Mr B & Mrs R S Oozageer

Garendon Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Garendon Residential Home is a care home for a maximum of 14 people with learning disabilities and autism. The service comprises of two semi-detached buildings made into one larger home. Most bedrooms are single rooms. People only share when they have chosen to do so. At the time of our inspection visit, 11 people lived at the home.

The service was registered with the CQC prior to the CQC's publication of 'Registering the Right Support' guidance for homes which accommodate people with learning disabilities and autism. Our guidance now says people with learning disabilities should not live in homes of more than six people. Although the service does not meet our new criteria, people have lived with each other for many years and describe the home as being a 'family'.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service mostly continued to be safe. Staff understood the risks to people's health and wellbeing and acted to lessen each risk. There were enough staff on duty to meet people's needs; and checks had been made on staff before they started working for the service to make sure they were safe to work with people. People received their medicines as prescribed. The home was clean and tidy and staff understood infection control practice. Premises were well-maintained, but the surface temperature of radiators put people at risk of being scalded. The registered manager dealt with this issue quickly.

The service continued to be effective. Staff received training to support them to work effectively with people who lived at the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. People had access to different health and social care professionals when required, and good relationships had been formed between the service and those professionals. People received food they enjoyed, and were involved in menu planning.

The service continued to be caring. People received care from staff who were kind, treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported and understood people's needs, preferences, and what was important to them. The service supported people to maintain and develop relationships with their family.

The service continued to be responsive. People's needs were assessed and planned for with the involvement of the person. People lived purposeful lives having opportunities to work and train in the community, as well as being involved in pursuing their interests and hobbies. There was a complaints procedure, although no complaints had been made to the service since our last inspection. Procedures were in place for planned

end of life care.

The service continued to be well-led. The registered manager worked hard to ensure a good quality of service was maintained. The registered manager provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe.

Whilst all other aspects of this key question remained good; we found the surface temperatures of radiators was high and meant people were potentially at risk of being scalded or burned. The registered manager addressed this the day after our inspection visit.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Garendon Residential Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection. It took place on 1 November 2018 and was unannounced. One inspector undertook this inspection.

Before our inspection visit we contacted the Local Authority. They had no information of concern about the service. We looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider. We also looked at the Provider Information Return (PIR) sent to us by the provider. This is a form that asks the provider to give some key information about the service, including what they do well and improvements they plan to make.

During our inspection visit we spoke with the senior care worker, two care staff, four people and two relatives. We checked one person's care record, checked a sample of medication records and health and safety records, as well as team and resident meeting records. The registered manager was not working at the service on the day of our inspection. We spoke with them by phone on the day of our visit, and the day after.

Requires Improvement

Is the service safe?

Our findings

Some risks within the environment had not been recognised. We visited on a cold day and staff had ensured people were supported in a warm environment. However, when we touched a couple of the radiators, we found these had a very hot surface temperature. This meant people could be at risk of burns if they had an accident or fell against one. The registered manager informed us the day after our visit, that they had taken immediate action by reducing the heat coming out of the radiators so the surface temperature was not so hot. They had also booked for a maintenance worker to attend the home to provide a more permanent solution. They acknowledged they had not considered this as a risk in the past, and had already added this to the weekly checks carried out at the home. This demonstrated the registered manager had an open approach and was keen to learn when areas for improvement were identified.

People who lived at the home felt safe. Staff understood what risks related to each person's health and social care support needs and put plans in place to reduce potential risks. For example, during the morning of our visit, the senior on duty received a phone call from a person letting them know they had arrived at their destination safely. The person had been assessed as safe to travel independently, but it had been agreed they would phone staff once they had arrived as an extra safety measure. The absence of a phone call would alert staff to check the person was okay. Another person was assessed as safe to walk independently to the shops, but staff supported them to cross the road initially, as they were considered at risk in doing so.

There were enough staff on duty to keep people safe. Support staff not only supported people with care, but also undertook cleaning and laundry duties. Many of the people who lived at Garendon undertook activities outside of the home during the day, and this meant staff had time to undertake these other responsibilities. New staff had recently started working at the service. They told us they had to wait for criminal record bureau checks, and their reference requests to be returned, before they could start work. This meant the provider's recruitment practice supported the safety of people who lived at the home.

Staff had received training to safeguard people from harm and were aware of their responsibilities to report any concerns to the registered manager. The registered manager understood their responsibility to report safeguarding allegations to the local authority safeguarding team and to the Care Quality Commission.

People told us they received their medicines as prescribed and medication administration records we checked confirmed this.

The home was clean and tidy and staff understood good infection control practice. People undertook some of the household tasks such as putting the bins out, vacuuming and bringing their clothes down to the laundry to be laundered. People only did these tasks by choice.

The registered manager carried out checks to ensure the premises were safe and water, fire and electrical systems were in good working order and safe to use. Checks had mostly been carried out within the expected timeframes.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to support and care for people who lived in the home. Staff told us they had undertaken training to help them provide effective care to people. This included training considered mandatory to support people with their health and social care needs, such as infection control, fire training, moving people safely, and food hygiene. Staff had also received training to understand diabetes and epilepsy because some people lived with those conditions. Staff who administered medicines had received training to administer medicines safely and their administration practice had been checked by the registered manager to ensure they were administering safely and effectively.

