

Rolfields Limited

The Old Garden

Inspection report

4 Meols Drive
Hoylake
Wirral
CH47 4AQ

Tel: 01516320100

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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

About the service

The Old Garden is a care home, providing nursing and residential care for up to 40 people, some of whom are living with dementia. At the time of the inspection, there were 38 people living in the home.

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

Staff were aware of government guidance for COVID-19 testing and told us they completed tests as required. However, records of tests were not always robustly maintained. We made a recommendation about this in the main body of the report. The registered manager acted on this straight away and implemented new procedures to ensure all tests were completed and recorded. The home appeared to be clean. An infection prevention and control policy was in place and staff utilised PPE effectively. Regular checks were made on the building and the equipment to ensure it remained safe.

People told us they felt safe at The Old Garden. Staff were aware of safeguarding procedures and referrals had been made when needed. Risks to people had been assessed and measures were in place to mitigate identified risks. People were supported by staff who had been recruited safely and there were enough staff on duty to meet people's needs in a timely way. Medicines were managed safely by staff who had undertaken training and had their competency assessed.

People's nutritional needs had been assessed and care plans informed staff of people's needs and preferences and people told us these were met. Feedback regarding the quality and choice of food available was positive. People's needs were assessed prior to them moving into the home and referrals were made to other professionals for advice when needed. People described instances when staff have provided support that has significantly improved their health and wellbeing.

Records showed that people's consent to care was sought and recorded. 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 and their relatives were very complimentary about the care and support provided to people. People told us they were treated well, respected and had their dignity and privacy maintained. Relatives said they were able to relax knowing their family members were being well cared for.

People felt involved and chose how they spent their day. There were regular meetings so they could share their views of the service and make suggestions. Person centred plans were in place that were reviewed regularly. Staff told us they knew people well and how they wanted to be supported. A relative told us, "The care seems to be really very much centred around the person."

People had been supported to maintain contact with their relatives throughout the COVID-19 pandemic. New equipment was purchased to facilitate video calls and regular newsletters shared to keep people informed. Staff were also supporting safe visiting within the home, as well as a range of activities and trips

out in the minibus.

Feedback from people and their relatives regarding the management of the service was positive and everybody told us they would recommend the home to others. Staff told us they enjoyed their jobs and were well supported by the management team. The registered manager was aware of their responsibilities, worked with others to ensure people's needs were met and had notified CQC of all reportable incidents. Systems were in place to monitor the quality and safety of the service and these enabled the provider to maintain effective oversight of the service.

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 (published 24 September 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 .

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Old Garden

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.

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

This inspection was undertaken by an 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.

Service and service type

The Old Garden 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 and we sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager and four other members of the staff team. We also spoke with three people who used the service about their experience of the care provided and six relatives.

We reviewed a range of records. This included four people's care records, a number of medication records, four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

We also received the providers information return during the 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The provider had access to COVID-19 testing for people using the service and staff. Staff understood the government guidance with regards to testing and told us they completed this. However, records were not always fully completed to reflect this, so we could not be sure that all staff completed testing as required. The registered manager created and implemented a new system before the end of the inspection, to ensure testing was completed and recorded.
- Regular agency staff were booked to work in the home and the registered manager told us they completed tests with their agencies. However, there was no evidence available to show when they last completed a test. Before the end of the inspection, the registered manager had liaised with agencies to request details of testing to be provided for each agency staff member.

We recommend that the provider reviews and updates its practices to ensure testing is completed and recorded in line with government guidance.

