of inappropriate or unsafe care.

Daily records were kept of the support that people were provided with, what they had done and how they were. Records were kept in relation to people's healthcare needs. These records had been appropriately completed and were up to date. This meant that there was clear and current information available about how these had been met.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: Accurate and up to date records were not maintained and this placed people at risk of receiving unsafe or inappropriate care. Regulation 20 (1) (a).

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 by 17 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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