

Wellington Healthcare (Arden) Ltd

Garfield House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Garfield House Care Home is a residential care home which provides personal care for up to 30 older people, people with a physical disability and people living with dementia. Accommodation is provided on the ground floor. At the time of the inspection 25 people were living at the home.

This service was previously part of Carders Court Care Home, a residential care home which provided personal and nursing care for up to 150 older people, people with a physical disability and people living with dementia. In September 2022, the provider split Carders Court Care Home into 5 separate care homes which were registered with the Care Quality Commission (CQC) individually. Garfield House Care Home is one of those services. The last inspection of Carders Court Care Home took place in February 2021.

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

Medicines and prescribed thickening powder were not always managed safely. Risks relating to the environment, people's safety and health conditions had been assessed, though for 1 recent admission these had not been identified/acted on in a timely way. We made a recommendation around this. Staff were safely recruited, feedback about staffing levels were mixed. Lessons learned when things went wrong were taking place, though the home needed to improve how they share this information with staff. People were safeguarded from abuse and people told us they felt safe. The home was clean and tidy and people were supported to have visits from loved ones.

Staff supervisions were not always taking place in line with the providers policy. Staff competencies were checked and staff training completion rates were high. Peoples feedback about food was mixed and the meals provided did not always match the menu we were shown. We made a recommendation about this. The home was neutral in décor, though the environment could be improved for people living with dementia. People's needs had been assessed and people were supported by staff with their healthcare needs.

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.

People told us they were treated with dignity and respect and people were supported to be as independent as possible. Records were securely stored, and people were able to express their views. People were supported to access advocacy when they needed to.

People were involved in planning their care; however, we received mixed feedback about people making choices. People told us they were able to choose things such as, when they went to bed, but people were not getting offered frequent showers. We made a recommendation about this. An activities coordinator supported people to take part in activities, however, feedback on activities was mixed. People's communication needs were being met. Although there had been no complaints about the service, a

complaints policy and procedure was in place should people want to raise any concerns. The service was not supporting anyone who was end of life at the time of the inspection, though staff had received training in this area.

Various governance issues were identified during our inspection, including issues around records and audits. Although the registered manager was aware of their responsibility under the duty of candour, they had not always reported incidents to CQC. Feedback about the registered manager was positive and staff knew how to report poor practice. Meetings for staff, relatives and people that use the service were taking place, though surveys had only been conducted with residents.

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

This service was registered with us on 29 September 2022, and this is the first inspection.

Why we inspected

We had planned to complete an inspection of Carders Court Care Home due to the rating at the last inspection and concerns we had received. When the provider changed the registration to split Carders Court Care Home into 5 separate care home services, a decision was made for us to inspect Garfield House Care Home, as some of the concerns we had received related to that home.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, governance, staff supervisions and failing to notify CQC of necessary incidents at this inspection. We made recommendations around supporting people to shower, food choices and managing risks relating to bed rails.

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

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Garfield House Care Home

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by an inspector, a specialist advisor (nurse) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Garfield House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Garfield House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information providers send to us to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 3 people in depth and 3 people informally over lunch, who lived at the home, and 2 visiting relatives, to gain their feedback about the care provided. We spoke with the registered manager, the operations manager, a senior care worker, 2 care workers and an activities staff member. We also spoke with 3 visiting professionals. We reviewed a range of records, including 3 people's care records in detail, a selection of medicines records, 3 staff recruitment files, staff supervision and appraisal records and a variety of records related to the management of the service, including audits.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Medicines were not always managed safely. We found liquid medication, creams and gels were not dated when opened.
- We reviewed 3 months' worth of fridge and room temperature records and found room and fridge temperatures were not always being taken daily. This means we could not be sure medicines were stored within an appropriate temperature range.
- Thickening powder for people who have difficulty swallowing, was not always being managed safely. One person had no stock of thickener in place, which meant this person was at increased risk of choking. Staff told us they had thickened their drinks, but the packet of thickener could not be found. Records relating to this person's thickener showed their drinks were not always made correctly, therefore we could not be assured people were safe from the risk of choking.

The provider had failed to ensure systems and processes were in place and being followed to ensure that medicines were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered manager arranged for necessary thickener to be delivered that evening.

- Medicines stock balanced with records.
- Staff had completed the necessary training and had been assessed as competent to administer people's medicines safely.

Assessing risk, safety monitoring and management

- Appropriate environmental risk assessments were in place, had been reviewed and contained necessary information. However, 1 action from a fire risk assessment had not been completed in line with the risk assessment, this is covered in more detail in the well-led domain.
- People's personal emergency evacuation plans (PEEPs) were not always reflective of people's needs and were at times contradictory, this is covered in more detail in the well led domain.
- Most people's care plans had appropriate health condition risk assessments in place when they were needed. However, we did find one person that had been recently admitted to the service did not have the necessary risk assessment and information in their care plan around bed rails.

