Ascot Care North East Limited

The Gardens Care Home

Inspection report

Pondfield Close
Salutation Road
Darlington
County Durham
DL3 8LH

Tel: 01325487777

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12 April 2018

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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

The Gardens 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 the inspection.

The Gardens accommodates up to 60 older people in one building. People are accommodated over one ground floor. The service provides residential care. On the day of our inspection there were 52 people using the service.

The inspection took place on 12 April 2018 and was unannounced. This meant staff did not know we were visiting.

We last inspected The Gardens in February 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager who was on duty during the course of our visit. They had worked at the service for many years. 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.

Staff and the management team understood their responsibilities with regards to safeguarding and staff had been trained in safeguarding adults. People we spoke with and their relatives told us they felt safe at the home. We saw the registered manager had shared learning within the staff team from safeguarding occurrences that occurred at the service.

People's needs were assessed before they came to live at the service. We saw care plans were in the process of being changed to a new more personalised format. Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Health and safety checks were completed and procedures were in place to deal with emergency situations.

The home was clean, and we saw staff followed good practice in relation to wearing personal protective equipment when providing people with care and support. The environment was homely, clean and accessible.

Medicines were managed safely. We saw medicines being administered to people in a safe and caring way. People confirmed they received their medicines at the correct time and they were always made available to them.

We found there were sufficient care staff deployed to provide people's support in a timely manner. We saw

that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. People told us their needs were attended to promptly.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Some records were lacking regarding best interest decisions but these were immediately updated by the registered manager following our visit.

People gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking by the kitchen team who were trained in the support of people with nutritional needs.

We saw people's healthcare needs were well monitored and records in relation to the monitoring of people's health, nutrition and pressure care were recorded.

People were supported by care staff who were aware of how to protect their privacy and dignity and show them respect at all times.

An activities coordinator provided a range of activities within the home and support for people to access the community.

People and staff were very positive about the management of the home. Many staff had worked at the service for a number of years and this added to the feeling of a caring, well-run home.

The provider had an effective complaints procedure in place. People who used the service and family members were aware of how to make a complaint. Feedback systems were in place to obtain people's views about the quality of the service. We saw a suggestion book was in place and surveys had been recently carried out.

There was a robust quality assurance programme in place managed by a quality assurance manager who worked alongside the registered manager and staff team.

The service had good links with the local community and local organisations as well as external professionals.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

The Gardens Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 April 2018 and was unannounced. This meant the provider did not know we were visiting.

Two adult social care inspectors carried out this inspection.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally required to let the Commission know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding and commissioning teams and the local Healthwatch. We contacted infection control leads for care homes in the area. We used their comments to support the planning of the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We placed a poster in the reception of the service so that people and any visitors would be aware an inspection was taking place and who to contact to give feedback if they so wished.

During the inspection we spoke with eight people who used the service and three relatives/visitors. We spoke with the registered manager, deputy manager, one senior care staff, four care staff, one domestic staff member and the activity co-ordinator. We looked at a range of records which included the care and medicines records for five people, recruitment and personnel records for six care workers and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People and relatives said The Gardens was a safe place to live. One person said, "Yes, I feel very safe here." Other people told us, "There is always someone around," and "If you ask to see the manager they come."

The staff we spoke with showed a good understanding of safeguarding and the provider's whistle blowing procedures. Staff had attended externally provided training in relation to the protection of vulnerable adults. They knew how to raise concerns if needed and said they would be confident to do so. One staff member said, "The information is all in the office and I would speak to the manager."

The provider's safeguarding log confirmed previous safeguarding concerns had been referred to the local authority safeguarding team, fully investigated and action taken to keep people safe. Action taken included additional monitoring, observation, additional training and supervision. We saw following issues of money going missing from the home that additional security measures were implemented and advice from the police sought.

People and relatives confirmed staff attended to people's needs promptly. One person told us they raised a concern when they had to wait for a long time for staff to come and it was addressed. They said, "Sometimes staff are busy." A visiting professional we spoke with said, "Yes, the staff are knowledgeable and ensure I am escorted straight to people when I arrive."

Staff members told us staffing levels were appropriate. The registered manager explained that recruitment was ongoing for care staff. They went on to confirm the provider always covered any sickness in order to maintain safe levels. We saw additional experienced staff from the provider's homecare agency were brought in to cover any absences. Rotas also confirmed absences were covered when needed. Staff were visible throughout the home when we visited and available should people require assistance. We noted people's needs were attended to in a reasonable time frame and in a caring manner. Rotas confirmed the expected staffing levels had been maintained. Staffing levels were reviewed regularly using a specific staffing tool which considered people's dependency levels.

The provider had effective recruitment procedures to ensure new care workers were suitable to work at the home. These included carrying out a range of pre-employment checks. For example, requesting and receiving two references and Disclosure and Barring Service checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with vulnerable people.

