

R Cadman

Gardeners Close

Inspection report

45 Gardners Close
Ash
Canterbury
Kent
CT3 2AG

Tel: 01304813128

Date of inspection visit:
14 February 2017

Date of publication:
23 March 2017

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 14 February 2017 and was unannounced.

Gardeners Close is registered to provide accommodation and personal care for three people. The service consisted of three self-contained flats and each person had their own bedroom, kitchen and bathroom.

The provider told us they were in day to day charge of running of the service. The provider is a registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 21 January 2016 and Gardeners Close was rated 'Requires Improvement'. We issued requirement notices relating to safe care and treatment, fit and proper persons employed and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made and the provider had complied with the breaches. The service was now compliant with all regulations.

Staff were not present at the service 24 hours a day and staff from the provider's other service, on the same site, 'popped in' at evenings and weekends to see if people needed any additional support. People told us that staff were there when they needed them, however, there was no formal method of recording when staff visited the service. We discussed this with the provider and they agreed this was an area for improvement. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

The ethos and values of the service were to encourage people to be as independent as possible, and people were learning new skills such as cleaning their flats and doing their own washing. However, the goals that people were working towards had not been recorded and agreed, to ensure everyone knew what each person was working towards. We discussed this with the provider and they agreed that this would be beneficial to ensure people received consistent support.

There were now regular checks and audits occurring at service. However, the deputy manager had not identified an error relating to a person's weight chart. One person's records showed they had lost 11.2kg in less than a month. Staff showed us that the scales were broken, and the person's weight was stable but this had not been recorded or acted on to ensure the scales were working correctly and the person's weight was healthy.

People were supported to prepare and cook their own meals in their individual flats. If people chose not to cook they were able to eat food prepared at the provider's other service on the same site. People were supported to choose food in line with their special diets when needed and one person had lost weight since

moving to the service. They were healthier and more mobile as a result. People's health needs were supported.

People's medicines were stored in their individual flats and staff supported them to take these medicines safely. Risks relating to people's health and mobility had been assessed and minimised where possible. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

Staff knew how to recognise and respond to abuse. The provider and deputy manager were aware of their responsibilities regarding safeguarding and staff were confident the management team would act if any concerns were reported to them.

Staff had the induction and training needed to carry out their roles. They had received training in topics relating to people's needs, such as diabetes. Staff met regularly with the deputy manager to discuss their training and development needs.

Staff had an understanding of The Mental Capacity Act 2005. People were encouraged to make decisions about their lives and were able to come and go as they pleased. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The provider had not made any DoLS applications as none were needed.

People told us that staff were kind and caring and gave them the support they needed. Staff respected people's privacy, they knocked on the doors of people's flats and waited to be invited in before entering.

People were able to participate in a range of activities at the provider's other service on the same site, however, people told us they preferred to spend time in their individual flats with their friends. On the day of the inspection one person had been out for a walk in the local village and another person was going out that evening.

People told us that the provider was a visible presence at the service, people approached them and the deputy manager throughout the inspection. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. There was a complaints policy in place and people told us they knew how to complain if needed.

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.

There were enough staff to meet people's needs. Staff were checked before they started working at the service.

Medicines were managed safely.

Potential risks to people had been identified, there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment.

Staff had received training and knew how to recognise and respond to different types of abuse.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training, and supervision to support people effectively.

Staff had an understanding of the Mental Capacity Act (MCA). People were able to make decisions about their lives and no restrictions were placed upon them.

People were involved in planning and preparing their meals. Some people had lost weight and were happier and healthier as a result.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good ●

The service was caring.

People were relaxed in the company of staff and said staff were kind and caring.

People were encouraged to be as independent as possible. Staff

encouraged people to do as much as they could for themselves.

Staff treated people with respect and dignity. They knocked on people's doors and waited to be invited in before entering.

Is the service responsive?

The service was responsive.

People received care that was specific to their individual needs however, personal goals and aspirations were not recorded and supported.

People could take part in a range of activities and were able to come and go as they pleased.

There had been no complaints since the last inspection.

Requires Improvement 

Is the service well-led?

The service was well-led.

An error recorded on one person's weight chart had not been identified by staff or the deputy manager. Regular checks were completed on the service.

People told us the management team was approachable and they could go to them with any issues. Social care professionals told us the provider was responsive and willing to engage.