- People were admitted safely to the home following COVID-19 guidance. The provider was facilitating visitors to the home and systems were in place to prevent visitors from catching and spreading infections.
- Staff had access to good supplies of PPE and we observed this being used appropriately. One person told us, "[Staff] are very good at keeping to the rules for COVID-19." Another person said, "Staff always wear PPE and I have not seen anything to alarm me."
- The home appeared to be clean. An infection prevention and control policy was in place and audits were completed regularly and shared with the local IPC team.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported and recorded appropriately and records showed this.
- Staff had undertaken safeguarding training and were clear about their responsibilities in reporting and recording any concerns. Safeguarding and whistleblowing policies were also in place to guide them in their practice.
- People told us they felt safe at The Old Garden. One person told us, "Yes I feel safe, I am very well looked after. The staff are absolutely lovely. My [relative] went home frightened at night when I was living at home, but now I just have to press the red button and whatever the time someone comes, and this makes me feel safe. A relative told us, "I think he is safe because of the care he receives and the good communication. Also, it is a lovely setting and a calm atmosphere."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were managed appropriately.
- Care files showed that individual risk assessments had been completed and provided information on measures in place to reduce any identified risks. Relatives also described how risks to their family members had been reduced. One relative told us, "They put a pressure pad in place after she had a fall out of bed."
- Personal emergency evacuation plans were in place, to help ensure staff knew what support people needed in the event of an emergency.
- Regular internal and external checks were made to ensure the building and equipment remained safe. Actions identified in a fire risk assessment had been considered and had either been completed or were in the process of being completed.

Staffing and recruitment

- People told us there were always enough staff on duty to meet their needs. One person told us, "There's enough staff, sometimes they will have agency staff if someone is off sick." Relatives and said, "There seems to be [enough staff], you never feel the phone is ringing for ages nor that you are waiting ages for the door to be answered" and "There's enough staff and they give [relative] the same carer as much as possible."
- Staff agreed and told us they worked well as a team to ensure people always had their needs met in a timely way.
- Records showed that staff were recruited safely to ensure they were suitable for the role.
- Registrations to professional bodies were checked when relevant.

Using medicines safely

- Systems in place helped to ensure medicines were managed safely. They were stored in locked clinic rooms and the temperatures were monitored as required.
- Electronic medication administration records were completed, and the system reflected any allergies people had. Information was available to inform staff when to administer medicines to people prescribed as and when required.
- Appropriate procedures had been followed to ensure medicines administered covertly, were done so in line with legislation.
- Staff who administered medicines had completed training and had their competency checked to ensure they were safe to do so. A policy was also in place to guide them in their practice.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded appropriately and reviewed regularly to look for any potential trends.
- Records showed appropriate actions had been taken following incidents to reduce risk to people.

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 had been assessed and support provided was based on guidance and best practice.
- Pre-admission assessments were completed before people moved into the home to ensure staff could meet their needs. Care plans were developed based on this information.
- Staff had access to guidance to help support them in their practice. For instance, best practice guidance regarding pressure area care was on display as well as the new guidance for thickening agents for people with swallowing difficulties.
- Information regarding people's medical conditions had been incorporated within their plans of care.

Staff support: induction, training, skills and experience

- Staff told us they felt very supported in their role and had regular supervisions which enabled them to discuss any issues they had, as well as their personal development needs.
- Records showed that staff completed training relevant to their roles and had their competencies assessed in areas such as the administration of medicines.
- People and their relatives told us they felt staff were well trained and knowledgeable. Their comments included, "They have NVQs and are multi skilled, I feel they are skilled" and "I have seen [staff] helping [relative] to the toilet, they hold and transfer [relative] to the wheelchair properly."

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

- People's nutritional needs had been assessed and care plans informed staff of people's needs and preferences. When required, people's intake was monitored to help ensure they received sufficient nutrition and hydration to maintain their wellbeing. However, these records were not always completed robustly.
- People told us they enjoyed the quality and choice of food available to them. Their comments included, "I am picky about the food, but they always find me something, there is variety and alternatives and they cater for people's dietary needs" and "I had an interview with the chef when I came in who was very helpful in making decisions about the food."
- Relatives told us, "It's homemade and substantial, it's restaurant standard. The food smells nice and looks gorgeous" and "The biggest thing was her eating and they have maintained that. They have gone above and beyond like going to Sainsbury's to get her a particular bread, just in general."

