

Leonard Cheshire Disability

Garden House - Care Home Learning Disabilities

Inspection report

127-131 Friary Road
Peckham
London
SE15 5UW

Tel: 02077320208
Website: www.lcdisability.org

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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

This inspection took place on 28 January and 1 February 2016 and was unannounced.

Garden House is a residential home that provides accommodation and support to up to ten people with learning disabilities in the London Borough of Southwark. At the time of the inspection there were 10 people living at the service.

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

People received their medicines safely and in line with their prescriptions. The service demonstrated good practice with regards to the administration, recording, auditing, storage and disposal of medicines.

People's care plans were person centred and tailored to meet their needs. Care plans were regularly reviewed to reflect people's changing needs. People were encouraged to develop and contribute to their care plans wherever possible.

People were protected against the risk of harm and abuse. Staff were aware of the correct procedure in reporting abuse and understood their responsibilities with reporting and recognising abuse and safeguarding. Staff were able to identify the different types of abuse and their responsibilities in maintaining people's safety. People were protected against identified risks. Comprehensive risk assessments gave staff clear guidance on how to support people when faced with known risk.

People did not have their liberty restricted unlawfully. Staff had sound knowledge of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. These aim to make sure that people in care homes, hospitals, and supported living services, are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Consent to care was sought prior to care being delivered.

The service had carried out the necessary checks on new employees to ensure they were suitable to work in the service. Staff underwent a comprehensive induction programme to ensure they gained the appropriate skills and knowledge to effectively meet people's needs. Inductions were flexible and could be extended if staff required additional time and support to be deemed competent.

People were supported by staff that received on-going comprehensive training that gave them the skills and knowledge to meet people's needs. Staff received ongoing guidance and support through supervisions and annual appraisals. There were sufficient numbers of staff on duty to meet people's needs.

People were supported to have sufficient amounts of nutritious food and drink to meet their needs. Food and drinks were available to people throughout the day as and when they chose.

People received access to health care professionals to monitor and maintain their health care needs. Staff supported people to attend health care appointments in the local community.

People were treated with dignity and respect at all times. Staff supported people in a kind and compassionate manner whilst maintaining their confidentiality.

People were supported to raise their concerns and complaints. The service had pictorial posters available in the service where people could access details on how to raise a complaint. People were encouraged to share their views and these were listened to.

The registered manager operated an open door policy and was a visible presence within the service. The registered manager actively sought partnership working health and social care professionals and sought feedback on the delivery of care. Quality assurance questionnaires were sent to people, relatives and health care professionals to seek their feedback and suggest improvements to the service.

The registered manager carried out regular audits to ensure the environment and people were safe.

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. People were protected against the risk of poor medicine management. Medicines were recorded, administered, stored and disposed of in accordance with good practice.

People were protected against the risk of harm and abuse by staff that had sound knowledge of safeguarding and could identify the different types of abuse and report them effectively.

Risk assessments were undertaken to identify known risks and gave staff clear guidelines to support people. Risk assessments were reviewed and amended regularly to ensure people's needs were met.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective. People were supported by skilled and knowledgeable staff, who received ongoing training to meet people's needs.

People's consent was sought prior to care being delivered.

People were supported to access health care professionals in order to maintain and improve their health.

People had access to sufficient amounts of nutritional food and drink.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect at all times.

People were encouraged to express their views and be actively involved in making decisions about the care and support they received.

People received care and support from staff that knew them well

and encouraged positive, meaningful relationships.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and tailored to the needs of the individual. Care plans were reviewed regularly to include people's changing needs.

People could raise concerns and complaints freely and in a way they chose. Guidance on how to raise a complaint was available in both written and pictorial formats.

Is the service well-led?

Good ●

The service was well-led. The registered manager promoted an open and inclusive service whereby people or staff? were encouraged to be part of the team.

The registered manager actively sought feedback on the delivery of the service via quality assurance questionnaires. Feedback received was reviewed and where appropriate action taken in a timely manner.

The registered manager actively sought partnership working from other health care professionals.

Garden House - Care Home Learning Disabilities

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.

The inspection took place on 28 January and 1 February 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. We looked at statutory notifications the service had sent to us, previous inspection reports, safeguarding and other information shared with us. We also looked at the provider information return [PIR] the service had sent us, this is a document services complete to inform us of information about the service.

During the inspection, we spoke with three people, two care workers, the deputy manager and the registered manager. We also carried out observations of staff interacting with people. We reviewed four care records, four MARS (medicine administration recording sheets), three staff records, and other documents related to the management of the service. After the inspection we spoke with one relative.

Is the service safe?

Our findings

People received a service that was safe. People told us they felt safe and a relative we spoke with told us, "I feel [relative] is safe, I don't have reason to believe otherwise. I always ask [relative] if everything is ok when we speak and they would tell me if things weren't."

People were protected against the risk of harm and abuse by competent and knowledgeable staff. Staff told us, "We have training on how to keep people safe, safeguarding training and there are risk assessments that give us guidance too." When speaking with staff they were aware of the different types of abuse and how to report their suspicions. Staff gave clear examples of how they would support someone who is suspected of being abused and they were aware of the actions to take to report an allegation of abuse. Records showed staff had received ongoing safeguarding training.

