

Davis Care Limited

Garland House

Inspection report

Garland House, 2 Garlinge Road
Southborough
Tunbridge Wells
Kent
TN4 0NR

Tel: 01892532707

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Garland House is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 20 people.

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

We found improvements were required to the way in which people's medicines were managed because storage area temperatures were not monitored, and stocks of people's medicines could not always be accurately checked to ensure they were correct. Improvements were also required to the provider's systems for monitoring service quality and safety because medicines audits were not robust in identifying these issues.

We have made a recommendation about the use of nationally recognised assessment tools when assessing people's needs.

People told us they were happy living at the home and that they received high quality support. They were protected from the risk of abuse because staff were aware of the action to take if they suspected someone had been abused. Risks to people had been assessed and staff followed the guidance in people's care plans in order to safely manage identified risks. Staff also worked in ways that minimised the risk of the spread of infection.

The home had enough staff working on each shift to meet people's needs. The provider followed safe recruitment practices. Staff knew to report incidents or accidents that occurred and the registered manager reviewed incident and accident records for learning, to reduce the risk of repeat occurrence. Staff were supported in their roles through an induction, training and regular supervision. The home had been adapted to meet people's needs.

People were supported to maintain a balanced diet and told us they enjoyed the food on offer at the home. They were able to access to a range of healthcare services where needed and staff worked to ensure they received consistent support when moving between different services. Staff sought people's consent when offering them support. 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.

Staff treated people with care and compassion. They respected people's privacy and treated them with dignity. People were able to express their views and were involved in making decisions about the support they received. They had also been involved in the planning of their care and told us that staff supported them in line with their expressed preferences. The provider arranged activities for people to take part in which they told us they enjoyed. People knew how to complain and expressed confidence that any issues they raised would be addressed.

Staff spoke positively about the way they worked together and told us they were well supported by the registered manager. The registered manager demonstrated a good understanding of the responsibility of their role. They sought feedback from people and their relatives on the service they provided, and this feedback had been positive.

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

Rating at last inspection

The last rating for this service was good (report published 16 June 2017).

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 improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Garland House

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

Garland 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 the inspection

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

During the inspection-

We spoke with five people who lived at the home about their experience of the care provided. We also spoke with six members of staff including the registered manager, three care staff and the chef. We observed staff interactions and the support they provided people throughout the day.

We reviewed a range of records. This included four people's care plans and two staff recruitment records. We also reviewed records relating to the management of the service, including staff training and supervision records, medicine administration records and the findings of checks and audits carried out by senior staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found during our visit.

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

- Improvement was required to ensure medicines were consistently managed safely. People's medicines were securely stored in a locked medicines trolley, the keys to which were only held by named staff who had been trained and assessed as competent to administer medicines. However, improvement was required because regular checks were not carried out on the temperature of the medicines storage area which was affected by the home's laundry facilities. This meant staff could not be assured that medicines were stored at a temperature that ensured they would be effective when administered.
- People had medicines administration records (MARs) in place. They included a copy of each person's photograph and details of any known medicines allergies to help reduce the risks associated with medicines administration.
- Staff had signed people's MARs to confirm their medicines had been administered as prescribed. However, improvement was required because any stock of medicines that had been carried forward from the previous cycle had not been recorded. This meant it was not possible to determine whether the remaining medicines stock was correct. Despite this issue people told us they received their medicines when they expected them. One person told us, "I manage the use of my inhaler independently but rely on staff to help me with the rest. There haven't been any problems." Another person said, "The staff look after my tablets and make sure I get them on time."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were managed safely. People's care plans included guidance for staff on how to support people in ways that minimised identified risks. For example, one person's eating and drinking care plan included guidance from a speech and language therapist (SALT) describing how they should be positioned whilst eating to reduce the risk of them choking. Staff we spoke with were aware of this guidance and we observed them supporting the person accordingly, during the lunchtime meal.
- Staff told us they monitored risks to people whilst supporting them and updated the registered manager if they identified any concerns, so their care plan could be updated. One person identified as being at risk of developing pressure sores told us, "They [staff] regularly check my skin to make sure it's OK."
- The provider had procedures in place for dealing with emergencies. People had plans in place which provided information for staff and the emergency services on the level of support they would need to evacuate from the home in an emergency. Staff received training in first aid and fire safety. They were aware of the action to take in the event of a fire or medical emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe living in the home. Information

about safeguarding and alerting procedures was displayed in a communal area of the home for people and any visitors to review and use, should they wish to.

