Brookdale Healthcare Limited

Ganwick House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 16 June 2015 and was unannounced.

Ganwick House is registered to provide accommodation and personal care for up to eight people. The service supports people who may have a learning disability, autistic spectrum disorder or mental health issues. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider used safe recruitment practices. Staff had inductions and were supported by colleagues whilst developing skills. Supervisions and appraisals were completed and staff were aware of their responsibility to protect people from harm or abuse.

Summary of findings

Staff received regular training and knew how to meet people's individual needs. Any changes in people's needs were communicated to all staff when they started their shifts.

Staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also understood the importance of giving people as much choice and freedom as possible. The manager had made appropriate applications for DoLS in order to keep people safe. Staff gained consent from people whenever they could and where people lacked capacity we saw that arrangements were in place for staff to act in their best interests.

People had appropriate food and drink and staff had access to accurate and up to date information to help them meet people's dietary needs. There was enough staff to assist people who required support during meal times.

There were planned weekly activities and people were supported to be independent where possible.

Staff were kind and people appreciated the positive relationships they had with staff. This was also true for relatives. People's privacy and dignity were respected and all confidential information about them was held securely. People told us they were happy living at the home.

People's care plans were personalised and included information about their life history and interests. People's individual needs were assessed and staff were knowledgeable about how to meet people's specific needs.

The service was well led by a manager who promoted a fair and open culture. They encouraged staff to take responsibility. The manager had a support structure in place from other managers. There was a management system in place to help them monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by sufficient numbers of staff who had been through a robust recruitment process.

Staff were aware of people's individual risks.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported to make decisions and their consent was obtained before tasks.

Staff received the appropriate supervision and training for their roles.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals.

Good

Is the service caring?
The service was caring.

People had developed effective relationships with staff and each person had a keyworker.

People who lived at the home were involved in the planning and reviewing of their care by staff who knew them well.

Privacy and dignity was promoted.

Good

Is the service responsive?
The service was responsive.

People who lived at the home and their relatives were supported to raise concerns and they were dealt with appropriately.

People received care that met their individual needs and this was adapted where needed.

The provision of activities were individual to support people's hobbies and interests.

Good

Is the service well-led?
The service was well led.

There were effective systems in place to monitor, identify and manage the quality of the service and any required actions were completed.

People who lived at the service, their relatives and staff were positive about the management of the home.

Good

Ganwick House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 16 June 2015. One inspector visited the service.

Before we visited, we reviewed the information we held about the home, including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. Before the inspection, the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service. What the service does well and improvements they plan to make.

We spoke with four staff and two people who used the service and two relatives. We also spoke with capacity health care professional who regularly visited the home. We looked at two care plans and two staff files. We looked at the quality of the home environment and observed how staff cared for people. We looked at a range of policies, procedures and other documents relating to the running of the home.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel safe I like Ganwick House the best." One relative told us, "I feel my [relative] is safe there, because the staff love [them]."

Staff were able to explain what form abuse may take. For example, one staff member said, "People may become withdrawn, or changes to their behaviour. I would speak with them and report any concerns to the manager." Staff understood what action to take should they have any concerns about the people they supported. Notice boards at the home displayed the telephone numbers for external agencies for staff and people to contact should they have any concerns regarding their safety.

People had their individual risks assessed and had a plan in place to manage these risks. For example, in relation to nutrition, epilepsy, and other health related conditions. The instructions for staff were clear and staff were familiar with people's individual risks. Staff told us how they supported people to reduce the impact of these risks. For example, one person who had been assessed as requiring some support in an area that affected their health had a plan put in place. The staff had implemented a way to support the individual that showed careful thought had been given to the concerns. The person's health needs were met and are now no longer cause for concern. Staff confirmed that this worked very well and the person was doing well. We also saw that wear required people had one to one care in place to keep them safe.

Accidents and incidents are regularly reviewed and the manager said, "I look at these monthly and look for any patterns that might be emerging and address any issues." For example, one person who has a specific disorder that means they will eat non-food substances. This is managed by keeping the home safe from clutter and the person has one to one care in place to maintain their safety. The manager told us they had regular monthly meetings that were attended by the speech and language therapy team, psychologist, communication worker and the manager to review risk.

People had in place an emergency folder that contained all the relevant medical and personal information on how to support the individual. This was used as an emergency grab folder should the need arise. There was an emergency evacuation plan for people and staff knew what was required in an emergency. For example, where to go should there be a fire and staff knew who the fire marshal on duty was.

There were enough staff with the appropriate skills to keep people safe. The manager told us, if people's care needs changed they would add staff to the rota with the relevant skills and experience. The rota showed that shifts were consistently covered with the planned number of staff. However, staff told us that they sometimes worked long shifts. For example we saw on the rota some staff covered consecutive early and late shifts. Staff told us that there was always cover for the people who used the service and that they could say no to long shifts if they wanted to but they loved working here and did not mind helping out when required. The manager told us that the home did not use agency staff, they used bank staff that worked between their different homes, they also told us this ensured people had the correct training to meet people's needs.

