

Mr B & Mrs R S Oozageer

Garendon Residential Home

Inspection report

50-52 Garendon Road
Loughborough
Leicestershire
LE11 4QD

Tel: 01509550468
Website: www.adonaiholding.com

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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

We inspected the service on 26 April 2016. It was an unannounced inspection.

Garendon Residential Home provides accommodation for up to 14 people with learning difficulties and sensory impairments. There were 12 people using the service on the day of our inspection.

There was a registered manager. 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.

People were protected from harm. People told us they felt safe and that there were enough staff available to meet their needs. There was a recruitment policy in place which the registered manager followed. We found that all the required pre-employment checks were being carried out before staff were to commence work. This meant that the provider could be assured that staff employed were suitable to keep people safe.

Risks associated with people's care and support were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

People's independence was promoted and staff encouraged people to make independent choices. People were supported to have active lives and participate in vocational, recreational and educational activities.

People were supported to make decisions about the care they received. People's opinions were sought and respected. The provider had considered their responsibility to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals.

Staff knew people well and treated them with kindness and compassion. People enjoyed the meals provided and where they had dietary requirements, these were met. People were offered adequate drinks to maintain their health and wellbeing.

Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager and had faith that they would address issues if required. Relatives found the registered

manager to be approachable.

The registered manager and the provider had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner.

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

People told us they felt safe and the staff team knew how to keep people safe from harm. Regular safety checks had been carried out on the environment and the equipment used for people's care. People's medicines were managed so that they received them safely.

Is the service effective?

Good ●

The service was effective.

We saw that staff received appropriate training and supervision to enable them to meet the requirements of their role. The service catered for individual dietary needs and staff were aware of how to provide these. People told us that they enjoyed the food provided.

The provider had considered people's capacity to make informed decisions around aspects of their care and sought their consent. The provider worked within the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring

People were encouraged to make choices and independence was promoted. Staff treated people with kindness, dignity and respect.

People's opinions were actively sought and they felt that they mattered.

Is the service responsive?

Good ●

The service was responsive.

Feedback from people who used the service and visitors was actively sought. People were aware of the complaints procedure and felt able to raise any concerns.

Care plans contained information about people's preferences

and chosen routines. This included information about what was important to them, details of their life history and information about their hobbies and interests.

Is the service well-led?

Good ●

The service was well led.

Staff had a clear understanding of the aims and objectives of the service. Staff felt supported by the registered manager. People using the service felt able to contact the registered manager and discuss any issues with them.

The registered manager kept robust records to enable them to monitor the smooth running of the service.

Garendon Residential 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.

The inspection took place on 26 April 2016. It was an unannounced inspection.

The inspection team consisted of 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.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with six people who used the service. We also spoke with four relatives of people who used the service after our inspection.

We spoke with the registered manager, a senior staff member and four care workers as well as the provider. We looked at the care records of two people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes.

Is the service safe?

Our findings

People told us that they felt safe at Garendon Residential Home. One person told us, "I feel safe living in my home because my friends live here with me and I have staff here that look after me really well and keep me safe." Other comments included "The staff make you feel safe." "Staff are always making sure that I am safe around my home, staff are just brilliant here." A relative told us, "I know [relative] is safe and well cared for."

People told us that there were enough staff to keep them safe. One person said "Staff are always around for me." Another person said "There is always plenty of staff around to care and look after me." Staff confirmed that they felt there were enough staff to meet people's needs. The registered manager told us about the staffing levels that they had in place. This was confirmed by looking at the rota. We were told that the service's own staff covered other staff's sickness or holidays. This ensured that people were only supported by staff who knew them well.

There was one member of staff working at night in the service. The manager had assessed people's support requirements at night and this staffing level met their needs. People understood how to summon support from staff if they needed to. One person said, "At night there is always one on so I can knock on the [staff room] door and tell staff." We saw that the staffing structure was flexible to meet people's needs. We observed that one staff member had arrived before their usual start time to enable a person to access a planned appointment.

We saw that there was a policy in place that provided staff, visitors and people using the service with details of how to report safeguarding concerns. Staff were aware of this policy and how to report and escalate concerns if required. They told us that they felt able to report concerns. One said, "I would go straight to the manager or the provider." The registered manager was aware of their duty to report and respond to safeguarding situations. The provider was also aware of how to report issues when the registered manager was temporarily away from the service.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks were carried out on staff members prior to them starting work. We looked at the recruitment files for three staff members. We found that all the required pre-employment checks were being carried out before they were to commence work. This meant that the provider could be assured that staff employed were suitable to keep people safe.