- Staff had attended safeguarding training. They were aware of the types of abuse that could occur and the signs that may indicate someone had been abused. One staff member told us, "I would report any safeguarding concerns to the registered manager, but I know I can also report directly to social services or CQC if needed."
- The registered manager knew the locally agreed procedures for reporting allegations of abuse to the local authority. They were also aware of the need to notify CQC and had submitted notification forms appropriately, where required.

Staffing and recruitment

- The home employed enough staff on each shift to safely meet people's needs. One person told us, "There are enough staff; they come promptly if I call for them." Another person said, "The staff are all regulars, so they know us well. There are enough on each shift so that we're not left waiting if we need help." A staff member commented, "We're never short staffed. There's always enough time of a shift to sit and spend some quality time with the residents."
- The registered manager told us staffing levels had been determined based on an assessment of people's needs and that this could vary from day to day, depending on the level of support people required. For example, they explained that an additional staff member could be added to a shift to support a person to attend a hospital appointment. We observed staff being able to assist people promptly where required. They were able to work calmly without rushing, giving people the time they needed when supporting them.
- The provider followed safe recruitment practices. Staff files contained details confirming each staff member's identity, employment history and qualifications. The registered manager had also sought references from previous employers and carried out criminal records checks. The practices helped ensure staff were of good character and suitable for the roles they had applied for.

Preventing and controlling infection

- People were protected from the risk of infection. Handwashing and drying facilities were available for use by people, visitors and staff. Staff completed training in infection control and food hygiene. They were aware of safe infection control practices. One staff member said, "I wash my hands before and after doing anything. We have a supply of disposable gloves and aprons which we always wear when supporting people with any personal care tasks."
- The home was regularly cleaned by domestic staff and the registered manager carried out periodic infection control audits to help identify any potential issues and ensure the risk of infection was minimised.

Learning lessons when things go wrong

- Staff knew to report any incidents or accidents which occurred in the home. They completed accident and incident records contained details describing what had happened and the action they had taken in response.
- The registered manager carried out routine audits of accident and incident information to look for learning to reduce the risk of repeat occurrence. For example, where one person had suffered from several falls in a short period during the previous year, they had identified issues with the layout of their bedroom as a potential factor. They suggested the person move to a different bedroom and they had fallen less frequently after they had moved.

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. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved in to ensure the home was suitable for them and their needs could be met. Assessments formed the basis from which people's care plans were developed. Care plans covered people's need and preferences regarding both their physical and mental health.
- Whilst we saw appropriate information was available to staff on how to support people effectively in areas such as the management of the risk of malnutrition or managing their skin integrity, we noted that the provider was not currently using nationally recognised assessment tools which may proactively help to identify risks in these areas when assessing people's needs.

We recommend the provider considers using nationally recognised assessment tools, where widely available, when assessing people's needs.

Staff support: induction, training, skills and experience

- People were supported by skilled and experienced staff. Staff received an induction when they started work at the home. This included a period of orientation, reviewing the provider's policies and procedures, and shadowing more experienced staff. Where staff had no prior experience of working in care, they were also required to complete the Care Certificate during their first months in their new role. The Care Certificate is the benchmark that has been set for the induction standard for staff new to social care.
- Staff also received training in areas relevant to people's needs, including periodic refresher training in key areas, to help ensure they remained up to date with current best practice. One staff member told us, "With the training I've had here, I feel I'm competent and able to provide the residents with the support they need." One person said, "They [staff] all seem competent; I've never had any problems with their work."
- Staff were also supported in their roles through regular one to one supervision and an annual appraisal of their performance. One staff member told us, "I feel we're all very well supported. If I'm worried about anything, the manager will always try and help."

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

- People were supported to maintain a balanced diet. One person told us, "The food is good. They'll make me something else if I don't like the main option. I don't like eggs, so they always offer me an alternative." Another person said, "The meals are nice and there's plenty."
- People's care plans included information about their dietary needs. The registered manager had involved relevant healthcare professionals in assessing people's needs where risks associated with eating and drinking had been identified. For example, one person had guidance in place from a speech and language therapist to help reduce the risk of them choking whilst eating.

- Kitchen staff had access to information about people's dietary needs, including the type of diet they required, details of any known food allergies, and a summary of their likes and dislikes. They told us they sought people's views when planning the menu and were happy to try new meal options for people at their request.
- Staff were on hand to support people if needed during mealtimes. They encouraged people to eat independently with minimal assistance. One person had adapted cutlery to enable them to eat without support from staff.

