

The Garwood Foundation

Jean Garwood House

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Jean Garwood House provides accommodation and personal support for up to 14 adults with physical disabilities. The home also caters for those with additional learning disabilities and sensory impairments. There are eleven single bedrooms on the ground floor and the first floor has been converted into a semi-independent living unit for three people. The service is suitably designed for people who use wheelchairs. On the day of the inspection there were 13 people using the service.

At the last inspection in January 2015, the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People received a personalised service and staff had the information they required to meet people's needs. Care records were individual and kept updated according to any changes in people's health and wellbeing.

Staff were aware of the values of the service and the care they provided was centred on each individual. They had developed positive, caring relationships with people based on their individual preferences and choices. People's independence was recognised and encouraged; they led their chosen lifestyle and had the opportunity to make the most of their abilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff showed understanding, patience and people were treated with respect and dignity.

Arrangements were in place to safeguard people from the risk of harm and abuse. Risks to people's health and wellbeing were identified and action was taken to minimise these. There were systems for checking that people received their medicines correctly and that staff administered medicines safely.

People received effective care and support because there were enough staff to meet their needs. The recruitment and selection process helped ensure the right staff were employed. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

The environment was designed and equipped with physical aids and adaptations that people needed. People's individual preferences and personalities were reflected in the decoration of their bedrooms and shared areas of the service. Health and safety checks were carried out to make sure the premises and equipment was safe for people to use.

People and relatives were positive about the conduct and skills of staff who worked at Jean Garwood House. Staff showed insight and understanding of people's different needs and knew how to keep them safe. They worked well with external health and social care professionals to ensure people received the

services they needed.

People took part in a variety of social events and activities in the home and the wider community. Where they had friends or family they were supported to maintain those relationships in a meaningful way.

The registered manager continued to provide good leadership and led by example. Staff felt supported and there was open communication.

The provider carried out regular audits to monitor the quality and health and safety of the service and to plan improvements. People were involved in reviewing and providing feedback on the care and support they received. People and their families felt listened to and that their opinions mattered.

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 Outstanding.	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Jean Garwood 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we reviewed the information we held about the service. This included the previous inspection report and any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 23 February and 3 March 2017 and the first day was unannounced. The inspection was carried out by 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.

We spoke with ten people using the service, three members of staff, the registered manager and deputy manager. We observed the interactions between staff and people and reviewed care records for four people.

We looked around the premises and checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records. We checked recruitment records for four members of staff and information about staff training and supervision. We also reviewed how medicines were managed and the records relating to this.

Following our inspection we spoke with three people's relatives to obtain their views about the service. They were happy for us to share their feedback.

Is the service safe?

Our findings

People told us they were happy living at the service and that they felt safe. One person told us, "Yes, staff keep me safe. If I'm worried I can press the buzzer." Other people said staff responded promptly to any request for support and when they needed to use their calls bells. One person said, "If I'm sick I will pull the cord they come and check me in the night, they come quickly when I pull the cord."

Risks relating to people's health or welfare had been identified, assessed and managed. People's risk plan records were individual, detailed and updated to reflect any changing needs. Information was personalised and identified the level of support people needed with daily activities such as personal care, eating and drinking, mobility, using public transport and keeping safe at home and in the community.

Our observations and discussions showed staff understood and took action to minimise risks people may face. We saw a staff member assisting a person to walk when the person became unsteady on their feet. A second member of staff immediately intervened, provided practical support and demonstrated the correct technique to support the person.

Staff knew how to report and manage suspected abuse and completed safeguarding training every year to keep up to date with best practice. Information and contact details for the local safeguarding adults' team were displayed for people, visitors and staff to report any concerns. Records held by the home and CQC showed the service had made appropriate safeguarding referrals when necessary and that staff worked in partnership with the local authority and other agencies to protect people.

There was enough staff to support people's needs. Allocation records showed that staff support was planned flexibly so that people could engage in activities of their choice, attend appointments and access the local community. Additional staff were arranged when needed, for example, when people went on outings or holidays. There was an established manager and staff team which meant that people experienced consistent care and support.