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

- Records showed that referrals were made to other health professionals in a timely way, for their specialist advice and support. The advice provided was incorporated into people's plans of care.

- People and their relatives told us medical needs were managed very well. They described situations where staff have provided care that lead to significant improvements in people's health and wellbeing and even healed wounds thought to be untreatable.
- Comments included, "When he was at home, he hardly ever saw the doctor but there they are on the ball with things like blood tests and are really supportive", "The place is fantastic and they have literally saved [relative's] life" and "[Relative] was very poorly. He is incredible now, so much improved. It's fantastic and amazing. It is fantastic because it's about the quality of life."

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

- People had their own individual rooms with a call bell, a telephone and en-suite shower facilities.
- There were several areas for people to sit and relax around the home, so people could choose to spend time chatting to others or sit in a quieter area.
- There was underfloor heating, which reduced risks posed by hot radiators and automatic lights came on when people entered areas such as bathrooms, helping to prevent risk of falls.
- A CCTV system had been installed in communal areas to monitor safety within the building.

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.

- Records showed that people's consent to their care was sought and recorded. When there was a concern regarding a person's ability to provide consent, capacity assessments were completed and best interest decisions made in accordance with legislation.
- Systems were in place to monitor and manage DoLS applications appropriately. They were monitored to ensure applications were made at the correct times and information regarding any restrictions were reflected within people's plans of care.

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 told us all staff were kind, respectful and treated them well at all times. Their comments included, "I wouldn't hesitate to recommend it. There are good levels of care, staff are very helpful and sort out any difficulties. The arrangement is a good one I wouldn't be anywhere else" and "I am looked after very well, they are all very nice. I came in here to be looked after and I am. They are carers and they care."
- Relatives agreed that people were well cared for. They told us, "The staff are lovely and have time for me and for other people", "[Relative] is cared for, it's a gorgeous place. As soon as he went in there my anxiety went down", "I feel I can sleep at night, knowing that they are looking after him", "They are really good, friendly, honest, caring and want the best for [relative]. She would tell me if they were not" and "They are professional, kind and caring."
- Information regarding people's life history, likes, dislikes and preferences had been recorded within people's care plans. This information was used to help staff get to know people and engage with them in meaningful ways.
- Compliments and thank you cards had been received from relatives, thanking them for their care and compassion.

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

- A service user guide was provided to people when they moved into the home. This provided information about the service and what people could expect, to help them make decisions about their care. People also received monthly newsletters to help ensure they were updated with anything happening that month.
- People's feedback was sought regularly through meetings. Records showed that when any issues were raised, action was taken to make improvements.
- People told us they felt involved and had choices about how they spent their day, such as what time they got up and went to bed, where they had their lunch and what activities they wanted to participate in.
- When people required the support of an advocate to help make decisions, records showed that staff communicated with them regularly and kept them updated.

Respecting and promoting people's privacy, dignity and independence

- People told us staff provided support in ways that protected their dignity and privacy. One person said, "They are very polite, it's the way they speak to you, you know they treat you with dignity and respect."
- Relatives agreed and told us, "They totally treat [relative] with dignity and respect, for example when they're taking him to the toilet you could see how they handled it, they were kind, caring, treating him like a human being." Another relative said, "As for dignity and respect they always ask, check he is OK with things."

- Records regarding people's care were stored electronically and securely to protect people's privacy. Care plans informed staff what support people required, and what they could do for themselves. They also showed that equipment was used to help people maintain their safety and independence.

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 now 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

- Care plans were in place that reflected people's individual needs and preferences. This helped to ensure staff knew how best to support each person in the way that they preferred.
- Relatives told us, "[Staff] are really adaptive to the needs of the clients, it's very person centred" and "The care seems to be really very much centred around the person, staff are flexible and attentive." We were also told by several relatives about staff and owners of the service, going to the shops to buy their family members specific things they liked, such as soup, choc ices and a certain type of bread.
- Care plans were reviewed regularly, and people and their relatives told us they were involved in this process.