The provider had systems for the safe management of medicines. We found only trained staff administered people's medicines. Records relating to the receipt, administration and disposal of medicines were completed accurately. Medicines were stored safely and checks were in place to review the appropriate storage of medicines. For example, daily temperature checks of the treatment rooms and medicine fridges helped ensure medicines remained safe to use. We raised with the registered manager that some audits had not been well completed relating to medicine records. They told us they would speak with the staff member

concerned immediately.

Health and safety related checks were carried out to help keep the premises and equipment safe for people to use. This included checks of fire, gas and electrical safety systems as well as specialist equipment used when supporting people. Records we viewed confirmed these checks were up to date at the time of this inspection. The provider also had up to date procedures to deal with unforeseen emergency situations, for example flooding, and had developed a joint working relationship with another care home nearby to use each other's facility in case of emergencies. Each person had a personal emergency evacuation plan (PEEPs) which detailed their individual support needs should they need to evacuated from the home in an emergency.

Risks to people were identified and managed so people were safe. This included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people.

Risk assessments were completed for the environment, moving and handling, mobility, falls, use of bed rails, nutrition and hydration, choking, continence and skin integrity.

Recognised tools such as the Waterlow pressure ulcer risk assessment and Malnutrition Universal Screening Tool (MUST) were used, which helped identify the level of risk. The Waterlow scale is used to assess people's risk of developing pressure sores. Assessments were regularly reviewed and updated to ensure they reflected people's current level of risk.

Incidents and accidents were logged, investigated and action taken to help keep people safe. Records showed monthly reviews of accidents were completed. This included an overview of falls within the home and action taken. For example, referrals to a specialist falls team and specialist monitoring equipment ordered and any trends or patterns.

We found the home was clean, decorated to a high standard and well maintained. Throughout our time at the home we observed domestic staff carrying out housekeeping duties to keep the environment clean. The provider completed regular infection control audits which showed the home consistently met the provider's expectations in relation to cleanliness. We saw improvements had been made to the laundry facilities, as a purpose built laundry with two distinct rooms for clean and dirty items had been created.

Good

Is the service effective?

Our findings

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs. They told us they had up to date training that was delivered mainly by a trainer on-site and supported by the quality assurance and training manager. Staff mandatory training was up to date. Mandatory training is training the provider deems necessary to support people safely. This included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, dignity, medicines, fire safety, infection control, and equality.

New staff completed a comprehensive induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Records we viewed showed regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements. One staff member told us they had just completed a self-appraisal document. They said, "It was good but hard to write about yourself and your performance."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that there were records of assessments, authorisations and requests in place. We did raise with the registered manager that we found one person did not have a best interest decision in relation to bed rails in place. The following day the registered manager contacted us and stated this had been placed in a different file to the one we were looking at and they would ensure in future records were held in the individual's own file.

People told us the meals were to an acceptable standard. One person told us "A lady has been and offered me a choice today." Another told us, "The food is good in quality but the serving up sometimes isn't." We did observe one person losing a lot of their food as they had co-ordination difficulties and food fell from their plate. We spoke with the registered manager to ensure people had equipment such as plate guards to help them with mealtimes and they told us they would address this straight away.

We observed over the lunch time and found people were well supported to meet their nutritional needs. We observed staff were caring during lunch. They checked people were alright and whether they needed any assistance. For example, staff asked people, "Would you like me to cut that up for you?"

Staff encouraged people to eat in the dining rooms to promote social inclusion. Staff advised that there was no set seating for those who sat in the dining room, as such and sometimes people did sit in different tables at times. We saw staff chatted to people and offered positive encouragement for people to drink for hydration and to eat their lunch. Where people required specialist or adapted diets these were catered for. The service had retained their Focus on Undernutrition status, a training programme carried out locally by dietitians supporting better nutrition for older people in care settings.

Staff supported people to access the health care they needed. People we spoke with advised us they had access to external healthcare when needed such as a dentist, podiatrist or doctor. Care records showed people received regular input from a range of health care professionals, such as GPs, community nurses and specialist therapy services. A visiting healthcare professional we spoke with said, "The staff are very pleasant and interactive and the communication with us is very good."

Dementia friendly signage was used to help people orientate around the home although we discussed with the registered manager that this could be further improved around the dining area.

Good

Is the service caring?

Our findings

People who used the service and their relatives gave positive feedback about the caring attitudes of staff. Relatives we spoke with said, "The staff are extremely sympathetic and caring," and "They are always very nice."

People we spoke with told us, "No-one is unkind," and "They are a good group."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Staff were able to share with us lots of detail about people's lives, family and previous jobs and they clearly knew people well.

During our inspection, we saw many caring and respectful interactions between staff and the people who lived at the home. Staff had developed positive relationships with them. They did not rush people to make decisions and were led by what the person wanted to do where ever possible. People appeared at ease with the staff, looking comfortable and relaxed in their presence.

People's privacy and dignity was respected by staff closing doors when supporting people with personal care and ensuring people were supported to eat and drink when appropriate. Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names.

We observed care staff assisted people when required and care interventions were discreet when they needed to be. One relative we spoke with said, "They always dress her colour co-ordinated and she always has her modesty."