People could be assured that they would receive their medicines as prescribed by their doctor. Medicines were all stored securely. We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was taken regularly. We observed staff administering medicines. Once a person had taken the medicine the MAR chart was then signed.

Where people were able to, they were supported to manage their own medications. Their ability to safely do so had been assessed and appropriate support measures implemented. People were kept informed about

changes to their medication and what their medications were for. One staff member told us, "We try to explain what medication is about. If there is a new medication we explain why." The registered manager completed audits and had requested that a pharmacist reviewed how the service managed medicines. This meant that they could be assured that medicines were managed safely.

We looked at two people's plans of care and found risk assessments had been completed on areas such as nutrition and accessing the community. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. We saw that people were supported to be involved in positive risk taking which means they were encouraged to look after their own safety. One staff member told us, "Some travel independently - risk assessed of course." By taking positive risks people's quality of life was enhanced. People's money was kept safe and those responsible for handling money were made accountable for any transitions.

Risk associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having happened within the required timescales. We saw records to show that the provider had asked an external contractor to check that people were not subject to the risks associated with Legionella or asbestos.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond to accidents or incidents. We saw that changes care plans as a result of the accident or incident. The registered manager had systems in place that enabled them to look for trends in incidents or accidents.

The help that people would need if there was a fire had been formally assessed. Two people who use the service had been given responsibility to support other people to vacate the building in case of a fire. We saw that they had practiced supporting people and they were able to explain to us what their responsibility was. Fire safety checks were carried out and there were procedures in place for staff to follow. A fire safety check had been carried out by the fire service. It had identified areas where the service could improve in its fire safety. We saw that all of these improvements had been made. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe.

Is the service effective?

Our findings

People told us that staff knew how to care for them and understood how to meet their needs. One person said, "All staff here are trained to keep me safe and look after me. They sit and listen to me and understand what my needs are."

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included safeguarding and health and safety training. Staff records showed that new staff had shadowed more experienced staff members and undergone competency checks with the registered manager before they had been allowed to administer medicines. Staff training records showed that staff received regular refresher training. One member of staff said, "There is a different course every month." Another said, "We get very good training." This meant that staff had the knowledge and skills to carry out their role.

The registered manager conducted regular supervision with staff members. During supervision staff's progress, competency in their role, training and support needs were discussed, this enabled the registered manager to evaluate what further support staff required from them. Supervisions took the form of formal meetings as well as observations and competency checks. Staff also received an annual appraisal with the registered manager.

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 Act. 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

The registered manager was aware of the legislation and had considered these requirements during care planning. The registered manager informed us that they believed that all of the people who used the service had the capacity to consent to their care and treatment. Staff confirmed this. Staff had received training about the MCA and understood how it affected their role and the people they were supporting. The registered manager and the senior staff member had completed more advanced training regarding MCA

We saw that there was reference to people's ability to make decisions in their care plans. Staff explained things to people in order to maximise their understanding and support them to make decisions. One staff member said, "We talk to them about it, break it down and make it simple." Where people had made decisions that were not always wise these had been respected and advice and alternatives offered. We saw that some people had asked for support to manage their money. We asked the registered manager to continually monitor people's capacity as their needs change.

Staff understood the need to support and encourage people and knew to ask people's consent before they supported them. People were also asked to sign to give consent to the care they received. The care needs of people had been assessed and documented. This enabled staff to know how best to support people. We were able to see that people's preferences and wishes had been taken into account.

We saw that people had regular appointments with a variety of health professionals. One person told us, "I do see my GP regular for my health and wellbeing. Staff always ensure that my appointments are made for me." Another person said, "I see my chiropodist once a month they come to my home to cut my nails. Staff make me appointments to see my opticians. I see my opticians and GP regularly as I have to have blood tests. Staff make me these appointments as I forget. If I'm feeling unwell staff will phone the health centre and get me in to see my GP but sometimes I see a nurse that takes my bloods for me." We saw that records reflected this. People had health action plans which informed them, staff and medical professionals about their individual health needs and the support they needed to stay healthy.

