

Rolfields Limited

The Old Garden

Inspection report

4 Meols Drive
Hoylake
Wirral
CH47 4AQ

Tel: 01516320100

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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 ●

Summary of findings

Overall summary

About the service

The Old Garden is a care home, providing nursing and residential care to up to 40 people, some of whom are living with dementia. At the time of the inspection, there were 39 people living in the home.

People's experience of using this service and what we found

People and their relatives told us they felt safe with the support provided by The Old Garden. One relative stated, "My relative is 100% safe here, we have peace of mind for the first time for years." People were supported by sufficient numbers of staff who had been recruited safely. Staff were aware of safeguarding procedures and referrals had been made appropriately. Risks to people had been assessed and measures put in place to reduce identified risks.

Systems were in place to gain people's consent to their care, but the recording of this information could be improved. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Applications to deprive people of their liberty had been made appropriately. People's nutritional needs were assessed and met and feedback regarding meals was very positive. The home was well maintained, and adaptations had been made to ensure people's needs and preferences were met.

Staff were well supported in their role and received regular training and supervisions. Staff had time to talk to people and provide care in a relaxed and caring way. People told us they were very happy with the care they received and were always treated with respect.

Detailed and personalised plans of care were in place that were reflective of people's needs and had been reviewed regularly. People were supported to access activities both within the home and in the local community, and to maintain relationships that were important to them. Staff were aware of how best to communicate with people to ensure they were able to engage effectively. People knew how to raise any concerns or complaints they had.

Systems were in place to monitor the quality and safety of the service and actions were taken based on the findings of these audits. People, staff and relatives were able to share their views to inform changes and improvements within the home. People told us they would recommend the home to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 August 2018 and this is the first inspection.

Why we inspected

This inspection was undertaken in line with our inspection schedule for newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Old Garden

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Old Garden is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider, registered manager, chef, a director (regarding activities) and four other members of the care team. We also spoke with five people who used the service about their experience of the care provided and five visiting relatives.

We reviewed a range of records. This included four people's care records, a number of medication records, four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the home. One person told us, "I feel safe because I was falling at home and I know I have people about here." Another said, "I feel safe because there are always staff popping into my room." Relatives agreed and told us, "My relative is 100% safe here, we have peace of mind for the first time for years" and "When I leave my relative, I know they are safe and know the risk of falling is minimal with the staff always about."
- Staff were aware how to raise any concerns they had and told us they would not hesitate to do this. A safeguarding policy was in place to guide staff in their practice and we saw that referrals to the local safeguarding team had been made appropriately.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

Assessing risk, safety monitoring and management

- Regular checks were made on the building, utilities and equipment to ensure they remained safe.
- People had personal emergency evacuation plans in place. Staff were aware of emergency procedures and had been trained in the use of evacuation equipment.
- Individual risks to people had been assessed and care files showed that measures were in place to reduce identified risks.
- If people became agitated due to their medical conditions, staff were able to support them effectively to remain safe. A relative told us, "The staff are fantastic and know exactly how to deal with [people living with dementia]. They deal with incidents quickly before anything escalates."

Staffing and recruitment

- Most staff safe recruitment practices were evident within staff files. This helped ensure staff were suitable to work in a care environment. One file did not include a full employment history and the registered manager agreed to review the audit tool used to monitor staff recruitment processes and ensure all requirements were evidenced.
- Agency staff were utilised when required and the same few staff members were used for consistency. Information regarding agency staff training and recruitment processes was obtained prior to them working in the home.
- Registrations to professional bodies were checked on a regular basis.
- People and their relatives told us there was always enough staff on duty. Their comments included, "Staff come quickly if I ring my call bell, there are always plenty of staff about", "There are more than enough staff. I have a separate buzzer if I am in the garden and staff always come quickly" and "There are a lot of staff on duty, we are here at all different times and it never varies."

- Staff told us there was, "Always enough staff" and that shifts got covered quickly if anybody went off sick.

Using medicines safely

- Medications were stored securely and medication rooms and fridges had temperatures monitored daily.
- Medications were administered by nurses and senior care staff who had all undertaken training regarding the management of medicines. Formal competency assessments had not been completed with staff, however the registered manager had identified this and a new clinical lead would complete these.
- Records of medicine administration were maintained electronically and completed comprehensively. This system included safety alerts which helped to prevent errors occurring.
- People who were prescribed their medicines as and when needed (PRN), had required protocols in place to guide staff when their medicines should be administered.

Preventing and controlling infection

- People told us their home was always clean and well maintained.
- Infection control procedures were in place and followed.
- Staff had access to personal protective equipment.

