

Leonard Cheshire Disability

Garden House - Care Home Learning Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Garden House is a care home for people with learning disabilities. The service is three adjoining houses which were adapted. At the time of the inspection seven people were living at the service. The service was planning to close in March of this year. At the time of our inspection people were being supported to find alternative accommodation.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting the principles of Right support, right care, right culture.

- Right support: The model of care and the setting did not maximise people's choice, control and Independence. For example, people were not supported to set goals for things they might have wanted to achieve.
- Right care: Care was not person-centred and did not always promote people's dignity, privacy and human rights. We did not see evidence that people were receiving person centred care. For example, one person was missing their hearing aids for many months and we saw no evidence of staff trying to seek a resolution.
- Right culture: The ethos, values, attitudes and behaviours of leaders and care staff did not ensure people using the service lead confident, inclusive and empowered lives. For example, we could not always see evidence of people being supported to engage in daily activities which were important to them.

Medicines were not always administered or managed in a safe way. Risk management plans were not detailed, and they were not updated when people's needs changed. Staff told us they felt there was not always enough staff available to care for people. We made a recommendation to the provider to review staffing levels. The home was clean and tidy, but staff were not completing daily cleaning schedules, so it was not always clear how infection control practices were being reviewed.

We recommended the provider seek and implement national guidance in relation to safeguarding adults as the registered manager was not always able to evidence how safeguarding concerns had been investigated. Care planning was not person centred and lacked information that was important to care for people.

Quality assurance processes were ineffective. Whilst there were auditing systems in place staff were not always completing the monitoring and the registered manager did not have good oversight of the day to

day running of the service.

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

Rating at last inspection

The last rating for this service was good (published 11 March 2020).

Why we inspected

The inspection was prompted in part due to concerns received about the care people were receiving. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection.

This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Garden House - Care Home Learning Disabilities

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Garden House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with six members of staff including the deputy manager, team leader and three staff and domestic staff. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at data regarding staffing and quality assurance records. We contacted five healthcare professionals, but we received no feedback. We spoke to two staff members and four relatives.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There was no effective process in place for the ordering of medicines and this meant people went without their prescribed medicines. For example, one person was not been given their prescribed medication for five days as the provider was awaiting a delivery from the pharmacy.
- Medicines were not always administered safely. People had electronic medicine administration records (MAR); however, these were not always effective as they did not identify when people's medication had finished. For example, one person was being prescribed a course of antibiotics, the course had finished but staff were continuing to sign to say they had administered this medicine.
- We could not always be assured that medicines were stored correctly, for example one person's eye drops were not stored in line with the manufacturer's guidance.
- Weekly and monthly medicines audits were being completed. However, they did not highlight the shortfalls we identified during our visit.

Systems were either not in place or robust enough to demonstrate medicines were always safely and effectively managed. This put people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager took prompt action to address the issues we found.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had not always been considered, assessed or planned for to ensure people received care safely. For example, we read in the staff handover book that a health professional had contacted the service to inform staff that one person was meant to be on a moist diet and have their medicines given orally. We checked this person's support plan and there was no record of this. We spoke to the deputy manager who told us that this person was on a soft diet, however we observed this person having crisps with their lunch. When we spoke to the deputy manager and staff about this, they confirmed this person was not on a moist diet.
- We found risk assessments were not always updated when people's needs changed, for example one person had a history of falls and recently had a "near fall", however this was not recorded in their falls risk assessment.
- The provider did not always have effective arrangements to help protect people from risks associated with their environment. Staff were not carrying out regular fire checks and we could see no evidence of environmental safety audits being carried out to ensure that the home was safe.
- Records showed incidents and accidents had been recorded but we could see no evidence of staff

discussing and reflecting on these to try and improve practices going forward. There were also no plans put in place to prevent reoccurrences.

This meant the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and provide guidance for staff on how to reduce possible risks. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider took action to address the issues that we found during our inspection.

Staffing and recruitment

- The provider was completing a staff dependency toolkit however as the home was closing people were beginning to move out, senior managers had taken the decision to start to reduce the number of staff on shifts. We could see no evidence of the staff dependency toolkit being updated to reflect these changes.
- Staff told us, this meant it was sometimes hard to get people ready in the morning. We discussed this with the deputy manager, and they felt staffing levels were appropriate.

We recommend the provider further assesses and reviews the level of staff deployed to support people at the home

We did not review recruitment as the provider had not recruited any new staff since the last inspection.

Systems and processes to safeguard people from the risk of abuse

- We did not always see systems in place to protect people from abuse, discrimination and harm and we were not able to see if the provider had investigated and responded to safeguarding concerns in line with their policy. For example, when we read one person's support plan, we identified a concern which should have been reported to the CQC. We raised this with the registered manager who told us this was an oversight and sent a notification in straight away.

We recommend the provider seek and implement national guidance in relation to safeguarding adults from the risk of abuse to ensure they have robust systems in place to report and manage safeguarding concerns appropriately.

