

Garlands Residential Care Home Limited

Garlands Residential Care Home Limited

Inspection report

27 Church Street
Heckmondwike
West Yorkshire
WF16 0AX

Tel: 01924404122

Date of inspection visit:
05 August 2019
06 August 2019

Date of publication:
04 September 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Garlands is a residential care home providing personal care to 20 people aged 65 and over at the time of the inspection. The service can support up to a maximum of 20 people. Garlands is a converted property with communal areas on the ground floor and bedrooms on both the ground and first floor.

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

People were protected from abuse and avoidable harm. Risks identified at our previous inspection relating to fire safety, safety of equipment and premises and cleanliness had been addressed. Staff were recruited safely and there were enough staff on duty to meet people's needs. The administration of people's medicines was safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people lacked capacity to make decisions, we saw evidence of capacity assessments and best interests decision making.

New staff were supported through training and induction. There was a programme of ongoing training and regular management supervision for existing staff. People were supported to eat and drink. We saw staff involved with other healthcare professionals as required. There was a system in place to ensure relevant information was communicated within the staff team.

People were treated with dignity and respect. Privacy was respected and staff encouraged people to maintain their independence. People were offered choices and were encouraged to be involved in decisions regarding their care and support.

An accurate, complete and contemporaneous record of each person's care and support was not always maintained. Nutritional supplements were not always recorded on people's fluid intake charts. Staff did not always complete people's fluid records in a timely manner. We saw improvements had been made to the content and accuracy of people's care plans. People were supported to participate in a range of activities. No formal complaints had been received since our previous inspection.

People, relatives and staff told us the home was well led. A number of improvements had been made since the last inspection including more regular audits. However, we found these audits had not identified or addressed the shortfalls we found with, for example, people's records. Regular meetings were held with people, relatives and staff. The registered provider and registered manager had worked closely with the local authority and had attended good practice events to learn and improve the quality of care they provided for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found significant improvements had been made however, further improvement was needed. The provider was still in breach of a regulation.

This service has been in Special Measures since 17 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to continue to improve the standards of quality and safety. We will 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Garlands Residential Care Home Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

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

Notice of inspection

We visited Garlands on 5 and 6 August 2019. The first day of the inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Prior to the inspection we reviewed information we had received about the service since their last inspection. This including reviewing any notifications we had received from the service and information we had received from external agencies including the local authority contracts team, safeguarding team and the clinical commissioners.

During the inspection-

We spoke with three people who lived at the home and two visiting relatives. We spoke with six staff, including the registered provider, registered manager, two care staff, a cook and housekeeper. We reviewed a range of records. This included three peoples care records and two peoples medicine records. We looked at four staff recruitment and supervision records and a range of records relating to the management of the home. We spoke briefly with a visiting healthcare professional.

After the inspection

We requested further information from the registered provider and manager to validate the evidence found. This was received, and the information was used as part of our inspection.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were adequately protected from the risk of fire. We were not assured the premises and equipment were safe. The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental fire risks identified at our previous inspection had all been addressed. We saw issues identified in the fire risk assessment had been addressed. People had personal emergency evacuation plan in place. Copies were kept centrally so they were readily available in an emergency. However, not all staff had completed a recent fire drill, of the 16 staff listed, 12 staff had not completed a recent drill. The registered manager assured us this would be addressed promptly.
- Regular checks were made on the premises and equipment to ensure they were safe. At the time of the inspection an annual gas safety check had not been completed on a drier or the cooker. We brought this to the attention of the provider. Following the inspection, they provided us with evidence a gas safety check had been completed and the equipment was safe.
- Each of the care records we reviewed included a variety of person-centred risk assessments. Risks to people's safety and welfare were identified along with actions to mitigate identified risk.
- Where people were at risk of developing pressure ulcers, equipment was provided to reduce the risk of a pressure ulcer developing. Information was clearly displayed to ensure staff were able to ensure individual mattresses settings were correct.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored safely. Medicines were administered by staff who had been trained and assessed as competent.
- We observed the registered manager administering some people's medicines. This was done safely and in a caring manner.
- Protocols were in place to ensure medicines prescribed 'as required' were administered safely and consistently.