We saw there were safe and effective recruitment practices to ensure staff were of good character, physically and mentally fit for the role and able to meet people's needs. New staff did not start work until satisfactory employment checks were completed and all new staff had to complete an induction process to ensure staff were competent. We saw that there was a disciplinary policy in place.

People's medicines were managed safely. Medicine records were accurate and consistently completed. The home had two staff check the medicines before administering to people. The manager said, "This was to promote best practice and to maintain safe procedures." Staff confirmed that there had not been any medicine errors. We checked quantities of medicines held in stock and found they were correct. People were supported to take their medicines in private and were not rushed. For example, we saw one person who when taking their medicine took their time to swallow the tablets. We saw staff encourage the person to drink some more water and the person was given the time they needed to do this. The person was also asked if they knew what the medicine they were taken was for and they did.

Good

Is the service effective?

Our findings

People told us they felt looked after. One person said, "Staff are good, because they look after you." Relatives told us that the staff look after people well.

We observed staff practice and saw they worked in accordance with their training. For example, we saw staff support a person who displayed behaviour which could be challenging by using diversion techniques to distract the person. We saw a staff member intervene in a calm manner. They asked the person what it was they wanted and assisted the person with this. One staff member said, "I have had my challenging behaviour training and I feel confident when dealing with challenging behaviour." They also told us that we know the people well and that the techniques they learnt on the training were successful in supporting people when they became distressed. For example, One person had specific needs and staff told us how they managed this, they had also found away to help the person feel a sense of achievement.

Staff were able to tell us the appropriate way to support people with specific needs with a range of issues which included challenging behaviour, epilepsy and autism. Staff had received the appropriate training to ensure they had the relevant skills for their role. They told us they felt trained and supported to undertake their role. One member of staff said, "I completed a twelve week induction. The training covered safeguarding adults, the mental capacity act (MCA) and epilepsy." Another staff member said, "I wanted to learn more about Autism, the training was really good and I felt supported."

Training records showed that staff were up to date with training. There was further training planned and a system in place to monitor the staff's training needs. Staff had the opportunity for further education. One staff member told us they had completed their National Vocational Qualification (NVQ) level three. They also told us that they had asked for further training to support them with their new role as senior and this had commenced. Staff had regular supervisions and annual appraisals that included set goals. Staff also confirmed that they attended regular staff meetings.

People were supported to make their own decisions and choices. This was recorded in people's care plans and people who used the service had signed these. Where people had trouble communicating they were supported to make choices with pictures and story boards, the story boards were used to explain subjects in easy to understand format. This was done by combining pictures and words to tell a story. Staff demonstrated a good understanding of the MCA and were able to explain how the requirements worked in practice. People's ability to make decisions had been assessed with the involvement of other healthcare professionals such as an independent mental capacity advocate (IMCA) when required. However, we found that the best interest decisions were not recorded in people's care plans. The manager confirmed these had taken place and we were sent copies of these following the visit. The manager had made the appropriate DoLS applications. DoLS are used when people who lack capacity are restricted in their activities to keep them safe. We saw where required these were in place.

There was a varied menu in place and people had access to an alternative choice of food if required. Staff were aware of people's dietary needs. For example, staff told us that one person had a vitamin deficiency and that this was supported with fortified foods. People's individual requirements were listed in the kitchen and people's cultural needs were also supported. For example, one person had specific food purchased, that supported their religious beliefs. People could ask for refreshments when they wanted and were encouraged to participate in cooking.

People received support to eat where required. For example where a person was at risk of choking, they had two picture cards in front of them while eating that reminded them to eat slowly and not to speak with food in their mouth. Staff were present with the person throughout their meal to minimise the risk. We observed staff ate their meals with people and the atmosphere was very relaxed. We saw people take their plates up for more and one person who did not want their food took it back and were offered suitable alternatives. People had their weight monitored regularly.

We saw that there had been appointments made for people to see the GP or the dentist, these visits were recorded in their care plans. They had also been logged in the appointment book for staff to check daily to ensure people did not miss appointments. We saw records of

Good

Is the service effective?

referrals and appointments to the speech and language therapist, opticians, aroma therapist, diabetic nurse and the psychiatrist. This helped to ensure that people's health needs were met.

Good

Is the service caring?

Our findings

People felt that staff were kind. One person told us, “I like it here because [Staff] treat me kindly.” A relative said, “I can visit at any time, [Relative] likes the staff and is happy there.” Another relative said, “They know [Relative] really well.”

We saw good interaction with people and staff were able to demonstrate that they knew the people they cared for. All staff had signed people’s care plans to show that they had read about the person and these contained good information about the persons likes and dislikes and their life history. People went out to pre booked activities and walks with the support from staff. People were supported to pursue their hobbies and interests. We noted that staff accompanied a person to a place that they enjoyed. One relative said, “We are happy with the home , the important thing for us is that [Relative] they are happy there.”