We recommend the provider ensures risks are identified without delay for new admissions and appropriate paperwork is put in place.

Staffing and recruitment

- The provider had processes to ensure staff were recruited safely. Pre-employment checks were completed to ensure staff were suitable to support people living at the home.
- Staffing levels were safe and in line with the dependency tool, though there was regular use of agency to achieve this. During the inspection we observed enough staff on duty to meet people's needs.
- Feedback about staffing levels were mixed. Staff comments included, "I think there is not enough staff, definitely not. Because you can't give the residents the attention they need. There was 2 gentleman that are doubles that both needed the toilet at the same time and we couldn't do that. That happens quite a lot" and "There (staffing levels) about right."
- People's comments included "They should have motto on the wall saying, "You will Have to wait". They do their best, but there is possibly not enough staff, for instance, I am told that if I want anything from staff who are hanging about, they say they can't help as they work on the other side of the unit" and "As far as I am concerned, yes (there are enough staff), we have agency staff if they are short."

Learning lessons when things go wrong

- There were systems in place to analyse concerns and incidents, and lessons learned were shared with staff at handover, however, this means not all staff may be aware of all lessons learned. The manager told us that going forward they would look to share the information more widely in staff meetings.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure were in place and included information on how to escalate concerns. Safeguarding concerns were being recorded and reported.
- Staff received safeguarding training and were able to provide examples of what they would report as a concern.
- People told us they felt safe. Comments included, "Yes (I feel safe), we all have our private room, which you can usually lock but you can't lock mine as they have lost the key. You are only as safe as the people who look after you", "They make sure the window in your room is shut at night, and they check on you at night" and "Perfectly 100% safe, because I have my buzzer if I need any assistance they are always there to help me."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with current government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were supported through supervision, though these were not happening in line with the provider's policy. We found a number of staff had not had a recent supervision, and some staff had not had a supervision since before the service had split its registration.

The provider had failed to ensure systems and processes were being followed to ensure that staff were being appropriately supported. This placed people at risk of harm. This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had their competencies checked in areas such as medicines administration and moving and handling.
- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs and training compliance rates were high in most areas.

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

- People were supported to maintain a balanced diet; however, fluid intake charts were not always completed appropriately in relation to thickened drinks, this is covered in more detail in the safe domain.
- We witnessed a mealtime experience we found one person on the table was on soft diet and had mash, mashed carrots and minced chicken, they said it was ok but they had the same meal yesterday.
- One person told us, "It is not 100% , it is up and down it varies, we get enough to eat, they have very good kitchen staff that know what they are doing."
- Meals being provided did not always match the menu. The operations manager told us this was because there had been some supply chain issues.
- Some surveys had been conducted with people and these also identified people's concerns with the food being offered.

We recommend the provider works with people to try and address the reduced menu options and find a way to resolve supply chain issues, as and when they arrive, so not to impact the menu.

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

- Some adaptations had been made to the home to meet the needs of the people living there and the home was relatively neutral in decor. However, further simple improvements could be made to improve the home for people living with dementia by ensuring things such as toilet seats and bedroom doors were more easily

recognisable.

- There was some appropriate signage around the home, which helped promote people's awareness.
- Some items within the home were broken or damaged including a sluice room lock and a pull chord in a communal bathroom. These were fixed during our inspection.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Care plans included information about people's capacity to make decisions about their care. When they lacked capacity, the provider had processes to make best interests decisions in consultation with their relatives or representatives. When people needed to be deprived of their liberty to keep them safe, the registered manager had applied to the local authority for authorisation to do this. Where DoLS applications had been authorised and included conditions, the conditions were being met.
- Staff asked people for their consent before supporting them. One person said "They always ask you (before providing care)."

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

- People's needs had been assessed and preadmission assessments were in place.
- People's care plans contained information relating to people's health conditions and for most people, appropriate risk assessments were in place.
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance.

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

- Staff supported people with their healthcare needs.
- People told us they got to see a doctor when they needed to. One person said, "(If I felt unwell) They would ring for the doctor or the district nurse."
- The service worked with a variety of health and care professionals including the local authority safeguarding team, a quality assurance team, podiatrist, local hospices, advocates, district nurses and GP's.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People were treated well, all the people we spoke to told us they were treated with dignity and respect. Staff completed training in equality and diversity.
- We witnessed some caring interactions between staff and people throughout our inspection, including during our observation of the lunch time experience.
- Staff supported people to be as independent as possible and respected their privacy and dignity. One person told us, "I can do what I want to do in taking care of myself, like shaving and cleaning my teeth."
- Records relating to people's care was mostly computer based and were protected by passwords.
- Equality and diversity needs were considered within a variety of policies.