Staff told us they promoted people's independence, respected their wishes and gave opportunities to provide information. One staff member told us, "We make sure we ask people what they want to do and where people are unable to tell us, we refer to their preferences in their care plan documents."

People and relatives were involved in the care planning process. The relatives we spoke with stated that they were involved in making decisions for their loved ones and this was recorded within individual care plans. Meetings and reviews were carried out to involve people and their relatives in all aspects of people's care, one person we spoke with said, "I have confidence in the system here." This meant that people and their representatives were consulted about people's care, which helped maintain the quality and continuity of care.

Regular resident and relatives' meetings were held. Topics discussed at previous meetings included gathering people's views about menu choices and activities. People were encouraged to express their views and actively supported to give suggestions to the staff team regarding their care and support.

We looked at the arrangements in place to ensure equality and diversity and to support people in

maintaining relationships. Relatives told us they were given regular updates about their relative and said they could visit and ring at any time and that visiting times were clearly explained to them. One relative told us, "I am always welcomed and offered a drink." This showed the service supported people to maintain key relationships.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The management team were aware of how to contact advocates if they were required to support people. We saw that information about advocacy services was available to people and was displayed on the noticeboards in the home and in information for family members to take away.

Good

Is the service responsive?

Our findings

The people and relatives we talked with told us staff were attentive and responded to their needs and requests. Their comments included, "I think it's very good here and am happy with everything," and "Yes, any issues and you can talk to the manager she is always around."

There were systems in place to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in was shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We saw care plans were confidentially stored and well maintained and staff recorded daily communication notes. These contained a summary of support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported.

We looked at five care plans belonging to people who used the service. We saw that the staff were in the process of changing the care planning format to a new system. This meant that some plans we viewed were still in an old format and so lacked some of the person centred documents found in the newer plans. The registered manager told us that they had planned to have all records in the new format in the next month. We found care planning and the provision of care to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People had contributed to 'life history' documents in care files, which gave staff a good level of information regarding what and who was important to them. People's individual interests and preferences were taken account of including how people wished to identify themselves in relation to spiritual beliefs.

Care plans were comprehensive and contained up to date, accurate information. We saw care plans were reviewed regularly. Care plans were reviewed and updated at least once a month to ensure they contained relevant information. Relatives we spoke with confirmed they were regularly involved in people's care planning and were updated if there were any changes in people's conditions.

There was a complaints procedure in place. There were opportunities for people and staff to raise any concerns through meetings. People we spoke with told us they knew how to make a complaint. One person said, "I have made a complaint and it was fully addressed."

People told us about the activities, "I don't really join in as they are not my cup of tea but they still always tell me what's going on," and "There is always something happening, it's busy that way." On the day of our visit, people were baking cakes which everyone enjoyed. One relative we spoke with said, "There are loads of activities, its excellent."

Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops, as expected due to their medical condition, no attempt should be made

to perform cardiopulmonary resuscitation (CPR). In the care plans we viewed, each person had a detailed plan that showed the involvement of the person and their family to record people's wishes for care at the end of their life. A visiting professional we spoke with confirmed the home provided good end of life care. They said, "They are very good and really care with dignity. They go out of their way to make sure relatives are comfortable too."

Good

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. On the day of our inspection we met with the registered manager, deputy manager, and quality and training manager. The registered manager had worked at the service for many years and was well known to people and their relatives.

We asked people about the atmosphere of the service and everyone said they were happy there. People told us, "It's very nice here," and "I like this home a lot." Our observations were positive, with staff all communicating in a kind and friendly manner and there was fun and laughter, as well as reassurance and gentle encouragement where it was needed.

Visiting relatives all said the staff were all approachable, as was the registered manager. One relative said, "You see the managers quite often and if you ask to see anyone they come."

We saw that people's views were sought through regular meetings, an annual survey and by the registered manager talking with people on a daily basis. People told us, and we saw from meeting minutes that actions were taken if people fed back that they weren't happy with something or they wanted a change. Recently people had discussed being verbally reminded of activities on that day because they sometimes forgot. The activity co-ordinator told us they now did this as well as having the visual board with activities shown. This showed the service listened to people's views on how they wanted the service to run.

All staff we spoke with said they felt supported by the service's managers. Comments included, "Yes I get plenty of support" and "I would go to my team leader and if they weren't there then the manager." We saw staff meetings took place regularly and recorded issues which included topics about infection control practices and communication. Staff member comments included, "We all work together and any issues you can speak to whomever is in charge."

The service had good links with the local community and this included the registered manager working with another care home locally to ensure emergency arrangements if people needed to be evacuated were in place.

We looked at the arrangements in place for quality assurance and governance. We met with the service's quality and training manager and saw that audits had been regularly completed. These included regular checks on medication systems, the environment, health and safety, care files, catering and falls. These audits included engaging with people who lived at the service to seek their views, reviewing care plans and complaints. We saw where deficits had been identified that actions plans were in place, which detailed a target date for the actions to be completed and the responsible staff member.

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them; ensuring people's personal information could only be viewed by those who were authorised to look at records.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.