People told us that they enjoyed the food provided. One person told us, "The food here is absolutely fine here I get lots of choices staff will sit with me and ask me questions about what foods I like to put on the menu planner. I can help with preparing the food before lunch or tea time." Another said "Staff always ensure my food is cut up, this helps me to swallow my food so I don't choke. They make sure that I get drinks throughout the day, food is really nice here. I get a really good choice. Breakfast is just brilliant." Staff told us, "All the food is fresh. They have a say in the menu." We were told by the registered manager that the menus were put together based on what people told them they liked to eat. We saw that they had recently conducted a food choices survey with people. We pointed out that one person had said that they would prefer a hot meal at lunch time. The registered manager confirmed that this was available and that they would ensure that the person was made aware that this was an option. A variety of both hot and cold drinks as well as fresh fruit were offered throughout the day and people had access to the kitchen whenever they wanted. People were supported to make healthy choices. One relative told us, "Within three months of [relative] being there they were back down to a healthy weight."

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "I love it here, the staff are nice." Another person said, "Staff are very caring here. They make sure that I am alright and check on me regularly." Relatives confirmed this. One said, "The attitude of the staff is superb." We observed warm interactions between people and staff. We saw that staff knew people's individual needs well and had engaged in communicating with them and ensuring that people experienced meaningful interactions. One staff member said, "We always tell them this is your home. We are here to make you safe and happy."

People were treated with dignity and respect. One person told us, "They respect me, are helpful and talk to you." Another person said, "Staff are very respectful to me." A third person said, "Staff treat me as an individual and call me by my name." A staff member said, "People all have different needs." People told us that staff helped them to maintain their appearance to the standard that they wished. One person said, "They wash my hair for me and blow dry it and make me look nice for the day." A staff member told us, "We encourage people to wear clothes that are appropriate to the weather but it's their choice." We observed staff interactions with people throughout our inspection which confirmed this.

People told us that they could make decisions about their lives and the things that they did. They told us that they did not feel restricted. One person said, "There is not anything that I don't get to do if I want to." Another person told us, "I have lots of freedom around my home. I can go to my room when I want to without having to ask the staff. This is my home I do like to go to a quiet room which is good that I can do this at any time." We observed people making choices throughout our inspection. Care plans reflected people's ability to make choices and decisions about the things that were important to them.

Staff supported people to remain as independent as possible. One person told us "Staff encourage me to be independent in my home and if I was struggling with something I would always ask for help but staff do leave me to it and that's what I like them to do." Another person said, "They do live their own lives, they live independently." People had daily tasks that they were responsible for in the home. We were told that people had chosen which jobs they wanted to do and that their contribution was recognised and praised. One relative told us, "They all have tasks to do, they all muck in." This meant that people felt that they were making a positive contribution to their environment and that their skills were maintained and appreciated. We saw observed people engaged in tasks throughout our visits and support plans were in place to provide guidance for staff to promote people's independence.

The information that the service maintained about how to support people was kept confidentially. One person said, "Staff will always let me talk to them in private." One staff member told us, "Keep it private and confidential." Where people were able to, they signed to say that they agreed to their private information being shared with necessary professionals. We saw that care plans and other personal details were kept in the office which was kept locked when not in use.

People's belongings were respected and we saw that staff asked permission to enter their bedrooms. One person said, "I can go to my room when I want to. If I want to sit in peace and quiet and have privacy I can if I

want to." Another person said, "It's always private and things are safe." We were invited to see two people's bedrooms. We saw that they were decorated as they had chosen, with their own belongings. People spoke with pride about the things in their bedrooms and the way their rooms had been decorated. A staff member told us, "All the rooms are individually decorated in their style." Another staff member said, "It's their home, we treat it as their home."

People were respected and their views listened to. We were told that before someone is accepted to live at Garendon Residential Home they come for a visit. Staff observe the residents and speak to them after the visit to see if they feel comfortable with the new person. The registered manager told us that they had not accepted new residents in the past based on feedback from people who live at the service.

Is the service responsive?

Our findings

People had contributed to the planning of their care. One person said, "I was involved in my care plan. I did it with staff and tell them what my needs was and what I needed help and support with. I need support with showering, eating. Staff give me so much support here in my home." Another person told us, "I was involved in my care plan. I told staff that I need support getting in and out of the bath."

We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to them, their health and details of their life history.