Learning lessons when things go wrong

- A system was in place to record accidents, incidents and near misses. They were reviewed each month to look for any trends and identify whether future incidents could be prevented.
- Appropriate actions had been taken following incidents, such as removing obstacles to prevent falls and seeking medical advice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home, so that staff were aware of people's needs and to ensure they could be met effectively.
- Detailed plans of care were developed based on the completed assessments. These plans were reviewed regularly.
- Staff handover forms were in place, that provided essential information about each person, to ensure all staff were aware of needs such as allergies, dietary requirements and mobility needs.
- Staff had been allocated specialist champion roles, in areas such as falls, diabetes, dementia and end of life care. Additional training had been arranged for these staff to enable them to keep up to date in the identified areas and cascade this learning to other staff.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained. One person said, "I always feel safe when they assist me." A relative told us, "Staff are so well skilled in every way. It is very person focused and they know each resident very well."
- Staff told us they completed regular training to enable them to meet people's needs and could request any additional training they felt would be beneficial for their role. Records we viewed supported this.
- Staff told us they were well supported in their day to day role by senior staff, the registered manager and provider.
- Staff received regular supervisions and told us they could raise any issues with the registered manager at any time.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs had been assessed and were known by all staff.
- We saw that a choice of meals was available, and menus were on display on the dining tables. People told us they enjoyed the meals and cakes served at afternoon tea each day. One person said, "The food is lovely, and choice is excellent. I am not on any special diets. I only have to ask and they cook what I fancy."
- Relatives told us they were always offered drinks and cakes when they visited, a private dining room was available for people to use, for family celebrations for example. A drinks machine was also available in the bistro that anybody could use.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals to health professionals were made in a timely way if there were concerns regarding people's health and wellbeing. Their specialist advice was incorporated within people's care plans.
- Staff supported people to access health appointments if this was necessary and the service had a minibus available if people required transport to get to the appointments. A practice nurse from the local GP surgery visited each week and people told us they could see their GP whenever they needed to.
- The registered manager had worked to establish if people were registered with a dentist, arrange appointments and help people to register if necessary, in order to ensure their dental needs were met.

Adapting service, design, decoration to meet people's needs

- People were encouraged to personalise their rooms and we saw that people had photographs, pictures and ornaments on display.
- All rooms were en-suite with showers, however there were also adapted bathrooms that all people could access. There was a hydrotherapy bath that played soothing music, had lights and bubbles and people told us they enjoyed this. One relative told us their family member, "Loves the hydrotherapy bath and spends ages in it with the coloured lights and music on."
- A hydrotherapy pool was also available, and people could access this with a physiotherapist to support rehabilitation.
- For people living with dementia, there was clear pictorial signage available to indicate bathrooms and bedrooms. All heating was underfloor and automatic lights were in place in en-suite bathrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to monitor and manage DoLS applications. Applications to deprive people of their liberty had been made appropriately for all people who required them. Records showed when the authorisations had conditions attached to them that these were met. People did not have unnecessary restrictions placed upon them.
- People's consent to their care was sought and recorded. When there was a concern regarding a person's ability to provide consent, capacity assessments were completed.
- Although capacity assessments were completed along with best interest decisions, the decision to be made and the outcome of the assessment was not always clear. The registered manager told us the tool they used had recently been updated electronically and they would ensure all assessments clearly recorded the decision to be made and the outcome of the assessment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them with respect. Their comments included, "The staff are absolutely lovely, every one of them. I feel they always have time to listen to me and treat me really kindly" and "The staff are very kind and patient. They all have time for a chat with me, I have no complaints at all."
- Relatives agreed and told us, "The staff always appear to be kind and compassionate when they are dealing with my relative", "There are always lots of smiling faces and my relative has a laugh and a joke with them all" and "The staff are fantastic."
- Feedback provided in a recent internal survey was also very positive. Comments included, "All staff, without exception, are fab" and "The care in The Old Garden is exceptional." A compliment card read, "We constantly count our blessings that [relative] has found such a marvellous home."
- Staff knew the people they supported well and treated them as individuals. There was an equality and human rights policy as well as a sex, sexuality and relationships policy in place, which staff were aware of.
- Staff spoke warmly about the people they supported, and we observed positive, familiar interactions between people living in the home and staff. Staff provided physical contact such as an arm around the shoulder when a person was upset, and we observed one person get up from their lunch table and hug the staff member who had served them.

Supporting people to express their views and be involved in making decisions about their care

- A welcome pack was provided to people when they moved into the home and we saw that this was available in people's bedrooms. This provided information about the service and what people could expect to help them make decisions about their care.
- If people did not have friends and family to support them in decision making, details for local advocacy services were available in the home. When people had an appointed advocate, we saw that staff worked effectively with them to ensure people's needs were met.

