Davis Care Limited

Garland House

Inspection report

Garland House, 2 Garlinge Road
Southborough
Tunbridge Wells
Kent
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Tel: 01892532707

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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

Garland House provides personal care and accommodation for a maximum of 19 older people. At the time of our inspection, there were 16 people accommodated in the service, five of whom were living with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks for people. There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role.

Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions. Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People were supported to have choice and their independence was promoted by staff who understood the needs of older people and of those living with dementia. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People were very complimentary about the meals and quality of food provided. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records help staff deliver care that met people's individual needs. The activities provided were suitable for older people and people living with dementia.

The provider and the management team were open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was a system of monitoring checks and audits

to identify any improvements that needed to be made. The registered manager acted on the results of these checks to improve the quality of the service and care.

Further information is in the detailed findings below.

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

Garland House

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 carried out to check whether the provider continued to meet 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 was a comprehensive inspection.

The inspection took place on 30 may 2017 and was unannounced. The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

People who lived in Garland House were able to speak with us. We spoke with nine people living at the home and four of their relatives.

We spoke with the registered manager, the deputy manager, the activities coordinator, four members of care staff and the chef. We consulted three local authority case managers who oversaw several people's wellbeing in the home, one GP and two community staff nurses who regularly visited the service, to gather their feedback.

We looked at five sets of records relating to people's care and their medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We reviewed documentation that related to staff management and five staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "I feel as safe as can be here" and, "Staff always knock on the door and come in and ask if I am all right and ask if I need any assistance." A local authority case manager who oversaw people's wellbeing in the home told us, "On visits there has always been staff around busy attending to clients."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse.

Thorough recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of staff being deployed on shift to meet people's needs in a safe way. We observed that people's requests for help were responded to swiftly by staff. One person told us, "There are always staff around and they come quickly if I need them." The registered manager told us, "We never use agency staff, we are fully staffed and have no current vacancies." The provider increased staffing levels taking into account people's specific needs, for example when a member of staff stayed all night with a person when they approached the end of their life.

Medicines were stored, administered and managed safely in the home so people received their medicines timely and as prescribed. A relative told us, "The girls always sit with mum while she takes her tablets; she is on a lot of tablets and they tend to give them one at a time so she doesn't choke." People were supported to manage their own medicines if they wished. All staff who administered medicines received appropriate training and were routinely checked for their competency. Staff completed people's medicines administration records (MAR) appropriately. The use of topical creams was guided by individual body maps and recorded by care staff. Management maintained oversight of medicines practice, including safety of controlled drugs, by regular audits. Medicines reviews were carried out by a GP every six months or sooner when needed.

Individual risk assessments were carried out for people who needed help with moving around who were at risk of falls, of skin damage, and of malnutrition. Risk assessments contained clear instructions for staff to follow and reduce the risks of harm. A risk assessment for a person who self-medicated included clear control measures such as instructions for staff to log the medicines upon arrival; weekly checks; and making the person aware they must report any loss of medicines. Staff were aware of these instructions and followed them in practice.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager carried out weekly analysis of any accidents and incidents to identify any common trends or patterns, documented what actions had

been taken, and reflected on their efficiency. Measures had been implemented in practice to reduce the risk of falls, such as for two people who chose to walk around at night. These measures included an increase of regular checks, and sensor mats that alerted staff when people got out of bed and may need assistance.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. There was a range of health and safety risk assessments for the environment. Where shortfalls or failures had been identified they were promptly repaired, such as an outside light that had been repaired by a commissioned electrician . Staff confirmed that they were able to get equipment repaired as and when required. The person responsible for the maintenance of the premises checked people's wheelchairs every week to ensure they remained safe to use.

There were personal evacuation plans in place for each person, located at the back of their bedroom doors as well as in a 'grab bag' for easy access in case of an emergency. The service held a comprehensive emergency contingency plan. All staff received regular training and drills in fire safety. The fire detection system had been upgraded to increase its efficiency.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about staff effectiveness and capability. They told us, "The staff are very efficient and obviously well trained" and, "They all know what they are doing, they are all very professional." A relative told us, "The staff keep me well informed of my mother's progress, they communicate very well and I have peace of mind knowing they will follow things through when needed."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The registered manager had considered the least restrictive options for each individual.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example about understanding and signing their care plans. A system to hold meetings to reach a decision on behalf of people and in their best interests was in place.
People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff on each shift until they could demonstrate their competence, and the completion of assessments of knowledge. Newly recruited staff studied to gain the Care Certificate and all care staff bar one had gained or were studying for a diploma in social care; One member of staff was scheduled to be supported in the studies programme. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance.