People, their relatives and other stakeholders had been asked for their views on the service. These responses were in the process of being collated and analysed.

Good 

Gardeners Close

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 took place on 14 February 2017 and was unannounced. It was carried out by two inspectors

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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the provider, the deputy manager and one member of staff. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

We spoke with all of the people living at the service and they showed us their individual flats. We observed how people were supported and the activities they were engaged in.

We last inspected this service in October 2015. Breaches in the regulations were identified at this inspection which had now been met.

Is the service safe?

Our findings

People told us they felt safe living at the service and were relaxed in the company of staff. Staff knew people well and said they had built up good relationships with the people they supported. One person told us, "I feel safe. People come and check on me" and, "I'm safe in my flat, it's mine and I have everything I need."

At the last inspection in January 2016 people's medicines were stored at one of the provider's other services. People had not always received their medicines as prescribed and temperatures had not been taken to ensure medicines were stored safely. At this inspection improvements had been made. People's medicines were now stored in their individual flats. Temperatures were taken each day to ensure medicines were stored at a safe temperature. Medication administration records were fully completed, showing people received their medicines as and when they needed it.

People were supported to be as independent as possible with their medicines. One person was supported to manage their diabetes medicine independently. They told us, "I do it myself, but [staff member] watches to make sure I am alright." Other people got the drinks they needed before taking any tablets. One person told us they did not like water, so always drank squash, and we saw them making this drink before taking their medicine.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. There was evidence of stock rotation to ensure that medicines did not go out of date. Some people had medicines on an as and when basis. There was clear guidance in place so staff knew when people might need these medicines and how much they should take.

At the time of the inspection there were no medicines that had special storage requirements; however, staff had an awareness of the specific requirements relating to their storage and administration.

At the previous inspection the fire alarm had not been checked regularly to ensure it worked correctly. At this inspection improvements had been made. Regular checks were now carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. Staff now carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. Staff told us that they could always contact a member of the management team should they need additional support or guidance.

At the previous inspection staff had not been recruited safely. Staff did not have a full work history and any

gaps in employment had not been explored by the provider. Recruitment procedures were now thorough and made sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The service was not currently staffed 24 hours a day, and staff from the provider's other service, on the same site, would, 'pop over' at the evenings and weekends to ensure that people did not need any additional support. People were able to ask for support if they needed it. One person told us "When I'm in bed they come and check on me" and "The staff come over quite regularly." One person's needs had changed and the provider told us they would need more support going forward and their support hours were being reviewed by the local authority. We observed that staff were available when people needed them and people confirmed this was the case. There were currently no formal processes in place to record when staff from the provider's other service visited. This would be important, to ensure that as the person's needs increased they received the appropriate level of support. The provider stated they would implement a monitoring sheet so staff from the provider's other service could record when they visited Gardeners Close. We will follow this up at our next inspection.

Staff had identified the risks associated with people's care, such as mobility, any behaviours that may challenge and unstable health care conditions such as diabetes. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring.

Some people were living with diabetes and there was clear guidance in place to tell staff how people may appear if their blood sugar levels were too high or too low. Staff had been trained to test people's blood sugar levels and knew what to do if they were outside of a healthy range.

Staff recorded accidents and incidents when they occurred, but there had been no incidents since the previous inspection. The provider told us that staff knew people well and were often able to anticipate their needs; this prevented a lot of incidents from occurring. Staff told us they would complete an incident form if anything happened. The provider told us they knew one person would need more support with their mobility going forward. They were going to introduce a falls chart so staff could monitor and record if the person fell, so they could easily track any deterioration and seek assistance from healthcare professionals if necessary.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Staff told us they would report any concerns to the provider or deputy manager. One member of staff said, "I'd start with the management team, but I have no problems with whistle-blowing if I had to. I could go to people's care managers at the local authority or the Care Quality Commission." Staff were confident that the provider would act on any concerns that were raised. There had been no safeguarding issues since our last inspection. People's money was managed safely and the provider and deputy manager regularly checked that receipts matched what had been spent for each person.

Is the service effective?