- Regular audits of people's medicines were completed.

Preventing and controlling infection

At our last inspection the provider had failed to ensure the premises and environment were clean. People were not adequately protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection the local authority infection prevention and control team had provided support and guidance for the registered manager and staff team.
- We found the premises were clean and odour free. Equipment, including pressure reducing mattress and cushions were clean and odour free. One person told us, "My room is always clean."
- Cleaning schedules were in place. These included instructions for staff as to how and when cleaning of specific areas and equipment was to be completed.

Staffing and recruitment

- Recruitment processes were safe, although we spoke with the registered manager about further steps they could take which would improve the robustness of pre-employment checks.
- There were enough staff employed daily to ensure people's needs were met.
- The registered manager told us since the last inspection there had been a small number of changes within the staff team. Recruitment was ongoing, identified shortfalls were covered with agency staff if the need arose.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. When we asked one person if they felt safe, they responded, "Absolutely." Relatives also told us their family members were safe.
- Staff were aware of the different types of abuse and understood their responsibility in keep people safe from the risk of harm.
- The registered manager was aware of how to escalate any safeguarding concerns to the local authority safeguarding team.

Learning lessons when things go wrong

- The registered provider and registered manager both demonstrated a clear culture of learning lessons when things went wrong. Learning was shared with staff at team meetings, supervisions and daily handovers.
- Accidents and incidents were recorded and analysed to identify possible themes or trends.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure the requirements of the MCA had been met. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Ten people who lived at Garlands had a DoLS authorisation in place. A number of other applications were awaiting assessment by the local authority.
- Since the last inspection the registered manager had received support and guidance from the local authority to implement documentary evidence of capacity assessments and best interests decision making.
- We reviewed the care records for two people who lacked capacity to make specific decisions related to their care and support. Each record included a variety of decision specific, person centred assessments along with evidence best interests decision making. We saw evidence a relative had been involved in the process for one person, but this was not always evident in the other person's records.

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

- People were assessed to ensure their care and support needs should be met, prior to them moving into the

home.

- Information relating to current guidance and legislation was displayed within the home.

Staff support: induction, training, skills and experience

- The registered manager told us new staff received induction, training and shadowed an experienced member of staff when they commenced employment at the home. This was corroborated when we spoke with a recently employed care worker. We also saw evidence of induction and training when we reviewed their personnel file.
- Staff attended an external training provider on an annual basis to update and refresh their training.
- Staff told us they felt supported and received regular management supervision. We saw evidence of regular supervision in the personnel files we reviewed. The registered manager had a matrix in place which provided them with oversight of when individual supervisions were due.
- Staff had not yet had an annual appraisal. The registered manager told us they were aware of this shortfall.

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

- Feedback about the meals was positive. One person said, "The food is excellent." A relative said, "Lovely, I have eaten here a few times myself."
- Prior to lunch, people were asked where they would prefer to eat, for example in the lounge or dining room. We also saw a member of staff asking people if they would like to use a disposable wipe to clean their hands before they ate.
- People were offered a choice of menu. Staff provided verbal prompts and supported people to eat where required. This was done discreetly and patiently.
- We saw one person required their food to be a blended consistency. We saw the components of the meal were individually shaped on their plate. For example, the cook had shaped the blended carrot to look like small individual carrots on their plate. The registered manager told us as a result of this, the person had gained weight as they were eating more.

Staff working with other agencies to provide consistent, effective, timely care

- Handovers were held at shift changeovers to ensure relevant information was shared within the staff team.
- A brief meeting was held with all staff mid morning. This had been introduced since the last inspection and enabled information regarding people, staff and operational issues to be shared and discussed within the staff from all departments within the home.
- Some staff carried a walkie talkie. The registered manager told us this had enabled messages to be passed to key staff in a timely manner.