Staff were up to date with essential training that focused on health and safety, falls and wound prevention, infection control, and manual handling. Staff had been provided with additional training to effectively meet people's individual needs such as dementia awareness, communication skills, nutritional screening, continence and skin assessments. Senior care staff had been trained in diabetes care. The service had joined a federated scheme organised by the local hospice and had enlisted several staff to attend specialised training on dementia care and aspects of end of life care that included advance care planning. Staff told us, "The training is excellent, we get a lot of support and we get reminded when we need to attend a refresher course."

People were supported to eat, drink and maintain a balanced diet. People commented very positively on the quality of the meals describing them as, "home-made like you have at home", "very tender, very tasty" and telling us "We always get plenty; the food is cooked here; there are plenty of vegetables, and you can get more if you ask" and, "They always buy good quality food; I always have a glass of wine with my lunch; we always get a choice so even the fussiest eaters are happy." The chef was actively consulting people about the quality of the meals and welcomed their requests. A relative told us, "They have had a fish evening recently with cockles and mussels; they are always keen to vary the menu."

The kitchen remained open at all hours so people could be provided drinks and snacks at any time of night.

We observed staff sitting with people who needed encouragement to eat, in the dining room and in their bedrooms. People living with dementia or confusion were provided with coloured plates to help them distinguish their food. A person with sight impairment was provided with a rimmed plate and was helped to locate the food on their plate in a sensitive and kind manner. People were allowed to eat at their own pace and were gently encouraged when appropriate. A seasonal menu offered choices at each main meal, in addition to which there was a wide range of further alternatives kept in stock, which were effectively provided on demand. Hot and cold beverages, with home-made cakes, snacks and healthy alternatives were offered to people throughout the day. The kitchen and care staff knew of people's specific dietary requirements and preferences, and current concerns such as weight loss. Staff were able to describe to us who needed support, the type of food they favoured and how they liked their food served.

People were supported to maintain good health and were weighed monthly or weekly. When there were concerns about their health or appetite, their food and fluid intake was recorded and monitored. People were referred appropriately to healthcare professionals such as specialised clinics, GPs, speech and language therapists, occupational therapists, dieticians, a community psychiatric nurse, a diabetic podiatrist, a diabetes nurse, and district nurses. A person had been referred to a physiotherapist who had aided them with bespoke exercises. A community staff nurse visited a person who had ulcers on their limbs to provide wound dressing and monitor the healing progress. People were visited by a chiropodist, and were escorted to visit an optician and a dentist when necessary.

People were accommodated over three floors. The premises were spacious, welcoming, and fit for purpose as they had been adapted to meet people's needs. Several areas had been refurbished and equipped with new carpets and furniture. Appropriate signage throughout the home helped people orientate themselves. Four bedrooms were en-suite, and there were six toilets and two communal bathrooms. A conservatory opened onto small gardens where a patio had been adapted to meet people's needs when they wished to eat or spend time outside.

Good

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and described them as, "all very kind", "very caring, all very nice", all happy to chat" and, "very friendly." They said, "I love all the carers, I call them my girls; this is the nearest place you could get to your own home" and, "They take an interest in you, always ask how you are; they take any concerns you have seriously, never brush it off." A relative told us, "The staff are very welcoming; there is a lot of support for [X]; the staff keep me fully informed on how she is doing; everyone seems to know what is going on; I am always made to feel very welcome." A local authority case manager who oversaw people's wellbeing in the home told us, "They recently supported a client by providing respite care and allowing her to bring her pet to avoid anxiety and stress of separation."

Positive caring relationships were developed between people and staff. A person told us, "I would give them all ten out of ten; they are my friends as well as my carers." We observed staff addressing people respectfully and with kindness throughout our inspection. They used appropriate banter to engage people while being respectful. People were valued, encouraged and appropriately conversed with during mealtimes and activities. Staff spent time with people. They ensured people were comfortable and offered explanations ahead of any interventions. A member of staff was escorting a person who spent time moving around with a walking aid; we overheard several members of the staff telling the person, ""Well done, you are nearly there; don't worry; take the time you need; very well done" and, "You'll need a nice cup of tea after this hard walk." Staff and people enthusiastically exchanged photographs of their children, grandchildren and great grandchildren as common points of interests.