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

- The home had been adapted to meet people's needs. For example, there was a lift for use between floors and handrails throughout the home to support people when mobilising. People's bedrooms had been personalised with their own effects and pictures.
- The home had equipment for staff where needed to enable them to support people effectively. For example, there was a hoist for use by staff when transferring people of poor mobility in and out of bed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare services when needed, to help maintain good health. These included a GP, district nurse, dentist, optician and chiropodist. One person told us, "The staff arrange for me to see my GP when needed and someone will come with me when I need to attend appointments."
- Staff told us they monitored people's health and would report any concerns they had to the registered manager so that they could refer them to an appropriate healthcare professional, if needed. We saw referrals had been made in a timely manner where needed. For example, support had been requested from the local specialist falls team in response to concerns raised by staff about one person's mobility.
- Staff sought to make sure people received consistent support when moving between different services. They were aware of the need to ensure that relevant information about people's needs, including details of the medicines they were taking, accompanied them on any healthcare appointments or if they needed to be admitted to hospital in the event of an emergency.

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.

- Staff sought people's consent when offering them support. One person told us, "They [staff] always ask if I'm happy with the help they're offering me." One staff member said, "I always ask people if they need any help, if they say no, I'd respect their decision." We observed staff seeking people's consent when offering them assistance throughout the time of our inspection.
- Staff also demonstrated a good understanding of the MCA and how it applied to their roles. One staff member said, "If someone didn't have capacity to make a decision about a particular thing for themselves,

we'd look to support them in their best interests."

- The registered manager understood the process for seeking authorisation to restrict people's freedoms under DoLS. At the time of our inspection, one person had a DoLS authorisation in place and the conditions placed upon that authorisation had been complied with.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a friendly and compassionate manner by staff. One person told us, "The staff are caring people. We have a good relationship and I'm comfortable asking them for support." Another person said, "They [staff] are very understanding and patient; I think this is the best care home around."
- We observed staff interacting with people in a kind and considerate way during our inspection. For example, one staff member offered a person an additional cushion to better support them whilst they were sitting. Another person was offered a blanket to cover them in case they were cold. Where people displayed any signs of anxiety, staff moved promptly to offer friendly and effective reassurance.
- People talked to staff about the things that were important to them, such as upcoming events or their families. It was evident from these discussions that staff knew people well and were able to converse with them in a familiar and friendly manner. One person told us, "They [staff] know me and we get on very well."
- Staff respected people's differences and treated them equally. One staff member told us, "We treat everyone the same and want to provide the best service we can. We'd always respect people's beliefs and support them in the way that they want." The registered manager told us staff would be happy to support people to attend a place of worship if they wished. The home held a monthly church tea which people were able to attend if they wished.

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

- People were involved in making decisions about the support they received. One person told us, "I make my own decisions and staff respect them." Another person said, "They [staff] ask whether I need help. They wouldn't make me do anything I didn't want to."
- Staff told us they sought people's views and offered them choices when supporting them. One staff member said, "You get to know the resident's preferences, the longer you work with them, but I still make sure they make the decisions, whether it's how or when they want to have a wash, what they want to wear, or what they want to do during the day." We observed staff asking people how and where they wished to spend their time during our inspection and respecting their choices.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person told us, "We have a laugh; they [staff] are friendly but always polite." Another person said, "The staff are respectful; nothing is too much bother."
- Staff promoted people's privacy while they worked. One staff member told us, "I would make sure the door and curtains were closed if I was helping someone to wash or dress." Another staff member told us, "I

knock on the residents' bedroom doors and wait for them to reply before going into their rooms." We observed staff knocking on people's doors before entering their rooms and making sure doors were closed before offering them support.

- Staff encouraged people to maintain their independence. One person told us, "They [staff] encourage me to do things for myself where I can." Another person said, "I like to be independent and the staff respect that."

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. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised support which reflected their individual needs and preferences. One person told us, "I regularly talk with the staff about my care; they want to make sure the help I'm getting is still meeting my needs." Another person said, "The staff know me and know my preferred routine."
- People had care plans which had been developed from an assessment of their needs. Staff demonstrated a good awareness of the details of people's care plans and their preferences in the way they liked to be supported. All the people we spoke with told us they were happy with the personalised support they received from staff.

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.

- The registered manager told us they ensured information was available to people in formats which met their needs. For example, care plans were available for people in large font if they wished and the registered manager confirmed other formats such as pictorial information could be made available if required.