The registered manager usually recruited staff who had previous experience of care and who also had qualifications such as a diploma in health and social care. Recently, and for the first time, they had recruited a new member of staff who had not worked in the care sector before. Whilst this member of staff had received induction training, it had not been aligned to the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. It is recommended the Care Certificate forms part of the induction process at the home.

Staff felt they received good support from the registered manager. Some of this was through pre-arranged individual meetings, but mostly this was through daily contact with the registered manager who was seen by staff as always available to talk through any issues or concerns they might have about their work.

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. Where people were unable to understand why staff were supporting them in the way they did, care plans explained why the care was being provided in the person's best interest.

A relative told us they had been involved in reviews undertaken by social services to determine whether their relation required a Deprivation of Liberty safeguard (DoLS) because they had some restrictions within their care plan. Records also confirmed that where required, applications had been made to social services for DoLS to be considered.

People told us they enjoyed the meals provided and were involved in planning the menus. One person told us there was always a choice of two meals and if they did not like them, they could always have something else. Another told us they really liked the meals at the home and was really looking forward to the 'chicken dinner' they were having that evening. During our visit we saw two people help prepare the evening meal by peeling the potatoes and preparing fresh carrots. People who had not gone out for the day, had a choice of snacks at lunch time; and we saw people enjoy sandwiches and yoghurts for lunch. Fresh fruit was available in fruit bowls on each of the dining room tables.

People had access to healthcare when necessary. One person told us they had been seeing a psychologist and this had helped them manage some of their emotions more effectively. Another confirmed they had seen an optician and a dentist. Records showed that people were supported with healthcare appointments, either with healthcare professionals visiting the home, or by staff supporting people to attend appointments in different health settings.

The premises met the needs of people who lived at the home. People's bedrooms had been personalised to reflect their own interests.

Good

Is the service caring?

Our findings

Staff formed good relationships with people who lived at the home. Relatives told us that staff were caring towards their loved ones. One relative told us their relation had lived at the home for many years and they had never seen any conflict. Another told us the care was 'absolutely fantastic.' A person who lived at Garendon said that they all got on like 'a family' and they really liked living at the home.

The staff on duty knew people's needs well and were caring and kind towards people. The senior care worker on duty told us they would do anything to meet people's needs. They said they felt the quality of care provided to people was 'superb'. The other staff we spoke with also said they felt people received good quality care.

Family and friends were welcomed to visit the home. People's families were encouraged to be involved in making decisions and providing support where appropriate. People were provided with information in a way which was accessible to them. Some of this was through 'easy read' information and some was by staff talking through and explaining what written information meant.

People's privacy was respected. Staff knocked on people's bedroom doors and waited for a response before they entered. Two people had chosen to share a room with each other and this decision had been supported and respected. There was a dignity screen available should they wish to get changed in private. During our visit staff were always mindful of confidentiality and making sure that people did not overhear sensitive information about others. They also showed respect for the decisions taken by people.

Good

Is the service responsive?

Our findings

People received care tailored to their individual needs. Relatives told us their loved ones recently had funding cuts which meant they were not going to be able to undertake some of the activities they had previously enjoyed. They said the registered manager was aware this might happen, and had worked hard to find other affordable alternatives to ensure people continued to live purposeful lives. People told us of the activities they enjoyed. One person told us they had gone to college that morning for cookery lessons; another told us they were working with car mechanics helping in their workshop. They also said they helped on a farm. One person told us they enjoyed going to drama club.

Good communication between staff meant that people's changing needs were responded to appropriately. The office diary and communication book provided staff with a lot of information to support them with care; and care plans were regularly reviewed to ensure they provided staff with up to date information about how best to respond to people's support needs. Families were encouraged to be involved in care reviews where appropriate.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. Whilst the registered manager was not aware of the AIS, they had ensured people received information to support them understand and communicate their needs. People also had communication passports to support others to understand how to communicate and respond effectively to them.

The provider had a complaints procedure, but there had been no complaints made about the service.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences or wishes and staff were knowledgeable about these. People's families had been involved in working with their loved one and the staff at the service to ensure people's wishes were supported. One person who had lived at the home for a long time had recently died in hospital. Staff knew that this person had previously stated they wanted to die listening to a female singer whose voice they loved. Staff made sure this person had this singer's CDs in hospital and had their final wish fulfilled.

Good

Is the service well-led?

Our findings

There was a registered manager at the home. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

People's relatives were very positive about the management of the home. They told us they found the registered manager very approachable, and were confident that they wanted the best for people who lived there. They said they felt able to discuss any issues or concern with the registered manager knowing it would be sorted out.

Staff were also very positive about the registered manager. One member of staff said, "The manager is the most caring, understanding person. I would go through fire for them. They are a one in a million, you wouldn't find anyone else like them and I have worked in different places." Another said, "I am impressed. [Registered manager] is down to earth and is so humble. I can go and talk to them about anything, they are approachable and listen."

During our inspection we found the registered manager open, and acknowledged when things were wrong. For example, they acknowledged they should have checked the surface temperature of the radiators, and demonstrated they had learned from this by adding radiator checks to the list of weekly checks they currently undertook to ensure people's safety and well-being.

There was a clear vision and culture in the home. The culture was person centred and staff knew how to empower people to achieve the best outcomes. People who used the service knew who the registered manager was and enjoyed talking to them. People and staff had opportunities to discuss their ideas or issues at regular team meetings and resident meetings.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service, and visitors of our judgments.