Staff promoted people's independence and ensured walking aids and call bells were within their reach. One person went out unaccompanied using a bus or a taxi booked by staff. Each person had a phone line fitted if they required it. Some people used a mobile phone and a computer was available for people's use. People's wishes were respected, such as having a late breakfast, remaining in bed, going to bed at different times and having specific food. People were enabled to cast their votes during election days and escorted by staff when necessary.

Staff promoted people's privacy and respected their dignity. They ensured people's continence needs were met quickly and discreetly. A privacy screen was available for staff to preserve people's dignity in communal areas. Staff knocked on people's bedroom door and announced themselves before entering. Staff were discreet and respectful while discussing people's care and staff shift handovers were held confidentially. However we observed that people's care files were kept stacked on a chair in the dining room throughout the day, which could present a risk of these records being accessed by visitors. We discussed this with the registered manager who told us a system to store people's records more securely will be implemented.

We recommend that records relating to people's care and confidential information are kept securely to maintain confidentiality.

People were involved in decision making about their care and treatment. People, or their legal representatives when appropriate, participated in initial assessments of needs, in the care planning process,

and in any reviews of care plans when changes occurred. A person had requested their care plan to be updated to reflect a particular medical history and this had been done. People were provided with a suitable amount of information about the home, the staff and its facilities.

People could be confident that best practice would be maintained for their end of life care. When people had expressed their wish regarding resuscitation or had made any advance care planning, this was appropriately recorded and acted on. Staff attended specialist training in aspects of end of life care and remained with people when they approached the end of their life should their families not be available.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive and sensitive to their needs. They told us, "Staff will always help if you ask them" and, "If I want something all I have to do is ask." Two community nurses who regularly visited the service told us, "The staff communicate very well with us; they keep good documentation about residents' needs" and, "The residents seem very happy here, the staff are very kind and quick to respond." Two relatives told us, "They never rush, they are very caring and patient with [X]" and, "Mum is always asked if she would like to come down and join in the activities; she enjoys the bingo and the sing songs; for her birthday they held a dinner downstairs and invited the entire family round; lovely afternoon."

People received personalised care that reflected their likes, dislikes and preferences about food, activities, routine and communication. A person liked to have a bath daily and this was implemented. Another person had expressed the wish for staff to spend time communicating with them as they had hearing difficulties. Staff spent time with them and ensured their hearing aids were functioning correctly.
People's files included vital information that helped staff understand individual perspectives, such as their life history and origins, significant others, past and present hobbies and interests, likes and dislikes, and anything of particular significance for the person. Care plans were comprehensive, personalised and detailed. Care plans and risk assessments were reviewed and updated every month or sooner, with people's active participation. Additional temporary care plans titled 'Red alert' were written when people's needs changed rapidly to warrant additional monitoring, for example when they became unwell or had developed a wound or an infection. People's specific requirements and preferences were noted in detail, such as, 'likes to wear a cardigan; enjoys reading the newspapers; dislikes noise therefore staff must check the volume of music in the dining room as [X] could find haring conversations at the table difficult; on occasions [X] can become anxious and would like staff to reassure her; staff to suggest tasks to provide occupation and a sense of achievement.' Staff were aware of these individual needs and met them in practice. People were consulted before their rooms were re-decorated and their choice of colour scheme, furnishings and floor coverings were respected.

People were occupied with a programme of daily activities that was suitable for older people and those living with dementia. An activities coordinator and a trained member of staff led the programme, in consultation with people and their relatives. They visited each person weekly to discuss whether they wished to deviate from the scheduled activities, and took into account their wishes and interests. People enjoyed singing, gentle exercise, games, art and crafts, knitting, sewing and cooking. Entertainers visited the service, such as a musicians, entertainers, performing dogs, and an organisation that provided activities for older people that included reminiscence games. A wide range of themed activities and art and crafts was provided at special days, including Valentine Day, the Queen birthday, St George and St Patrick's days. The registered manager had brought chicks and duck eggs to the home for people to enjoy. A knitting group had been created at people's request. Outings were organised to garden centres, tea parlours and local points of interest.