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

- People were supported to maintain the relationships that were important to them. Staff told us visitors were always welcome at the home. One person told us, "My family can visit whenever they want, but I usually choose to visit them." Another person said, "My son visits me regularly."
- The provider offered a range of activities for people to take part in at the home. These included flower-arranging, chair-based exercise classes, quizzes and games, as well as visits from external entertainers such as singers and a dancing dog show. We observed a chair-based exercise class during our inspection, which was well attended and lively. People engaged enthusiastically with the staff member leading the session and some people sang along to the music that was playing in the background.

Improving care quality in response to complaints or concerns

- The home had systems in place for receiving and responding to complaints. The provider had a complaints procedure which was on display in communal area of the home for people or any visitors to refer to if needed. This explained what people could expect if they raised any concerns.
- People told us they knew how to make a complaint. One person said, "I'd speak with the manager if I had

any concerns, but I haven't needed to. I'm sure the staff would look to resolve any issues if I was unhappy." The registered manager told us they would maintain a record of any complaints the service received, which would include details of any investigation and a copy of their written response. However, they also confirmed that the home had not received any complaints during the year prior to our inspection.

End of life care and support

- At the time of our inspection, none of the people living at the home were receiving end of life support. The registered manager confirmed they would work with relevant healthcare professionals and the local hospice to ensure people received responsive support at the end of their lives. They had sought initial input from the local hospice team for one person whose condition had been declining.
- People had end of life care plans in place which identified their preferences in the way they wished to be supported at the end of their lives, where they had been happy to discuss this.

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. 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.

Continuous learning and improving care

- Improvement was required to ensure the provider's systems for monitoring the quality and safety were effective in driving service improvements. Senior staff carried out a range of regular audits and checks in areas including equipment within the home, health and safety, infection control and checks on the environment. However, improvement was required because medicines audits conducted by senior staff were not robust in identifying the issues that we found at this inspection. We spoke with the registered manager about this issue and they told us they would look to widen the scope of the audits they carried out.
- The provider was in the process of completing a programme of fire safety improvements across the home. They had upgraded a number of self-closing door mechanisms around the home and told us the outstanding improvements were scheduled to be completed within the first couple of months of the new year. The provider had also acted to make improvements in the home based on any feedback they received. For example, a new handrail had been put in place in response to feedback from a relative, to help improve safety.

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

- The home had a positive and inclusive working culture. Staff had a clear focus on providing high quality support to people, they told us they were happy working at the home. One staff member said, "I enjoy my work and am proud to work here; the home is a nice place to be and has a proper family atmosphere."
- Staff also told us they were well supported by the registered manager. One staff member said, "The manager's lovely; the nicest boss I've ever had. They're very fair but firm when needed and will always try and accommodate you if you have any problems." Another staff member said, "Staff morale is good; we work well as a team and have each other's backs. If we have any issues, the manager's easy to talk to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The registered manager understood the requirements of their role in order to meet regulatory requirements. They knew the locally agreed procedures for making safeguarding referrals where required and for seeking authorisation to deprive people of their liberty where this was in their best interests under the Deprivation of Liberty Safeguards (DoLS). They were aware of the types of events they were required by law to notify CQC about and had submitted notifications accordingly. The home's current CQC rating was

displayed in a communal area of the home, in line with regulatory requirements.

- Staff demonstrated a good understanding of the responsibilities of their roles. They attended regular staff meetings where they discussed the running of the home and share any updates on good practice. They also took part in handover meetings to make them aware of any specific support people required during their shifts and alert them to any changes in people's conditions.
- The registered manager understood and acted on the duty of candour. They acted openly and records showed they had been prompt to inform relatives or relevant health or social care professionals where accidents or incidents had occurred.

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

- The provider sought people's views about the service they received through service reviews and the use of questionnaires. A suggestions box was also available for people, relatives or visitors to use, should they wish to do so.
- Review records showed that people were happy with the service they received and that they were experiencing positive outcomes living at the home. This was also supported by their questionnaire responses and the feedback they gave us during the inspection.
- The provider had also requested feedback from relatives through an annual survey. We noted that their feedback in the responses was again very positive. For example, one relative had commented, "Mum has better quality of life and better health since living at the home".

Working in partnership with others

- The registered manager worked openly with others. Records showed they had been prompt in sharing safeguarding information with the local authority when needed. They told us they would welcome any visits from local authority commissioners and would act on any suggestions they offered that might improve the service people received.
- The registered manager also attended a regular forum for local care homes, run by the local clinical commissioning group. They told us they found this a useful opportunity to share information about current best practice. For example, at a recent meeting they had discussed upcoming changes relating procedures for seeking authorisation to deprive people of their liberty where this was in their best interests.