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

- We saw some limited examples of how people could express their views.
- Some surveys had been completed by people. We saw some involvement from people and their family in the planning of their care.
- The registered manager told us they supported people to access advocacy services when required.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- People and their relatives had been involved in planning their care and care records reflected this, however, peoples' preferences were not always met.
- People's feedback about making choices and their routines was mixed. People told us they were able to get up and go to bed when they wanted. However, people expressed concerns around showering.
- People's comments included, "I have always been an early riser, they come for me about 6.30, I always wake up at 6 am. I can go to bed when I want, they start putting people to bed at 8 pm if they want but I go about 11 pm." and "It's a long time between them (showers) it isn't enough, I would say that is the same for everyone. I have either a shower or a bath it can be four or five weeks between. They give you a bed bath, every morning or when you get up, I like a soak in the bath, that is my only gripe" and "I wash myself everyday and have shave and haircut every month. I have a shower every now and again".
- We reviewed shower records, and this confirmed that people were having regular body washes, but showers were not being frequently offered.

We recommend the provider ensures people are regularly offered showers in line with their preferences to ensure their personal care needs are being 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

- People were supported to take part in activities. The service had an activities coordinator who planned and led on a variety of activities for people living in the home.
- Feedback on activities was mixed, people told us, "They take us on trips sometimes for meals, it's £25 so it's not worth it, they go for a day out to Blackpool and Morecambe. I don't like going on long trips as I have pads and I have to sit in a wet one and it is uncomfortable.", "They play games like dominoes, ludo and bingo. They have quizzes, singers come in. In summer we sit in the garden" and "(there are) Very limited (activities) we have an entertainer every few months. We go in the garden in summer and some play games. We used to have a bar."
- Relatives told us, "She couldn't manage at home she loves the activities the bingo, hairdresser, podiatrist and she plays dominoes, she has capacity and has good life here." and "I don't know, they do keep fit session and she doesn't like it."
- People were supported to have visits from their loved ones.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were being met.
- The service supported a service user who spoke Punjabi, the service had staff that were able to communicate effectively in this language.
- The registered manager understood the need to ensure people were able to access information in a format suitable for them.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received.
- Complaints records showed there had been no complaints from people or their family members since the service split its registration.

End of life care and support

- The service had an end of life policy in place, although nobody was in receipt of end of life care at the time of the inspection.
- Most staff had completed training in end of life care.
- Some people had end of life care plans in place, which would help staff support people in a way appropriate for that person.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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; Continuous learning and improving care

- The registered manager was responsible for the day to day management of the home, with support from the operational manager. They completed regular audits of quality and safety, however, the audits they completed were not always effective in ensuring that appropriate standards of quality and safety were maintained at the home as identified throughout this report.
- Environmental weekly audit was not always being completed weekly.
- The fire risk assessment contained an outstanding action that had passed its required completion date. The registered manager confirmed this was completed following our visit.
- PEEPs were not always reflective of people's needs and were at times contradictory – numerous people's mobility was not reflective of their current needs. The manager told us they had re written these to ensure they were up to date.

The provider had failed to assess, monitor and improve the quality and safety of the service, and to ensure there was an accurate, complete and contemporaneous record in respect of each person supported. This was breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager was aware of their responsibility under the duty of candour and spoke about being open and honest when things go wrong.
- Although we had received some notifications from the service, we found 2 incidents that had not been reported to CQC.

Following the inspection we wrote to the provider, who provided us with assurances that systems have been reviewed to prevent any further occurrence. We were satisfied with this response and decided to take no further action.

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

- The service promoted a positive open culture. A whistleblowing procedure was in place and staff knew how to report poor practice.

- Feedback about the registered manager was positive. Though staff told us morale was up and down.
- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.

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

- Staff meetings were taking place, and we had seen evidence of 1 meeting for relatives' people that use the service since the service split its registration.
- At the time of our inspection, surveys had been recently conducted with some residents, though no staff or relative surveys had been conducted.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure medicines were being safely managed. This put people at risk of harm.</p> <p>Regulation 12 (1) (2) (f) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure robust systems and process were in place and were being followed to effectively manage the service. This placed people at risk of harm.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff received regular supervisions and appraisals. This placed people at risk of harm.</p> <p>Regulation 18 (2) (a)</p>