Our findings

At the previous inspection in January 2016 people's food was prepared at one of the provider's other services. Food had not been stored safely and hygienically there. At this inspection improvements had been made. People were supported to make their own meals in their individual kitchens. One person told us they had made themselves a sandwich at lunch, and talked proudly about using a knife and buttering their bread. If people chose not to cook they were able to request meals from the provider's other service, which was on the same site. This kitchen there was now clean and well maintained. One person told us, "The food is nice. We had liver and bacon for lunch and a 'party tea' tonight." and "I like a cooked breakfast, fish and chips and pies. I have these a lot."

Some people needed support with their special diets and were encouraged to make healthy choices to help manage their health conditions. Records showed that one person was regularly offered diabetic ice cream, cake and jam. Another person had lost weight since moving into the service and was healthier and more mobile as a result. They told us they were able to do more since losing weight and were pleased they could now, "go out places with their girlfriend."

There was an on going programme of training which included face to face training and online training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy. Staff had also had training on people's specific needs, such as diabetes and positive behaviour support.

Staff put their training into practice and gave people the support they needed. People's diabetes were well managed and people were calm and relaxed with staff. Staff spoke to us about people's needs with knowledge and understanding.

New staff worked through induction training which included working alongside established staff. New staff completed the Care Certificate as part of their induction, which is an identified set of standards that social care workers work through based on their competency. Staff received support during formal one to one meetings with the management team. They discussed issues that had happened in the service and reflected on their practice.

People were supported with their healthcare needs. Prompt referrals had been made to professionals such as occupational therapists and specialist nurses to ensure that staff had up to date advice and guidance on how to support people effectively. A specialist nurse was visiting the week after the inspection to speak with people and staff about a person's health condition and answer any questions they may have.

Staff assisted people to attend a variety of healthcare appointments and check-ups. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People living at the service had capacity and were able to make their own decisions about their lives. The provider had not made any DoLS applications as none were needed. Staff told us, "People here know their own mind and can make their own decisions." People told us that they went out to the local village without staff support and were able to come and go as they pleased.

Is the service caring?

Our findings

People spoke positively about the care they received and the kind and caring nature of staff. One person told us, "[Staff member] is nice. I can talk to her about anything." Another person said, "[Staff member] is wonderful." Staff told us they knew people well and had built up strong relationships with them. One staff member said, "I like working here, I like working one to one with people. You get to know them and it is just great, they are all different and we are helping them to learn new things."

People were encouraged to be as independent as possible. Staff had sought advice from health care professionals such as occupational therapists on how to support people to learn new skills. People were learning to clean their flats and shop for, cook and prepare their own meals. One person told us, "I do my breakfast here in the morning and I do my washing and my ironing." Staff confirmed that they always encouraged people to do as much as they could for themselves.

People received the support they needed in a discreet manner and staff treated them with respect and dignity. Staff had supported people to attend medical appointments to ensure they fully understood what was happening to them. One person told us they knew they were, "unwell" and sometimes felt, "unsteady" but they were "ok at the moment." Staff offered the person reassurance and told them there was, "nothing to worry about."

Staff treated people with compassion and kindness. We witnessed numerous warm, natural interactions between staff and people. Staff, the provider and deputy manager all laughed and joked with people throughout the inspection and there was a warm, relaxed atmosphere in the service.

Staff protected people's privacy as much as possible. Each person had their own individual flat and their own bedroom and bathroom. Staff knocked on the door of each flat before entering and told us, "I always ask them if it is alright to come in." Staff waited to be invited into each person's flat and people told us that they liked having, "their own space."

People personalised their flats in line with their particular likes and preferences. Some people had decorated them with pictures of things that were important to them such as family members or loved ones. Some of the furnishings had been provided by the provider and people showed us paintings and other decorations that they liked on the walls.

One person had a bowl of water and cat food in their kitchen. They told us that the cat from the provider's other service liked to come and eat in their flat. The person was supported to feed and look after the cat and told us they enjoyed its visits.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. Information was displayed about advocacy and the support it offered to people.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. One person's friend was visiting during the inspection and they spent time watching television together in the person's flat.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People received the care and support they needed and staff were responsive to their needs. People told us that staff were there when they needed them and they enjoyed living at the service.

People's needs were assessed before moving into the service, with involvement from people, their relatives, health professionals, and other stakeholders involved in their care. Risk assessments and guidance for staff were in place before people moved in and staff continually updated people's care plans as they got to know people better.

