

The Council of St Monica Trust

The Garden 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 well-led?	Good ●

Summary of findings

Overall summary

About the service

The Garden House is a residential care home providing personal care and nursing care to up to 102 people. At the time of our inspection there were 94 people using the service.

The Garden house is made up of 3 nursing units called; Cedars, Maples and Oaks. The residential unit called Sundials specialises in providing care to people living with dementia.

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

People's care plans contained important information relating to their mobility and support.

People were supported by enough staff. Staff felt supported and said it was a nice place to work. Staff received training and supervisions. The registered manager undertook daily walk arounds, held resident and relative meetings and open coffee mornings. These were an opportunity to discuss and feedback any areas which might need to be improved on.

People were supported to access health care professionals when required. The GP visited weekly and other referrals were made to professionals when required. Incidents and accidents were reported and monitored for any trends and themes. However, we found 1 incident which needed to be reported to the local safeguarding team. The registered manager took action to report this concern to the local safeguarding team and they confirmed following our inspection this concern was closed.

People were supported by staff who had received training in mental capacity and safeguarding adults. People felt safe and staff supported people to make choices about their care and support.

The service worked in partnership with health and social care professionals and also with a local school. Used equipment such as walking frames were sent to countries where others could benefit from them.

Rating at last inspection and update

The last rating for this service was Good (published 03 May 2018).

Why we inspected

This inspection was prompted by the outcome of monitoring activity where we identified the service needed an inspection.

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.

The inspection was also prompted in part due to concerns received about the management of medicines,

staffing and people not receiving adequate care and support.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed from Good.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Garden House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Garden House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was undertaken by 3 inspectors, a specialist advisor who was a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Garden House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Garden House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

Notice of inspection

This inspection was unannounced. We visited the location on the 12 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 11 May 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 14 staff including the registered manager. We spoke with 14 people and 5 relatives. We also reviewed various documents including 9 care plans and supporting information and 2 staff files. We reviewed quality assurance audits and other records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Prior to our inspection we had received concerns that people were not receiving their medicines safely. During our inspection we found some improvements were required to the protocols and temperature checks although we found no concerns that people were not receiving their medicines when required.
- The registered manager prior to our inspection had identified improvements needed to protocols, such as the details of when to administer medicines to people. We were informed these were being kept under monthly review.
- Medicines were stored safely although temperature checks were not always consistently in place and there was no recorded optimum temperature for what staff were checking temperatures against. We fed this back to the registered manager who confirmed they would address this shortfall.
- Records confirmed people had received their medicines and topical creams as required.
- A list was in place for staff responsible for administering medicines to people. This is important as by having a list of signatures means any auditing can directly identify which member of staff administered the medicines to the person.
- People were receiving their medicines from staff who had received training and who had their competency checked.
- Protocols and assessments were in place for people who had their medicines administered covertly. This is where medicines are administered disguised in food or drink.

Staffing and recruitment

- Prior to our inspection we had received concerns regarding the use of agency staff within the home. During our inspection we found people were being supported by regular agency staff due to the home having a number of care staff vacancies. An ongoing recruitment campaign was in place and agency staff were covering these vacancies. Most agency staff had worked within the home for over 6 months or more. This was confirmed by an agency member of staff we spoke with who had worked in the home for over a year.
- People raised with us during our inspection at times there was over a 10 minute delay in answering their call bell. Following our inspection the registered manager confirmed call bells were monitored and some improvements were required to ensure there was adequate staff deployed in the right place at the right time. They gave assurances this would continue to be reviewed.
- Although some people raised with us about the delay in getting call bells answered and the use of agency staff. We received some positive comments from people about staffing at the service. These included, "It's very good," "They are a good crowd here" and "It's wonderful." A relative told us, "I feel (name) is well looked

after."

- Staff felt valued and there was a team approach including working with agency staff. A member of staff explained how valued agency staff were with their knowledge of people due to the length of time they had worked in the service for. They told us, "We've had agency for quite a while now. They know so much."
- People were supported by staff who had checks in place prior to starting their employment. Checks included, previous employment history, DBS checks and identification. A DBS check is a Disclosure and Barring Service which checks information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had a system for reporting incidents and accidents. These were reviewed by the registered manager, actions were recorded. Incidents were reviewed by the senior management team these included, falls, medicines errors and safeguarding incidents.
- The registered manager kept a monthly log of incidents which identified the area the incident occurred in and who this related to along with what action was taken.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding adults. People said it was a nice home. A person told us, "I feel safe."
- The registered manager had a system in place for monitoring safeguarding concerns. These were monitored monthly by the senior management team. Prior to our inspection we were informed of an incident which could have been the result of neglect or abuse. No safeguarding referral had been made. We raised this with the registered manager who confirmed they would make a referral retrospectively. Appropriate actions had been taken by the service at the time of the incident to ensure the person received medical assistance. The registered manager following our inspection confirmed they had taken action in line with the duty of candour and safeguarding had closed their enquiry.
- Staff told us people received safe care and they had a good knowledge of what to do should they need to raise concerns.

Assessing risk, safety monitoring and management

- People's care plans contained important information relating to their support needs such as health conditions and mobility needs. People were receiving the care and support they needed from staff.
- People who were at risk of their skin breaking down had specialist equipment and support in place. Records confirmed wounds were being checked. One person's care plan confirmed their wound was seen to be improving.
- People's care plans contained information relating to risk management such as the use of bed rails and what support and assistance they needed from staff with their mobility.
- People's care plans had details of what equipment and support they required in the event of an emergency. Although no recent fire evacuation drill had been conducted in the home since 2021. The registered manager confirmed they reviewed procedures when fire alarms were triggered through false alarms. Following our inspection a fire drill was conducted.
- One laundry cupboard was found to be untidy with clean laundry on the floor. The laundry was also close to the light which could pose a fire risk. We fed this back to the registered manager.
- Fire equipment, alarms and doors were checked. The home had fire marshals in place and details of evacuation equipment such as evacuation chairs and horizontal evacuation equipment.
- Building certificates and checks were in place for main supplies such as water, gas and electric. Records confirmed servicing was undertaken for equipment such as lifts and hoists.