Respecting and promoting people's privacy, dignity and independence

- People had choice and control over the support they received, when they received it and how. One person commented, "The staff help me get washed and dressed. I can have a shower whenever I want one."
- People told us they were supported in ways that promoted their independence. One person said, "I wash and dress myself to keep my independence. However, if I have difficulty [staff] would help." Care plans prompted staff to encourage independence and staff had access to a privacy policy to guide them.
- Relatives agreed that staff acted in ways to protect people's dignity. One relative told us, "[People] are treated with respect all the time. The staff never enter a room without knocking first."

- Records regarding people's care and treatment were stored securely on an electronic system to maintain people's privacy and confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individualised plans of care were in place, which were based on an assessment of people's needs and preferences. They included detailed information on the support people required, outcomes to be achieved and how people wanted support to be provided.
- Care files showed that people, or their relatives were involved in regular reviews of their plans of care. One relative told us, "I am very involved in my relatives care plans and I am always invited if anyone is assessing my relative. I have recently been involved with the dietician."
- People told us they had choice in all aspects of their care and were happy with the support that they received on a daily basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information regarding people's individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- The registered manager told us they could provide records in different formats should it be required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's friends and relatives could visit the home at any time and told us they were always made welcome. People were also encouraged to socialise together within the home and develop new friendships.
- A range of activities were available seven days per week in the home and in the local community. Feedback regarding the activities was exceptionally positive by everybody. One person told us, "I take part in any activity I can, they are very good." Another said "I take part in any activity, there is always something going on. I love the trips out in the mini bus." Relatives told us the activity programme was "Excellent."
- Staff agreed that there were plenty of activities available and due to this there was always something that each person wanted to take part in as they covered such a broad range. A family member told us, "My relative always wanted to paint. They have joined the art class and love it."
- People were supported to access churches of their choice and clergy from a local church visited the home regularly. The provider told us, "We are open to all people's life choices."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had.
- Relatives told us communication was excellent on every level. They had never had a reason to complain but would not hesitate to do so if it was needed. People living in the home told us they could speak openly to staff if they had any issues.
- Complaints were recorded, investigated and responded to appropriately. Records showed there had been two complaints since the service opened.

End of life care and support

- Staff had recently achieved a locally recognised end of life care award.
- The registered manager told us they had worked closely with health professionals to ensure people received a comfortable, dignified and pain-free death.
- People had discussed their end of life care wishes and these were recorded in their care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were proud to work for the service and of the support they provided. One staff member said, "I would be thrilled if one of my family members lived here."
- Staff were well supported in their roles by both registered manager and the provider. One staff member told us, "This is the best place to work, I am supported, the owners take care of you and are always available."
- Staff were able to raise any concerns they had and told us they were always listened to.
- People's feedback regarding the quality of service they received was exceptionally positive. Comments included, "When my family come to visit me, they all say they want to put their names down to come into this home" and "I would recommend this home to anyone and I already have done so." Relatives agreed and told us, "I would recommend this home; the staff always walk the extra mile" and "I would recommend this Home 1000%. I would come and live here myself."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed that relatives were kept informed of any incidents involving their family member.
- Accidents, incidents and complaints were comprehensively reviewed, recorded and acted upon to ensure the service acted in a transparent way.
- It was clear that openness and honesty were always expected of staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- For a short time period, not all notifications had been submitted as required. These incidents had occurred prior to the current registered manager being in post and have since been submitted appropriately.
- The registered manager was fully aware of their responsibilities.
- A range of policies and procedures were in place to help guide staff in their roles. Staff files contained job descriptions to help ensure accountability. The equality and diversity policy stated the aim was, "To set out the zero-policy approach of The Old Garden, to the perpetrators of discrimination in the workplace."
- A "Quality huddle" was held each day with staff from all departments within the home, to discuss people's needs, risks, appointments or activities for that day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and gather their feedback regarding the service, such as meetings, quality assurance surveys and a complaints process.
- Completed surveys had been reviewed and actions taken to address any issues raised.
- The management team took part in local initiatives, such as those with health services and the local authority, to help ensure they provided best practice support to people.
- The registered manager and staff maintained good working relationships with other agencies, such as the GP practice and other health and social care professionals.

Continuous learning and improving care

- The providers and registered manager were continually striving to improve the service provided to people and build upon the high quality service already provided.
- The provider had developed robust systems to effectively assess and monitor the quality and safety of the service. These checks covered a variety of areas and we saw that when actions were identified, they had been, or were in the process of being addressed to improve that aspect of the service.
- Responsive action was taken to any issues raised during the inspection.