Staff told us that people were more independent since the last inspection and had learnt new skills such as cooking meals for themselves and cleaning their flats. The provider told us, "This morning [person] was cooking themselves an omelette and [person's] room was immaculate" and, "We want to enable people to grow to their strengths." However, people's personal goals were not recorded and there was a risk that staff could provide people with inconsistent or a lack of support in achieving them. We discussed this with the provider and the deputy manager and they agreed that formalising goals would be beneficial for people.

People received care that was personalised to their needs. Some people's needs had changed and staff had updated their care plans so that all staff were aware of these changes. They had also included information for staff on when to contact medical professionals, such as speech and language therapists if anyone was having difficulty swallowing. Staff told us they felt confident supporting people as their needs changed.

People's care plans contained information on their likes and dislikes and how they liked to be supported. One person's care plan stated they needed encouragement to wear warm clothing, as they preferred to wear t-shirts all year round, even in Winter. Staff explained that they gently encouraged the person to wear additional layers or a coat when the person went out and ensured the temperature of the person's flat was warm enough for them to wear a t-shirt indoors if they preferred. People were able to tell staff how and when they wanted supported and asked for additional assistance if they needed it.

People took part in a range of activities both inside and outside of the service. People were able to participate in regular, organised activities at the provider's other service but often chose to spend time in their flats with their friends. People were able to go out when they wished and one person told us, "Earlier, they supported me down to the village. It was a sunny day and we went to the co-op." Another person told us they were going out with their girlfriend that evening, and they had arranged to take them 'to an Indian' for dinner.

People had regular opportunities to feed back their thoughts on the service. The provider spoke with people on an individual basis and recorded these discussions. One person had expressed concern that as their needs increased they may be unable to remain at the service and the provider had reassured them that Gardeners Close was their home and they could remain there as long as possible. People also met together to discuss any topics which affected the service as a whole.

The provider had a complaints policy in place that was available to staff and people. There had been no complaints since the last inspection. The provider told us that if they received a complaint this would be documented, investigated and responded to. People told us that they would speak to staff if they had any issues. One person said, "If there is any problem I see a member of staff."

Is the service well-led?

Our findings

People told us they were able to speak to the provider at any time. One person said, "[The provider] is alright." Another person said, "[The provider] talks to me about my flat." People approached the provider throughout the inspection and greeted them warmly.

At the previous inspection the provider had failed to complete effective audits as they had not identified the issues we had found. At this inspection improvements had been made. A new audit tool had been introduced, that focused specifically on Gardeners Close, separately to the provider's other service. Medicine checks were completed weekly, and regular maintenance checks were now completed at the service.

The deputy manager regularly checked the quality of completed paperwork, including people's daily notes. However, staff and the deputy manager had both failed to notice a discrepancy on one person's weight chart. Staff had documented that one person had lost 11.2 kg in less than a month. We spoke to the provider and deputy manager and they told us that the scales were broken and this figure was incorrect. We asked them to double check the person's weight whilst we were at the inspection and this confirmed they had not lost any weight. Although the person's weight was stable the records had not been corrected to show the error regarding the scales. We discussed this with the provider and they agreed that this was an area for improvement.

Staff told us the provider and deputy manager were a visible presence in the service and they felt well supported by the management team. Staff understood their roles and knew what was expected of them. The deputy manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They held vocational qualifications in health and social care and the Registered Managers Award. The provider had been managing learning disability services for over 30 years.

The local authority commissioning team told us that the provider was seeking support and guidance when needed and was fully engaging with them. They met regularly with the provider and confirmed that any actions they had been asked to complete had been done so promptly. The provider had sought support from the local medicines management team and people now received their medicines safely.

There were links with the local and wider community and people had friends in the local area. People were supported to use public transport and regularly ate out in local restaurants and cafes. People were doing things that they had never done before, such as cooking and cleaning for themselves, and everyone was proud of these achievements.

Staff meetings were held monthly at the service. Minutes demonstrated that staff were kept up to date with changes to the service and were also able to add their own agenda items and ask questions. Staff regularly discussed incidents that had occurred within the service, and better ways of responding to ensure they did not happen again.

Services that provide health and social care to people are required to inform the Care Quality Commission,

(CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider and deputy manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

People and their relatives, staff and other stakeholders were asked for their feedback about the service on a yearly basis. The most recent surveys were in the process of being collated and analysed. Previously feedback had been read and considered and the provider had acted to address any issues that were raised.