Personnel records for newly recruited staff members included evidence of a required check with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record. Other recruitment checks had been undertaken although in some files, we found that details of previous employment history and any gaps had not been explored. When we raised this with the registered manager they took immediate action and arranged for all staff files to be reviewed. At our second visit, records confirmed that the staff had met with the manager and provided full details of their work history. The home's job application form had also been amended to request this information.

People lived in a safe, comfortable environment that was kept clean and well maintained. Regular checks of the premises and equipment were undertaken to ensure people were kept safe. There were evacuation plans and policies in place to ensure people's safety in the event of a fire or other emergency at the home. Appropriate numbers of staff were trained in first aid and management on-call available in the event of

emergencies or if staff needed advice and support.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had detailed information regarding their medicines and how they needed and preferred these to be administered. We checked the medicines for two people which corresponded with their Medication Administration Records (MAR). MARs were up to date and there were no gaps in the signatures for administration. Where people needed medicines 'as required' or only at certain times, there were individual guidelines about the circumstances and frequency they should be given.

Staff were trained in how to manage medicines safely and their competency to administer medicines was assessed every six months. Designated staff carried out weekly checks to make sure medicines had been given and recorded correctly.

Is the service effective?

Our findings

People continued to receive effective care and support from skilled and knowledgeable staff. One person told us, "They are all fully trained." Records showed that staff received the training they needed to meet people's needs and keep up to date with current practice and legislation. Additional learning had taken place so that staff knew how to support more specialist needs. This included training on continence awareness and caring for people at the end of their life. Staff were also due to complete a training course on Stroke care later in the month. One person experienced changed mobility needs and staff had been provided with training to use particular equipment. The person's relative felt the home managed this well and told us, "Staff looked so confident (using the equipment)."

A new staff member told us they worked alongside a senior staff and had opportunity to get to know people before working on their own. The provider used the Care Certificate which is a nationally recognised framework for good practice in the induction of staff. Existing staff were due to complete a self-assessment to review their competencies against the expected standards.

Staff told us they felt supported by management, received regular supervision and yearly reviews of their work performance. Staff supervision records included discussions about people's care and support as well as individual learning or development needs.

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 (MCA). The procedures for this in care homes and hospitals are 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 were being met.

Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff worked in an inclusive way with people and always sought their permission before carrying out any support. People's consent and ability to make specific decisions had been assessed and recorded. Plans explained where people were able to make decisions for themselves or if best interests' discussions would be needed to support them. Staff understood their responsibilities in line with MCA and DoLS and had completed recent training. The registered manager had assessed where a person may be deprived of their liberty. DoLS authorisations were in place for some people and others were awaiting approval.

People met each week to discuss and plan their meals. There were pictures for people to use when deciding and communicating what they wanted to eat, enabling everyone to take part. Staff were aware of people's individual dietary needs, likes and dislikes. Risks associated with any nutritional needs were assessed and reflected in care plans. For example, there were clear guidelines from the Speech and Language Therapist (SALT) for some people's eating and drinking routines.

Health action plans included personalised details about people's past and current health needs. Our

discussions showed staff were familiar with this information. Staff maintained accurate records about people's healthcare appointments, the outcomes and actions required. During our visit staff accompanied one person to a planned hospital appointment.

Is the service caring?

Our findings

Interactions between people and staff were consistently caring, engaging and inclusive. We saw from how people approached the staff, that they were happy, relaxed and confident in their company. People shared jokes together and staff were attentive to what people had to say. One person told us, "They are very kind the staff" and added, "They talk to me a lot." Another person told us, "They look after me very well." When asked if staff were caring, another person said, "Oh yes, in all aspects really." A third person told us, "I like all the people at the home." Relatives spoke very positively about the attitude and approach of the staff. Their comments included, "very nice, very helpful, (my relative) really likes it there", "The staff are wonderful, extremely helpful and informative" and "very loving, they give (my relative) hugs, it's always a happy place."

