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Garden Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We carried out an unannounced inspection of Garden Lodge Care Home on 4 and 7 April 2016. Garden Lodge Care Home is a purpose built single storey building. The home is registered to provide accommodation for up to 48 people who require nursing or personal care. At the time of our visit the service was providing support for 47 people. The service has two units and at the time of inspection. One unit was named Newcombe Wing, this wing provided support, respite care, end of life and general assistance with everyday living for people with dementia. The second unit was a general residential unit.

A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run. The service had a manager in post who was going through the registration process with Care Quality Commission.

We found breaches of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We observed unsafe moving and handling practices and which were not in accordance with the documented risk assessments.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) had been adhered to in the home. The manager told us of the people at the home who lacked capacity and that the appropriate number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

The staff in the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful.

People who lived at the home and staff told us that the home was well led and staff told us that they felt well supported in their roles. The registered manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well.

Staff were recruited safely and there was sufficient evidence that staff had received a proper induction or suitable training to do their job role effectively. The majority of staff had been supervised and appraised.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. There were policies and procedures in place to guide staff in relation to safeguarding adults.

People told us that that since the manager had been appointed there had been significant improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication storage and administration was correctly carried out.

Risk assessments regarding moving and handling were not always followed.

Is the service effective?

Good 

The service was effective.

Staff had an understanding of mental capacity and how this applied to people who lived at the home.

Staff had attended some training and additional training was planned.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs

Is the service caring?

Good 

The service was caring.

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

Confidentiality of people's care files was evident.

People we spoke with held staff in high regard.

Is the service responsive?

Good 

The service was responsive.

Each person had a care plan that meet their individual needs and risks.

A range of social activities was provided and the activities co-ordinator took time to build positive relationships with people.

People had prompt access to other healthcare professionals when required.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was in the process of registration with the Care Quality Commission.

The manager was clearly visible and staff said communication was open and encouraged.

Improvements had been made to the way the quality of the service was monitored.

Garden Lodge Care Home

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 4 and 7 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector and a specialist professional advisor who was a nurse with experience of caring for older people. 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Liverpool for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to five people living at Garden Lodge Care Home and seven relatives and friends. We talked with 11 staff on duty including the manager, deputy manager, care staff and ancillary staff. We also spoke with three professionals including an occupational therapist, dietician and a team leader from the community nursing team. We observed the support provided to several other people who were supported by the service who did not want, or were unable to talk with us.

We observed support for the majority of people who lived at the home. We reviewed a range of documentation including care plans, medication records, and records for six staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Is the service safe?

Our findings

We spoke with people who lived at the home and visitors and asked if they felt safe. One person told us "Oh yes" and when we asked a relative what their opinion was of the service, they told us "Yes definitely, we feel that she's safe completely". We were also told by a relative that the home had "Got better" and another visitor told us that "The service has a general feeling of friendliness".

The manager was in the process of updating the care documents including the risk assessments. We noted that risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, pressure area care and nutrition and that plans had been put in place to minimise risk. We observed inappropriate moving and handling techniques called "drag lifting" during our inspection. This technique is not safe for the person being supported or the staff providing the support. We looked at the risk assessments and care file for the person we observed being 'drag lifted'. Each of the records had identified that moving and handling equipment was needed to safely move the person, this meant that the staff had not followed the instruction on how to deliver safe person centred care. We brought this to the manager's attention who referred the incident through the homes safeguarding procedures, contacted the family of the person and immediately reviewed the person's care plans and risk assessments.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager maintained a clear audit trail of any safeguarding incidents, showing what action had been taken to support the person. The required notifications had been sent to CQC. We saw how staff practice had been changed following the learning from a safeguarding incident. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any potential abuse. All the staff we spoke with showed an understanding of the different types of abuse and how to report abuse.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and water systems, had been tested and maintained. The fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. Personal emergency evacuation plans (PEEPS) had been completed for all of the people who lived in the home and were readily available. These matched the information held in people's care plans and risk assessments.

On the first day of inspection, we found that there was no fire risk assessment for the home. This was completed for the second day of inspection and the manager had devised an action plan from the findings of the risk assessment.

We looked at records of accidents and incidents, which showed that actions had been taken following each event, for example referrals to the falls team.

We viewed six staff recruitment files and found that all the appropriate recruitment processes had been followed and that checks had been made. All files contained two references, proof of identity and had

appropriate criminal records checks on each person.

Medication administration was carried out safely and people were observed to ensure they had taken them. There was a drug trolley which was secured in a locked room and measures were in place to ensure the safety of the controlled drugs cupboard. Medication Administration Records (MARs) had been fully completed by staff when medicines had been administered. This meant that people were receiving their medications in a timely manner. All the medication we saw was in date and appropriately labelled. This meant that people had received their medications as prescribed by the doctor. Staff who administered medication had appropriate training and then their competency was checked by the manager.