The registered manager conducted assessments of needs for new residents and implemented clear guidelines so that staff were clear how to meet people's care needs. Staff were able to tell us what support people needed and how to deliver it. One staff member told us, "Clients are treated as individuals. It's centred to their needs." We found that people were involved in the review of these at least annually. The registered manager told us that they regularly review plans with people informally by checking they are still happy with their care.

Important information about changes in care needs for people were shared with carers via the communication book. This was important so that staff coming on to a shift were made aware of the wellbeing of each person and any important information relating to their care.

People engaged in activities that were of interest and meaningful to them. We saw that people were encouraged to access the local community and engage in vocational, recreational and educational activities. One person told us, "I really do enjoy my work. I go out into the local town with my friends for a cup of tea." Another person said, "I do lots of activities, I go to the cinema. I enjoy going to the town hall to see shows, I catch the local bus to go into town for a coffee." One relative told us, "[relative] goes to work, this is important to him." We observed people engaging in leisure and daily living activities within the home. People's achievements were celebrated and we saw certificates displayed for people's achievements. People spoke with pride about the tasks that they were able to carry out, such as feeding the rabbit or helping around the kitchen. Care plans reflected people's interests and hobbies and it was clear how people were being supported to engage in these.

The registered manager held regular meetings for the people using the service. During these meetings people were updated on events happening at the service they were asked their opinions on matters concerning them. The registered manager told us that they had brought the most recent house meeting forward as they needed to inform people about a new person coming to live at Garendon residential home. We saw that the majority of people attended the meetings. This meant that people they felt they could express their feelings and they felt included.

The provider had sought feedback from people who use the service and their relatives. They conducted

annual survey's, collated the results and shared them with the registered manager to address any concerns if required. The registered manager conducted questionnaires with people about the menu and food on offer. They told us that they would make amendments to the menu questionnaires to address the concern that one person had raised about preferring a hot meal at lunch time as this had not been picked up through the most recent questionnaire. This meant demonstrated that the registered manager acted upon feedback.

People told us that they would feel comfortable making a complaint. One person told us "I would tell staff, they would help me." Another person said, "I do know how to make a complaint. I would do this by asking the manager for a form to complete." Relatives told us that they had no complaints but if they did they would address them with either the provider or the registered manager. We saw that the complaints procedure was available to all people who used the service and visitors. This was in an accessible form to maximise people's understanding.

Is the service well-led?

Our findings

People told us that they had confidence in the registered manager, knew who they were and would feel comfortable to address issues with them. One person told us, "If I had any problems or was feeling upset I would go to manager." Another person said, "[name] is the manager, she looks after me." Relatives told us that the registered manager was approachable. They felt that communication between themselves and staff was good and that they were kept informed of events or concerns. One relative told us, "Could go to [manager], without a doubt." Another relative said "Good communication." We observed people calling the registered manager by their name and chatting with them throughout our inspection.

Staff told us that they felt supported by the registered manager and would be confident to discuss issues as and when they arose. One staff member said "[Registered manager] is very approachable. One in a million." Another staff member said, "[Registered manager] is very understanding and helpful." The registered manager and staff felt supported by the provider. One staff member said, "[Provider] is approachable, they come two or three times weeks per month. If [registered manager] is away she checks things are ok and I know I can ring her."

The provider had a statement of purpose. Staff had a clear understanding of the provider's aims and objectives. One said, "Residents come first and always will." There were policies and procedures to guide the registered manager and staff. Staff knew what was expected of them. We saw that staff meetings took place. During these the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures. The registered manager also used the communication book to inform staff of her activities so that they were clear of the processes that she followed or progress in addressing issues. This demonstrated a transparent method of management support.

The registered manager had implemented systems to ensure the smooth running of the service. All of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed monthly audits of medication and other health and safety systems within the home. They told us, "If you have systems in place then you can pick things up and address them when they happen. The provider also conducted regular 'spot checks' to ensure that systems were in place and were working appropriately.

The provider and the registered manager had an agreed plan for the year ahead. This was to ensure that routine tasks along with planned improvement programs were implemented. They reviewed progress against the plan. We saw that all tasks had been carried out as identified on the plan for 2016 up until our inspection. This meant that systems were in place to monitor service delivery and drive improvement.

The registered manager was aware of the requirement for them to notify the Care Quality Commission or other agencies of all significant events within the service.

We saw that where outside agencies had identified risks or required upgrades for improvements to the service, these had been addressed and implemented. For example, the height of the banister had been increased to comply with changes to current legislation.