Supporting people to live healthier lives, access healthcare services and support

- A relative we spoke with told us, "If [person] is unwell, they ring the doctor. They ring me or tell me when I visit."
- A visiting healthcare professional told us they had no concerns regarding people's care and support. Staff made appropriate referrals to them and advice was followed.
- We saw written feedback from an emergency ambulance crew who had visited the home in April 2019. Staff had been proactive in contacting the person's GP, monitoring the person closely and then contacting the emergency services when they noted the person's health deteriorate.
- We saw evidence of the involvement of other health care professionals in each of the care records we reviewed.
- If a person needed to be transferred to hospital the home operated a 'grab bag' system. This contained key information about the person health, care and support. We noted one was not in place for a person who had been admitted to the home a couple of months before our inspection. We brought this to the attention of the registered manager who assured us the matter would be dealt with.

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

- Garlands had two communal lounges and a dining room on the ground floor with bedrooms to both the ground and first floor.
- Since our last inspection new easy chairs had been purchased for both lounges. There had also been some redecoration to the entrance and staircase. This had made the area lighter and brighter.
- Bedroom doors were decorated to look like an external door, with a letter box and door knocker. There was picture signage on bathroom and toilet doors to help people to locate these rooms when needed.
- There was access to a secure patio area at the back of the home.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to/deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's dignity was consistently respected. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff knocked on bedroom doors before they entered. Staff also informed people who they were as they entered their rooms. Staff were able to tell us how they protected people's dignity when they supported them with personal care. One person who lived at the home said, "They are very respectful, all of them."
- People were able to have their own bedroom door key, enabling them to lock their door if they chose.
- Staff prompted people to maintain their independence. For example, wiping their own hands and walking with a walking aid rather than using a wheelchair.

Ensuring people are treated and supported, respecting equality and diversity

- Without exception, people and visitors told us staff were caring and kind. Comments included; "We are well looked after", "It's a lovely place, we are well looked after" and "If I had to come in, I would come in here. "They [staff] clearly respect the people who live here."
- Written feedback from an emergency ambulance crew who had visited the home in April 2019. They commented on the staffs' caring and friendly attitude as well as their knowledge of the individual they were there to treat.
- We asked staff what good care meant to them. One member of staff responded, "Good care, it means everything to me. I care the same as I would for my mum and dad."
- From our discussions with the registered provider, registered manager and other members of the staff team, staff clearly knew people well. Staff told us they had time and opportunity to read people's care records.
- We observed a person going into the garden. A member of staff noticed they had not got their handbag with them, they promptly fetched the person's handbag and gave it to them. We heard another staff member ask a person if the volume of their radio was loud enough for them to hear it before they left the person's bedroom.

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

- Staff involved people in making decisions about their care and support. People were offered a choice of meals and drinks, where to sit and what activities to participate in. We heard a member of staff offer people a clothing protector at meal times. Where this was declined, staff respected the person's decision.
- The registered manager had recently implemented 'resident of the day'. A notice was displayed on the back of people's bedroom doors which informed them which day of the month they were resident of the day and what the process was about. We reviewed a random sample of resident of the day records. We saw feedback from both the individual and their family representative, if present, were recorded.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to an accurate, complete and contemporaneous record of each person's care and support was maintained. This was a breach of regulation 17 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our previous inspection, where people were prescribed nutritional supplements records did not evidence these were being administered as prescribed. This remained an issue at this inspection. For example, one person was prescribed two different nutritional supplements daily. Both were signed as administered on their medicine administration records, but staff were not consistently recording this on the individual's fluid intake charts.
- Staff were not completing fluid records in a timely manner. We reviewed the fluid record for one person at 5.30pm, no entry had been made by staff since 7.30am despite this person having been provided with drinks throughout the day.
- Body maps were used to record any breaks in peoples skin integrity. However, entries were not updated, therefore we were unable to establish if issues had improved, deteriorated or been resolved.