We saw the daily cleaning rotas for the kitchen and for ancillary staff. These showed deep clean processes that were carried out in the kitchen and on the units. Some of the unit cleaning schedules had not been completed for some time, this meant we were unable to be sure some deep cleaning processes had been completed. However, we observed that home was clean with no offensive odours. One relative told us "Every where's clean". Gloves and aprons were freely available throughout the home.

There appeared to be enough staff on duty on the day of the inspection but we were told by one visitor "When you can find someone they'll do anything for you", and another visitor told us "There's not enough staff, especially at the weekend". The manager told us they looked at dependency levels of the people who used the service on a weekly basis and planned staffing levels according to their findings.

The service had a smoking room that had fire retardant furniture and curtains. Risk assessments were in place for people who chose to use the room and these were reviewed regularly. People who wanted to smoke were monitored whilst they smoked.

Is the service effective?

Our findings

We asked people if they thought the staff had the appropriate skills or knowledge to deliver an effective service and their feedback was positive. We were told by one person "Oh yes they seem to know what they're doing."

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. It was clear that the manager had a full and detailed understanding of the MCA and its application. We saw that the majority of the staff had received MCA and DoLS training.

The entrance area was a large open space that was bright and welcoming. There was a clear sign informing visitors that the building was under refurbishment. The manager had made significant changes to the environment to make the Newcombe Wing dementia friendly and further changes were in progress at the time of our visit. This included ensuring fire extinguishers were made safe in enclosed wall mounted boxes.

We saw two outside spaces that were used for the benefit of the people who lived in the home, one space was in the process of making a safe garden for people to use. We were told by one relative how the home had adapted a person's room suit their needs.

We looked at six staff files that showed the staff members had either attended and successfully completed the provider's induction schedule within the first twelve weeks of employment or had started the Care Certificate for new staff, which was accredited by 'Skills for Care'. We also saw that all staff, including ancillary staff, had attended training required by the provider, which included safeguarding, moving and handling, first aid, fire awareness, infection control and medication.

Twelve staff had achieved their Diploma level 2 in Health and Social Care and 10 staff had achieved level 3. There was evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been implemented and carried out at regular intervals throughout the six months. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. One staff member told us "We all attend training, I'm looking to progress". This meant that people who used the service received care from staff that were skilled and competent to support them.

The home had a protected mealtime so that people were able to eat their food uninterrupted. Each unit had a dining room and people were able to choose where they wanted to sit to eat their meal. We saw staff taking food to those who wanted to stay in their bedrooms. On the two days of the inspection we saw two different choices for the main course on each day. Both were "tasty" according to a person who lived at the home. Staff offered alternatives for desserts if a person did not like what was offered. One person told us "Breakfast is good, I like juice in the morning but sometimes the machine is empty. The lunch is normally two courses mix of food, such as chicken and vegetables, tea can be similar except that it is served early at 4pm". We saw that a fruit juice machine was empty and there were no glasses for people to help themselves.

One person said "We have tea breaks during the day but I supposed if I asked for something they would get it for me." . We saw that people who were prescribed nutritional supplements were given them throughout the day.

We noted that there were nutritional risk assessments in peoples care plans an we saw how the dietician was involved with some people's care. People were weighed and fluid and food charts were kept for those who were identified as needing them. These were completed appropriately.

Is the service caring?

Our findings

One person told us "The staff are more than helpful". A relative said, "If you're ever worried about anything the staff say ring in at any time, they put your mind at rest". Another relative said "The staff are dedicated to the residents".

Staff demonstrated a patient, caring and respectful approach when supporting people. We saw that the majority of staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We saw staff interact with people and involving them in conversations. We saw staff addressing people in the manner they preferred and staff had an understanding of people's likes and dislikes. We observed that staff clearly knew people well and people we spoke to told us that staff asked for consent prior to carrying out any care.

We were able to observe staff interact with people who lived at the home and we saw how one person became agitated and upset and how a staff member went and sat with the person showing a good knowledge and understanding of the person's behaviour.

We observed that confidential information was kept secure either in a locked cupboard at the main office, the senior carers' office, or in other cupboards.

We asked if people felt respected and if they felt they were treated with dignity. Everyone said "Yes". We saw how people's privacy and dignity was maintained. Staff showed concern for people and checked on them regularly when they chose to stay in their rooms.