The service continued to show a committed approach to person centred care and encouraged people to make choices on how they wanted to live their life. People's feedback was consistent in relation to this and they told us they had lots of opportunities to share their views. People were supported to maintain and develop their independence and staff empowered them to do so. People told us staff encouraged them to do as much for themselves as they could when undertaking tasks and activities. One person commented, "They only help me a little bit to make sure the shampoo is out of my hair." A relative spoke of their family member's progress in improving their domestic skills in the kitchen.

Relatives felt staff put their family members first and foremost. One relative told us the staff always "go beyond" and shared examples where staff once arranged a special birthday celebration and recently supported their family member to choose and send flowers to them. Another relative felt staff always went the extra mile and complimented them for "providing support all the time (my relative) was in hospital." The registered manager confirmed this always happened when someone was admitted to hospital to maintain consistent care from people that the person knew.

The service showed innovation to enable people to keep in touch with their families and relations and maintain valued relationships. One person's relative stayed over at the home so they could spend Christmas with their loved one. Another relative complimented the home for organising one to one staff support for a person's forthcoming birthday meal with the family. Where relatives were unable to visit, the service arranged transport for staff to accompany people to the family home. One relative told us they felt very reassured by this in the event they became unwell and unable to travel.

People's individual care needs, choices and preferred routines were accurately recorded. Questions were used such as, "Are you able to communicate, how do you express yourself?", "What helps you when you feel unhappy?" and "What do you like to do during the day?" Information was comprehensive and unique to each person. A relative told us their family member liked a specific way of preparing their breakfast and commented, "Staff know her needs very well."

There was a friendly and welcoming atmosphere at Jean Garwood house. When people returned from the day centre, they were greeted warmly by the staff and offered drinks with cakes and biscuits. People chose what drink and type of cake they wanted while staff sat and joined them to discuss how their day had been.

Our discussions with staff showed they knew what mattered most to people and how to support people's individual physical and sensory needs. We saw staff were observant and caring in their approach when supporting people. They encouraged people to take their time when walking or transferring from chair to walking aid. Staff provided reassurance and checked people felt comfortable.

The environment supported people's needs and their personal space reflected their choices and personalities. The design and equipment enabled people with physical disabilities to be as independent as they could be. This included accessible, adapted bathrooms and low level work surfaces in the kitchens. Bedrooms were comfortably furnished and represented people's individuality. Around the home, there were artwork pictures and paintings people had created and photos of people enjoying the activities and holidays they took part in. In celebration of a person's recent birthday, cards and balloons were on display as well as paper heart decorations where everyone had celebrated Valentine's Day.

Information about the home was clearly displayed and produced in accessible formats, such as easy read leaflets about making complaints and reporting abuse. Individual care plans focussed on the person and how staff should support them. Plans provided information about whom and what was important or meaningful to people. There was good detail about how to communicate with people, in ways they preferred. One person used British Sign language and members of staff had undertaken training so they could communicate effectively. Another person used pictures to help them express their choices.

People told us staff were respectful and always mindful of their privacy. One person told us, "They always knock on the door, they knock first and say sorry are you awake?" Other people we spoke with appreciated that staff always recognised and respected if they needed time alone. Confidentiality was maintained throughout the home and information held about people's care and support needs was kept secure.

The service was working towards the "Steps To Success" accreditation for end of life care in residential care homes. Training was facilitated by the local hospice team to give staff the skills and knowledge they needed to care for people appropriately. Advanced care plans were being developed with people to ensure that their end of life wishes would be respected.

Is the service responsive?

Our findings

Three people had moved to Jean Garwood House since our last inspection. Admissions had been managed in a planned way to make sure people's needs were fully assessed and the home was suitable for them. This had included obtaining information from people's previous residence, their relatives and other professionals. Assessments and care plans included person centred information about people's needs, interests and preferences and how best to support them.

People felt fully involved in their care planning. One person told us, "We have what we want" and "It's like a list to say what you want, they put it down." Relatives were asked about their family members' care and confirmed they were always kept informed about anything significant. People had regular person centred reviews which focussed on what was working well for the person and what wasn't. This was achieved through monthly keyworker meetings and care reviews every six months or more frequently where needs had changed. All aspects of the person's health and social care needs were reviewed at these meetings and enabled the service to monitor that the care and support met their needs. Where changes had occurred, appropriate action was taken. This included consultation with other relevant professionals and updating people's care and support plans.