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.

- People's communication needs had been assessed and were reflected within care plans to ensure staff were able to communicate with people effectively.
- Staff supported people to receive regular reviews from an optician, to maintain their vision.
- The registered manager told us information could be provided in large print if needed.

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 and their relatives told us they were supported to maintain contact with their relatives, even throughout the COVID-19 pandemic.
- The service purchased a large screen for video calls, that could be wheeled into people's rooms or used in one of the communal rooms. It was also used to show virtual entertainment that had been arranged, such as singers, as well as church services when people were unable to attend church.
- A team of activity coordinators provided activities both within the home, as well as trips out on the minibus. A relative told us, "I was really pleased [relative] went to Raby Mere on the minibus, I like him to go on the trips."
- Regular newsletters and photographs were sent to family members, so they were kept updated and relatives told us they were really helpful, especially if their relative was not able to use video calls. One relative said, "We saw pictures of [relative] in the newsletter clapping away" and they found that reassuring.
- Now that relatives were able to visit the home again, staff were working hard to facilitate as many visits as

possible, whilst maintaining safety. One person told us, "They got more activities staff in for the weekend and the main job of the current activities people is overseeing visits, there were over 100 visits last month."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to raise any concerns they had, although every person and relative we spoke with told us they had no reason to complain.
- Relatives told us, "I know I will get a positive response to requests or suggestions" and "You can text [provider] with issues and she responds quickly, they are just little things but they get on with it."

End of life care and support

- End of life wishes were discussed with people and those that had shared their preferences had these recorded in plans of care.
- Staff had undertaken a locally recognised training course, to ensure they had the necessary knowledge and skills to support people effectively at the end of their lives. A policy was also in place to guide staff.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service helped ensure good outcomes for people.
- Feedback from people and their relatives regarding the management of the service was positive. They told us, "They are definitely approachable. We call them by first names [managers and owners]. We know their children's names and their dogs' names", "It's very good management, whenever I have asked for or suggested something it's dealt with. [Director] is so friendly and I see her with other clients, she couldn't help more."
- Staff told us they enjoyed their jobs and were well supported by all of the management team. Their comments included, "[Manager] is amazing, she has been very flexible and I am well supported in my job", "The manager is great and the directors are brilliant. [Director] is so approachable, she is wonderful with the staff. All the families have her number, and nothing is too small for her to deal with" and "Helen is very accommodating, I can always go to her any time of the day."

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

- Accidents and incidents were monitored and reviewed on a regular basis and action was taken to ensure the service acted in an open and transparent way.
- Relatives were informed of any accidents or incidents involving their family member. One relative told us, "They will contact me if there are any problems."
- Staff told us that they would not hesitate to inform the manager of any issues or concerns they had and were confident they would be dealt with appropriately.

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

- There was a registered manager in post, and they were fully aware of their role and responsibilities.
- The registered manager had notified CQC of events and incidents providers are required to inform us about.
- The ratings from the previous inspection were displayed as required.
- A range of policies and procedures were in place to help guide staff in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and gather their feedback regarding the service, such as regular resident meetings and a complaints process. Relative meetings were also held regularly, and these continued virtually during the pandemic. One relative told us, "I went to one of the relatives' meetings and there is one next week. People were very vocal and were listened to and you get a follow up report about what has been done."
- The registered manager worked with other health and social care professionals to help ensure people's individual needs were met.
- Records showed that referrals were made to relevant professionals for their specialist advice and support when required.

Continuous learning and improving care

- Systems were in place to assess and monitor the quality and safety of the service. These checks covered a variety of areas and we saw that when actions were identified, they had been, or were in the process of being addressed.
- The systems and procedures in place enabled the provider to maintain oversight of the service.
- The registered manager took responsive action to issues raised during this inspection. A clear schedule for evidencing staff COVID-19 testing was implemented immediately and procedures put in place to ensure people's fluid intake was accurately recorded when this was required.