We asked people if they could have visitors at any time. All said yes and we also asked relatives about visiting and were told "We can come at any time of the day". Another relative said "I've only got to say we're going out and they've got her ready, can't fault them". We saw visitors in the home during our inspection and saw that they made themselves at home and were greeted pleasantly by the staff.

We looked in the entrance area for any information about the home. The manager showed us 'Garden Lodge Care Home Service User Guide' that was available for people and their families. This held information that included emergencies, services and visiting.

Relatives told us that there was always communication between them and Garden Lodge Care Home and they felt they were kept informed of any issues.

The home manager and activities co-ordinator had recently devised and distributed a 'Garden Lodge News Letter', March 2016 and April 2016. This informed people of upcoming events, activities and any news regarding the home. It also informed people of the names of the senior staff who were working in the home.

Is the service responsive?

Our findings

People who lived at the home and their relatives told us they were satisfied with the way care was provided, could not fault the approach of the staff, and they felt listened to. We were told "Oh yes we're definitely listened to". We asked if people felt comfortable raising concerns or complaints. One person told us "I'd go to [the manager] if I needed to", and another person said "I'd talk to the manager".

We looked at the complaints procedure and saw that it was clear and comprehensive. This was clearly displayed at the front of the building and was also in the 'Garden Lodge Care Home Service User Guide'. We saw that complaints had been logged and follow up actions were recorded.

The care files in the home were in the process of being updated. We reviewed eight care files, and found all the important information about the person and their care needs was documented in the file. The care files contained plans describing how the person should be supported. Assessment and care planning information identified people's needs and the care they required including mobility, eating and drinking, continence, personal care, and social needs. The care plans included information on how the person wanted to be addressed.

The home employed an activities co-ordinator who provided a range of social activities each day. The activities were advertised on noticeboards throughout the home. On the first day of our visit there was a movie afternoon and on the second day there was an outing arranged. We were told by relatives and staff that the home had a 'happy hour' every Friday afternoon when people came to socialise and relatives were also welcome. The activities co-ordinator told us the manager understood the importance of activities and listened to any suggestions that were brought up. Families were asked through the newsletter for suggestions for activities people might enjoy. The activities co-ordinator had found out about one person's love of painting and had introduced this into the person's activities. They said it had improved the person's well-being. A relative said "They don't treat people as patients, they treat them as people".

The manager had implemented a new daily living activities log that meant a person's interests could be monitored. A relative told us that if their family member did not want to join in any of the activities they were able to refuse.

The service had clear referral systems to other agencies when the needs of the people changed. We spoke with the team leader from the link community nursing team, who confirmed that the care home staff made appropriate referrals at the appropriate time to the community team, who then referred to other specialist nursing services such as the community specialist palliative care team, or tissue viability specialist nurses as required. We spoke with other health professionals about the home and we were told by a dietician that "Staff are very proactive". This also indicated that the service responded appropriately to people's medical and physical health related needs.

One relative said "They've explained about dementia and how it affects different people, they've prepared the family for the future".

Is the service well-led?

Our findings

The manager had been in post for six months and had applied for registration with CQC.

Staff we spoke to felt supported and felt the home was well led. One staff member said "The manager is really approachable". Another staff member told us "She's brilliant." The manager was visible throughout the day and led by example by knowing all the people they interacted with by name and could give us insight into the person's needs and requirements. One of the staff told us "The manager here is brilliant, she is young and has lots of energy she is also very person centred". Another staff member told us "I feel confident in going to [manager] with anything, in the six months since she took over it is admirable what she has done".

The manager showed patience, skill and caring when dealing with people during our tour of the service.

The manager and the operational manager told us that they recognised that the home needed to improve and that they were committed to the work required.

The manager had implemented new processes including audits, new monitoring documentation and had introduced a culture of openness. Initial quality monitoring systems had been put into place to enable the provider to come to an informed view of the standard and quality of care, examples of this was the implementation of a range of audits including medication, care plans, maintenance and kitchen. We also saw the continuing auditing system the operational manager and home manager planned on implementing, this was a yearly plan.

Quality questionnaires had been introduced and the responses had been used in a 'You said, We did' display, this meant that people could see that their opinions mattered and were acted on, this also showed a wish to work with people to improve the service.

We were able to see that supervision and appraisal systems had been implemented by the manager and were being used to support the staff. The manager had introduced monthly team meetings we were told by a staff member "There is a team meeting tonight at 6pm we have one every four weeks and it is never a problem". This meant that the team were included in the changes to the home and that staff were made aware of their responsibilities to the people who used the service.

The policies in place were current and regularly updated. These included health and safety, fire procedures, confidentiality, whistle blowing, medication, disciplinary procedures and recruitment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks when receiving care or treatment. |