Support plans included information for staff about how specific health care needs or conditions affected a person and what steps they needed to take to support them. Daily records contained detailed notes of what people did each day, and how they were feeling.

People's diversity, values and human rights were respected. Care records included clear information about people's needs in relation to age, disability, gender, race, religion and belief and sexual orientation. Staff understood and responded to these needs and gave examples of providing preferred cultural meals and supporting people with their faith. Some staff knew British Sign Language to communicate with one person who had a hearing impairment. The person had sensory equipment to support their needs including a visual flashing doorbell and sensor to alert them to the fire alarm. They told us they were also in the process of choosing a new audio loop system.

People continued to participate in a variety of both in house and community based activities of their choice. One person shared examples of this telling us, "Drawing, reading, go swimming, do everything on the computer, weekends- visit my mum." Another person said, "We go out sometimes at the weekends" and told us they liked colouring and enjoyed sitting and chatting with staff. Most people attended the adjoining day centre on weekdays and liked going there. Staff showed knowledge about people's interests, hobbies, likes and dislikes and supported individuals with these. When we visited, one person was preparing to go on holiday with their keyworker.

People and their relatives were consulted and updated about the services provided and were encouraged to have their say. Meetings were held to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or suggestions for improvement at the service. People confirmed that meetings were held every month. One person told us, "If we want to go to different areas we can, we can go

where we like."

People were aware of how to raise concerns and complaints. One person said, "I would go to (name of registered manager) if I wanted to complain. She knows me well, if I go quiet for example, something is wrong." The complaints procedure was displayed within the service and available in picture format to help people understand the information. There had been no complaints since our last inspection.

Is the service well-led?

Our findings

The registered manager had worked at the home for many years and knew people well. 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. Since our last inspection the registered manager had achieved a level 5 diploma qualification in leadership.

People who stayed at Jean Garwood House, their relatives and staff were all positive about how the home was run. Comments included, "Very well managed (name of manager and deputy) are good, always very consistent" , "Tremendously (well run)" and "Very good." People described the manager as "nice" and "kind." Staff told us the registered manager was approachable and supportive. They understood their roles, were clear about their responsibilities and what was expected of them. Staff meetings were held regularly and staff said they were able to share their views. Records included discussions around the care provided and any matters that affected the service. Staff also shared information through daily shift handovers and a communication book.

Systems were in place to monitor the standards within the service. These consisted of audits and checks to review the home's quality and safety. Staff told us they had designated responsibilities to audit areas such as medicines, care plans, cleanliness and hygiene, the environment and health and safety. Records supported that these were carried out on a regular basis.

A trustee from the organisation visited the service every three months to check that people were provided with good standards of care and support. We noted their reports did not always capture people's views and experience of the service. We discussed the inspection approach and fundamental standards set by the Care Quality Commission and to consider further ways of reporting on people's experience of the service. The registered manager agreed to discuss this with the provider.

People and their families were given questionnaires every year and the latest survey results were complimentary. Responses included a thank you for making one person's "wishes come true by supporting them to visit destinations in America" and for " providing excellent care." We were provided with a development plan for 2016/2017 which was based upon feedback received and findings from internal audits. This identified proposed improvements in the service and the action they were going to take. Comments from questionnaires were acknowledged and suggestions were acted upon. For example, one person felt that the dining experience could be less noisy and this was followed up and addressed by the staff.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. During our visit we checked information relating to accidents and incidents. These confirmed that the manager had told us about any reportable events although we identified some minor issues where practice could be improved around record keeping. For example, there was no specific record for documenting

incidents and some of the accident reports were incomplete. The registered manager acknowledged this and promptly took action to make improvements. At our second visit, a separate incident form had been put in place and all accident records had been fully reviewed to check for any trends. In response to an increased number of falls for one person, the registered manager told us they were going to purchase portable alarms for people living in the first floor flat.