People and their relatives knew about the service's complaint policy and procedures which was displayed in

the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. No complaints had been received by the service over the last 12 months.

The service coordinated with other services such as, GPs, physiotherapists, specialist nurses and psychiatric services, when people's needs increased. Reviews of people's care were held in partnership with the local authority and the service liaised with hospitals and nursing homes to ensure a successful transition. Updated information about people's needs was effectively provided to other services to ensure continuity of care, such as a 'hospital passport' and emergency health care plans, (EHCP) that made communication easier in the event of a healthcare emergency.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, their relatives and staff told us they appreciated the registered manager's style of management. People told us, "I've known the manager for years she is ever so kind and on the ball" and, "She is a caring manager, she leads a good team." Relatives told us, "This home works very well; it is well established" and, "It is open door policy, we can just pop in and talk to the manager or deputy manager in the office, they are always ready to listen." Staff described the registered manager as, "easy to talk to" and "a good listener." Two local authority case managers who oversaw some of the people's wellbeing in the service told us, "The manager has supported several of my clients and helped out in difficult situations where other homes have not been able to provide respite or long term placement. They have been very caring and have on a previous assessment gone out several times to see a client to ensure their wellbeing and suitability" and, "I feel this home is safe, effective, caring and responsive and this has been reflected through the reviews I have carried out, that they are demonstrating this. I find them a good service and my clients and their family are happy with the care they are receiving. They are also in contact when a client has a change in circumstances and needs a review earlier that scheduled."

A positive person-centred culture was promoted. People's individual needs, moods and wishes were effectively discussed at handovers to ensure continuity of personalised care. A member of staff told us, "We got to know each resident very well, and this is their home here, we listen and give them what they want." People who had lived in the service for several years told us of the pleasant atmosphere that was promoted in the home, They said, "This is a happy sort of place; we do as we please, not all rules and regulations", "If I had to move I would rather die, I love it here" and, "The home runs very nicely; I was recommended to come here; I can confirm I was given good advice."

Staff told us they felt supported by the registered manager. The registered manager chaired staff meetings and listened to staff views. They ensured staff received quality training, oversaw their learning and professional development, and tested their knowledge. They engaged staff to participate in workshops on different topics relevant to their work, such as person-centred care, equality and diversity, pressure sore prevention, and mental capacity. They had held a bereavement meeting in May 2017 asking staff whether they had any specific issues they may wish to raise with their experience of end of life care, stating, 'We will listen to staff, talk over any incidents and answer questions.' Staff had suggested a 'remembrance table' to commemorate people who had passed away, and this had been implemented.

People's views were sought and acted on. People were consulted by staff every week about their level of satisfaction and were invited to voice any concerns or requests. They were also invited to participate in quarterly 'resident meetings' where they could make suggestions about any aspect of the service. At a meeting, a person had requested more involvement with the menu planning; another had requested a

saxophonist to return to the home. This had been implemented. Satisfaction questionnaires were sent annually to relatives and health care professionals, asking whether they thought the service was safe, effective, caring, responsive and well led.

Relatives were encouraged to use a communication book in their loved ones' room, to express any comments or specific requirement. These books were checked daily by staff; a suggestion box available for staff and visitors was emptied by the registered manager every week. Weekly consultations and satisfaction surveys were audited by the registered manager and showed that people, relatives and health care professionals were very satisfied with the home. Comments included, "Always welcoming; very well maintained; residents and staff appear well supported; very well managed home; the home is one that I recommend without reserve, it has the feeling of home and my mother is very happy and well cared for."

Links with the community were promoted although the registered manager told us they had pending plans to increase the community's involvement with the home. 'Brownies' visited the home, and summer fetes and open days were held, to which the community was invited to attend. People and staff raised funds to help their local hospice at these events.

The registered manager ensured that standards were maintained using an on-going system of quality assurance. The registered manager told us, "We strive to improve all aspects of the home and our work is never done." Weekly reviews of people's satisfaction were scrutinised by the registered manager to identify any need for improvements. Monthly audits included medicines records, accidents and incidents, infection control and cleanliness. As a result of an infection control audit, carpets had been steam cleaned. Annual audits of people's care files and staff files were carried out to ensure all documentation was appropriately recorded. The provider followed an on-going plan to redecorate the bedrooms and communal areas in the home. New kitchen appliances, furniture, sinks, beds, flooring and carpets had been recently purchased.