People were also supported with story boards that are used to help with dealing with topics in an easy to understand format. For example, one person who had lost money on a recent outing. The story helped the person deal with what had happened but also explained about how to keep your money safe and went on to discuss ways that might help with this. We also saw an example of a story board which had been completed to help a person understand a difficult situation and there had been extra support made available for that person if required. All staff had been made aware of the circumstances to enable staff to support the person. The manager told us that this had worked well.

There were regular meetings with people to gain their views. There were fortnightly visits from independent mental capacity assessors to talk with people and ensure people were having their choices met.

People’s privacy and dignity were promoted. We saw that people had their own keys to their rooms and doors were all closed to promote people’s privacy. Throughout the day everyone we observed were clean and well presented. Staff ensured they responded to people’s requests promptly. We observed staff interaction was patient and kind. Staff were able to tell us how they promoted peoples dignity and privacy. For example, during personal care they always communicated what they were doing and understood the importance of promoting people’s independence. We saw that people were encouraged to clear their plates after dinner rinse them and place in the dishwasher. There was a rota for people to promote independent living skills that involved every day house chores. For example, laying tables for dinner and vacuuming to help keep their room clean. This promoted people to be independent and supported them with everyday life skills.

Good

Is the service responsive?

Our findings

People were involved in the planning and reviewing of their care. One relative told us, “We are involved with the care plan review.” People’s individual needs were assessed and reviewed regularly. We found that peoples care plans were individualised and included a detailed history about the person. There were lots of pictures to assist with understanding and people had signed their care plans. Each person had a keyworker that reviewed their care monthly. This would include planning people’s activities and interests. The home had an effective communication system which included handovers and a communications book used to pass on information. This helped to ensure that staff knew what people needed on a day to day basis.

We saw photographs of staff that were on duty displayed so people knew who was available. We saw information on notice boards to help support people or their relatives to raise any concerns or complaints ,this was in an easy read format. We viewed the complaints log and saw that in each instance the complaints were fully investigated and responded to. Complainants were also given a list of actions as a result, even where complaints were unsubstantiated. For example, we saw one complaint that was made by one person against another person who lived at the home. This complaint had been dealt with in line with the service complaint procedure and the people were supported with the issues raised.

There was an individual activity schedule displayed in people’s rooms and a copy in their care plan. These detailed a range of activities for people that included going to college or day centre, disco dancing and swimming. People were supported to be involved in activities. One person said, “I go to college and I do exercises, I like to go dancing in Hatfield and I go to church every Sunday in Potters Bar. I have the chiropodist look after my feet and I go to the church group.” Staff told us how important going to the church was for this person. They told us that they would help them select their suit to wear because this was very important to the individual. The church group also visited the home on Thursdays to provide a service for people who lived at the home.

People’s individual hobbies were supported. We saw where a person wanted to go swimming, they were assisted to do this. The home looked at the needs of the person and had completed risk assessments and care plan to enable this. This included ensuring two staff were available to accompany them. When we arrived for the inspection people were on their way to the day centre to use the sensory room that had been booked for one hour. The home also had its own day centre and sensory room. We were told that people did use the homes facilities but people enjoyed going out on the bus and this was also part of the experience.

The home had well maintained gardens and had areas specifically for people to get involved with the garden. We were shown plants that had been purchased and a story board that had been prepared to gain peoples interest to be involved with the gardening over the weekend.

All people who used the service had a key worker who supported them with their monthly reviews. These were completed to see how people felt and reviewed the personal goals that people had set for themselves. For example, one person had goals set to promote their health and felt they were not achieving it. Staff worked with them to change the plan to develop a strategy that worked. People who used the service were also completing an independent resident survey about people’s experience living at Ganwick House. This was to seek people’s views and to allow them to communicate their opinions.

Good

Is the service well-led?

Our findings

People who lived at the home and their relatives were positive about the management of the home. One relative told us, “We have good communication with the home, [Relative] is settled there.”

The manager promoted an open door policy and people agreed they felt the manager was approachable and there was a good sense of team work. The manager told us that they had regular meeting and also had regular supervisions to discuss people’s needs and development. One staff member told us that they had been asked to be in charge of the medicines and said, “I thought why me, but I was encouraged to try and now I love it, I felt valued.”

We were told by the manager that when they came to the home that staff had no real responsibilities outside there caring roles. However, the manager felt that this was important and staff were encouraged to take on roles and be more involved with the home. For example, staff were involved with reviewing the care plans. One staff member told us that they felt involved with decisions about the home and that they had responsibilities they explained that they felt a part of the home and loved working there.

There had been regular audits completed across a range of areas. These included medicines, care plans, personnel files and health and safety. A monthly home audit gave an overview of all areas of the home and we saw that where issues had been found, there had been an action plan to resolve the issue. For example, we saw that an audit had picked up that one person required to have their COSHH training and that food was to be labelled with the date it was opened. We saw that the person had now completed the training and that staff had all been reminded in the handovers about the importance of labelling the food.

Managers from other homes came monthly to do audits and spot checks to support the home and to maintain a fresh perspective. The manager told us that they regularly walked around the home doing spot checks and monitored the home. There was also regular manager meeting to support managers and to share information and to keep up to date with any changes.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.