We found no evidence that people had been harmed however, further improvements needed to be made to ensure peoples records were accurate, complete and contemporaneous. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to peoples care plans. Care records we reviewed were detailed, person centred and reflective of peoples care and support needs.

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.

- When we spoke with the registered manager they were unaware of the requirements of the Accessible

Information Standard. Despite this, we found people's communication needs were clearly recorded within their care records. There was also a white board in the dining room showed the daily menu in both words and picture format.

- The registered manager assured us they would research the requirements of the AIS to ensure the people's needs were being fully met.

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

- Details of the daily activities within the home were displayed in the reception. There was also a notice board with a range of photographs which evidenced the trips and activities people had participated in.
- On the days of the inspection the activities organiser was not on duty, however, we observed other staff supporting people to participate in social activity.
- Staff told us how one person enjoyed helping staff, this included carrying the shopping to the kitchen and assisting the registered provider with tasks around the home.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure peoples feedback was recorded, listened to and acted upon. This was a breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this clause of regulation 17.

- No-one we spoke with raised any complaints about the service they received. One person said, "If I had a complaint, I'd tell [name of registered manager]". A relative commented, "I have no complaints at all."
- Since the last inspection the registered manager told us they had not received any formal complaints. They had also begun to record low level concerns to ensure they were addressed.

End of life care and support

- At the last inspection we found care plans did not provide details regarding people's end of life wishes. At this inspection we saw peoples end of life wishes were recorded in two of the three care records we reviewed.
- At the time of the inspection, no-one was receiving end of life care and support.

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 inadequate. At this inspection this key question has now improved 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

At our last inspection the provider had failed to ensure systems of governance were sufficiently robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since the last inspection the registered manager had been more proactive in ensuring a range of audits were completed at regular intervals. However, these audits had not identified or addressed the shortfalls we noted with peoples records and the lack of gas safety check for the gas drier and cooker.
- Audits of peoples care plans were now being undertaken. Where an action was needed it was not evident the matter had been addressed. For example, two audits dated June 2019 identified work which needed to be completed. There was no evidence to suggest this had been completed.
- A number of work sheets had been implemented so staff were aware of the tasks they had to complete on each shift. Staff signed the record when had competed the task. There were some gaps in these records and there was no evidence the records had been audited by a more senior staff member to ensure they were satisfied.

We found no evidence people had been harmed, however, systems and processes had not been completely effective in ensuring a consistently high quality service. This was a continued 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

- Regular meetings had been held with people who lived at the home and their families. Minutes included feedback from people about trips and evidenced action had been taken to address an issue highlighted by a person who had attended one of the meetings.
- Feedback surveys were conducted annually. The most recent survey had been completed in August 2018 and was due to be distributed to people in the coming weeks.

- Regular meetings were also held with staff. Minutes were recorded, topics covered a range of subjects.

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

- People, relatives and staff all spoke highly of the registered provider and registered manager. A relative told us, "They are splendid. "A member of staff told us, "It is family run, they are really good to work for."
- Garlands is a family run home. The registered provider and registered manager were highly visible in the home and clearly knew people, their families and staff well.

Continuous learning and improving care

- It is clear from the findings at this inspection, the registered provider and registered manager have taken on board the findings from our previous inspection. This inspection has evidenced improvement within each of CQC's five key questions. The overall rating for Garlands has improved from inadequate to requires improvement.
- Both the registered provider and the registered manager have been attending good practice events provided by the local authority.
- Following the inspection, we received prompt feedback from the provider evidencing the actions they had taken to address the shortfalls identified at this inspection.

Working in partnership with others

- Since the last inspection the registered manager had worked closely with the local authority contract monitoring team to drive improvements at the home.
- The registered manager and staff continued to work in partnership with other healthcare 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 17 HSCA RA Regulations 2014 Good governance An accurate, complete and contemporaneous record of each person's care and support was not always maintained. Systems and processes were not completely effective in ensuring a consistently high quality service.