- Staff had received safeguarding training and were able to tell us signs and indicators of abuse. Staff told us they would report any concerns they had to the deputy manager.
- We observed kind and caring interactions between staff and people which helped to show us that people using the service trusted the staff.

Preventing and controlling infection

- We found the home to be clean and tidy, however staff were not recording what cleaning they were doing. During the first lockdown the registered manager had implemented a daily cleaning schedule, but staff were no longer filling this in. We discussed this with the registered manager who sent us evidence of infection control audits being carried out. However, there were no audits to evidence that daily checks were being completed.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed

- We were not assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was meeting shielding and social distancing rules.
- We were somewhat assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.

We have also signposted the provider to resources to develop their approach to ICP. Following the inspection, the registered manager sent us evidence of how they were addressing infection control within the home.

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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

- At the last inspection we had identified that the communal areas were not always maintained and some of the lounge furniture needed to be replaced. At this inspection we found that this work had not been undertaken. We discussed this with senior managers, and they told us the home was closing and this was why works to the communal areas had not been completed as the building and the property were no longer fit for purpose

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

- We found care plans were not always person-centred and they often lacked important information about people's support needs. For example, we read in handover notes that one person was being supported by a physiotherapist however there was no information about this within the person's care plan.
- We reviewed one person's behavioural needs assessments and found that care plans did not always effectively identify or contain guidance on how best to meet this person's needs.
- Reviews of people's care had been completed; however, these were not taking place in line with the providers policy. When reviews did happen, they were not always person-centred. For example, under the section, "What's gone well" staff had written, "[Person] wear pads throughout the night and test positive for COVID 19". We found important information which should have been discussed as part of this person's review was not being recorded appropriately.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager who recognised the need to review people's care plans to ensure they were more person-centred.

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.

- People had communication plans completed as part of their care plans., However, the deputy manager was unclear what was required as part of the accessible information standard and staff were not always ensuring people's communication needs were being addressed. For example, one person had communication issues and required hearing aids. We asked the deputy manager where this person's hearing aids were and were told "They lost them". When we reviewed this person's file, we saw that they had an appointment for a hearing assessment in September 2020 but no further action had taken place.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following the inspection, the deputy manager took action to address the issues that we found.

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

- The provider did not have robust systems in place to ensure people were supported to follow interests and activities which were important to them. We reviewed people's activities books and saw they were last updated in November 2020. We asked one person if there were activities to do and they replied, " Not always".
- Staff did not always ensure people were occupied and stimulated with activities which were engaging. During our inspection, one person was left sitting at a table and no one provided any support for a long period of time.
- Another person who was anxious and would have benefitted from reassurance from a staff member was regularly told to wait as staff were dealing with other issues.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not have appropriate oversight of the home and they had focused their resources on closing the building which meant people's day to day care was at times being overlooked. This meant there was a significant lack of oversight and monitoring of the service and as a result they had not identified risks relating to managing medicines, infection control and a lack of understanding of delivering person centred care.
- The registered manager was not based at the service and the deputy manager was left in charge of the home on a day to day basis. However, they lacked an understanding of the necessary audits and checks to be carried out to ensure people were not placed at risk of poor and inappropriate care. For example, whilst medicines audits were being carried out, they were identical from month to month and they had not identified the issues we found.
- The provider had introduced an infection control audit which had a monthly theme. The focus of the infection control audit for January was managing sharps disposal but there was no effective process in place to monitor infection control on a daily basis. This meant we could see no evidence of what the provider was doing on a day to day basis to minimise the risk of infection.
- There were no audits of support plans to check if they were accurate and contained all relevant and important information about the person. As a result, people were at times receiving unsafe care. We asked the deputy manager if audits were done, they told us, they just looked at the files but there was no recording of information.
- The provider's systems and arrangements did not always ensure people received care which was person-centred. Care plans were inaccurate, and staff did not always follow guidance within care plans to meet people's needs.

The above shows that systems were either not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff team had varied opinions about how they were supported but on the whole staff morale was low, staff told us they were not always listened too, and they felt they did not get support. If staff raised concerns with managers, they felt it was not always treated as confidential. We raised this with senior staff during our feedback and they told us, they would look into this matter.
- We did not see evidence of regular meetings with people who lived in the home, so we were not able to see evidence of how people's views were heard. We discussed this with the deputy manager, and they told us they received feedback informally.

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

- As part of the inspection we spoke with the registered manager and senior managers about their understanding of their responsibilities under the duty of candour and the provider demonstrated they understood their responsibilities. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The provider had developed working relationships with local services including local health services however we did not always see that they were following up on guidance from these professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not always ensure people received care which met their needs and preferences. Regulation 9(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure that risks to service users were adequately assessed and mitigated. The provider did not always ensure the proper and safe management of medicines. Regulation 12 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care. Regulation 17 (1)