Preventing and controlling infection

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

Visiting

- The home was open to visitors in line with government guidance at the time of the inspection.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who received training, supervision and an induction.
- One member of staff told us when they started in the service they had received an induction that had orientated them to the home and the expectations of their role.
- Staff were supported by the provider to access additional qualifications to support their development. A member of staff told us, "They have supported me to grow in my profession. I am being funded by the trust."
- Staff were supported to access the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to have a balanced diet.
- Feedback was being sought through resident meetings and tasting sessions. The registered manager confirmed how a person had shared a pasta bake recipe. This had been cooked for them and others to enjoy.
- The service sought feedback from people in a timely way. For example, people's feedback was sought following their meal time experience. The registered manager following our inspection confirmed this was so they could review what changes they might need to make to improve people's care experience.

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

- The home was purpose built with wide corridors and ceiling fans. It was clean and odour free.
- The Sundials area of the home was dementia friendly. People's doors were colourfully painted and staff wore bright colours instead of a uniform. A person told us they wished to have their door personalised. We shared this back with the registered manager.
- People's rooms were personalised with pictures and furniture along with homely objects.
- The registered manager confirmed there was a plan to improve the furnishing within the home such as carpets, curtains and decorating the walls with murals/pictures.

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

- People were being supported in line with their individual needs and care was delivered in line with standards and guidance. Newspapers were delivered daily to the home. People who needed support to see smaller print had access to a magnifying glass.

- Complaints and compliments leaflets were available to people and visitors so they could provide feedback.
- The home had a library room full of books for people to access should they wish to. There was also a computer available for people.

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

- People were supported to access healthcare services and support when needed. Weekly GP visits were conducted and referrals were made to speech and language therapists and physiotherapy teams when required.
- Support was also provided by the local district nursing team. 1 person during our inspection was being supported by this team in relation to their health condition and their individual health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who lacked capacity had Mental Capacity Assessments in place and details were within their care plan around best interest decisions. However, these were not always held centrally within the Mental Capacity Assessment.
- DoLS referrals were made when required. The registered manager had a DoLS tracker in place along with a record of conditions authorised.
- Staff had received training in MCA and implemented this practice by offering choices. 1 member of staff gave an example of how they would pick out clothes for someone and visually offer them the option of a skirt outfit or trousers. They told us, "I speak with people, ask them what they would like to wear and pick a few outfits skirt or trousers."

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had quality assurance systems in place. These included monitoring incidents and accidents, safeguarding concerns, call bell times and medicines.
- An action plan was in place which identified areas for improvement including timescales. Areas identified included; the recording of when medicines required administering, limited storage of equipment in the home, identifying how feedback could be gained from people around meal time experience, completing staff supervision on time and bedding in changes to the house lead role. Following our inspection the registered manager confirmed the service had a resident feedback framework which meant feedback was sought at the time and through surveys.
- The registered manager following our inspection was responsive to our early feedback and confirmed this had been added to the service action plan.
- Incidents and accidents were managed by the registered manager. Reports were sent to senior managers so they could monitor the quality of the service including actions taken.
- A recent external audit identified shortfalls and an action plan was in place. The registered manager confirmed they were looking to freshen the home up with new soft furnishings and redecoration. There was also a plan to review how staff were deployed within the service.

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

- Resident and relative's meetings were held quarterly. These were an opportunity to discuss updates on the service such as redecoration, recruitment, meals and any other business. Actions identified as part of the service improvement were recorded along with who was responsible.
- The registered manager confirmed they undertook daily walk arounds and they had an open door policy.
- They held drop in coffee mornings for residents to attend.
- Staff had a weekly meeting with senior management. Staff also provided a report from the previous day which fed back to the registered manager any issues which staff had experienced.
- Relatives could raise issues directly with the registered manager and through relative's meetings. A relative raised with us during our inspection some feedback around improvements to their loved one's care. They had met with staff to discuss this. We shared their feedback with the registered manager so they could take any necessary actions required.

Continuous learning and improving care

- The registered manager was supported by a new staffing structure following changes to the service. A new house lead role had been created following recent changes. The registered manager confirmed staff were settling into their new role which had been positive.

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

- Staff felt supported and said it was a nice place to work. A member of staff told us, "It's a nice home." An agency member of staff told us, "I like it here." They went on to say they preferred working in the home to anywhere else.
- The service worked in partnership to provide the best care possible to people. The registered manager confirmed they worked in partnership with the local GP practice, the pharmacy team and other health care professionals such as district nursing teams, speech and language therapists and physiotherapist
- The care home worked in partnership with the wider St Monica's Trust community. This was the ethos of people's care journey so they could be supported in their own home and transition into The Garden House or other homes within the St Monica's Trust when their care needs changed.
- The registered manager told us how important it was for the home to support couples. A number of married couples were living in the home. Another spouse had recently been admitted to the home.
- People were visited by the local school where the children could complete crafts with people.
- Where the service no longer had use for equipment such as wheelchairs and rise and recliners. This equipment would be given to charities or back to the manufacturers. Some equipment was also sent abroad so those less privileged could benefit from re-using the equipment such as walking frames.