People's medicines were managed in a safe way and had their medicine as prescribed. One person told us, "They [staff] help me with my medicines", when asked if they could ask for medicines if they felt unwell people told us they could. During the inspection we observed one person asking for pain relief medicine, and this was provided by staff. PRN (as and when required) medicine was available to those who had this prescribed by the GP. The service had guidelines on how and when PRN medicine was to be administered. We carried out checks of the service's medicine and found they were stored correctly in line with good practice, only accessible staff with authorisation to do so. We found medicines were recorded clearly and concisely in the medicine administration record sheets [MARS]. Medicines were administered and disposed of in line with the prescribing pharmacist guidelines. The service carried out daily audits of their medicines to ensure any errors were identified quickly and immediate action taken to reduce the risks to people.

People were protected against known risks. The service had in place risk assessments, which highlighted identified risks and gave staff guidance on how to support people safely when faced with the risks. Staff told us, risk assessments gave them support in ensuring they knew what to look out for and how to manage risks and keep people safe. We looked at the risk assessment for four people and found these covered all aspects of care. For example, we found risk assessments for accessing the local community, finances, personal care, managing behaviours that challenged, using the kitchen and eating and drinking. Risk assessments were person centred and tailored to the individuals needs and where possible were signed by people or a relative. Documentation confirmed that risk assessments were reviewed regularly to reflect people's changing needs and people were encouraged to be involved in the development of their risk assessments and their thoughts and views taken into account.

People were supported by sufficient numbers of staff at all times to ensure their safety. Staff told us they felt there were enough staff to maintain people's safety. A relative we spoke with told us, "I can't comment if there are sufficient numbers [of staff], I am not there that often but there seem to be enough when I do visit". We looked at the staff rotas for the last two weeks and found there were consistent numbers of staff. We observed that additional staff were on shift when planned activities or hospital appointments were scheduled.

People were supported by staff that had undergone the necessary checks to ensure they were suitable to work at Garden House. Staff personnel records showed staff had a DBS [disclosure and barring services] checks, references from previous employers and proof of address.

Is the service effective?

Our findings

People received care and support from staff that had undergone an induction to meet their needs. Staff told us, "I recall having my induction, it was quite a long time ago, but it was helpful in getting to know the people here and how the service ran." Another staff told us, "My induction lasted approximately two weeks; we shadowed another staff member so we could learn what needed to be done on a day to day basis". Staff told us inductions were flexible to ensure they understood how to deliver effective care.

People were supported by staff that received on-going training to meet their needs. Staff told us, "We have a lot of training here, I feel like it does help me to carry out my role professionally,". Another staff told us, "I can request additional training if I feel it would improve my skills. There's a lot of training that we do and I enjoy it". We looked at the records the service held on staff training and found all mandatory training had either been completed or was scheduled to take place. Training for staff included, first aid, safeguarding, Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS) and the management of medicines.

People received support from staff that received regular supervisions and appraisals. Staff told us, "I find the supervisions helpful, we [registered manager] talk about everything work related and the registered manager? asks for my ideas. I also can raise any issues I might be having personally and with work, as one can affect the other". Another staff member told us, "Supervisions are really good because you can reflect on what you've done. You can plan for the next meeting and work out what you need to do to achieve your goals". Records showed that staff supervisions and appraisals were clearly documented and took place regularly.

People were not deprived of their liberty unlawfully. At the time of the inspection people were not subject to a DoLS authorisation. Staff had an understanding of the [MCA] and [DoLS]. These aim to make sure that people in care homes, hospitals, and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner. Staff were aware of the importance of maintaining people's liberty and freedom.

People were encouraged to give their consent at all times. A relative we spoke to told us, "I believe they seek [relative's] consent at all times". Staff told us, they sought people's consent in relation to all aspects of care. We observed examples of staff seeking people's consent when wishing to talk to them privately in their bedrooms. Staff were observed asking consent to enter the room and waited to be invited. Staff were also observed seeking people's consent when asking if they could support them with their house work and waited for consent before helping.

People were supported to have sufficient amounts of food and drink to meet their nutritional needs. People told us, "I like the food", another person told us, "I don't like something's and the staff make sure I don't have them." During the inspection we observed people having lunch with staff, staff actively encouraged

people to choose what they wanted to eat if they did not want to have what was on the menu. People who required assistance with meals had support from staff. We observed that people had their meals in a calm and relaxing environment and had time to finish their meal without feeling rushed. People were encouraged to eat healthily and offered fresh fruit throughout the day. People could help themselves to both hot and cold drinks at any time and were able to access the kitchen to prepare a snack should they wish.

People were supported to access health care professionals to maintain and monitor their health care needs. Records showed staff support people to attend medical appointments when advised by the health care professional. We also saw evidence the service sought support and guidance in ensuring they were meeting people's health care needs.

Is the service caring?

Our findings

People received care and support from inclusive, compassionate and respectful staff. People told us, "Yes, we are friends" when asked to describe their views on the staff. Another person told us, "Ahh they [staff] very kind, yes very kind". A relative we spoke with told us, "I've always been happy when I visit. [Relative] has what they wants in their room. I can't fault the service, staff are polite and I don't have any issues at all".

People were supported by staff that understood their needs. People told us staff knew them well and knew what they liked and did not like. One person told us, "They [staff] help me with everything.". Throughout the two day inspection we observed staff interacting with people in a kind and compassionate manner. Staff were observed positively encouraging people to participate in planned activities and discussions where appropriate. Staff demonstrated knowledge of the people they supported and were aware of when people wished to interact or spend time alone. Staff read people's body language to determine the level of interaction to be used. Staff used distraction techniques and were observed being proactive in calming someone who was becoming anxious.. This meant that they supported someone to remain calm by using their skills and knowledge of de-escalating behaviours that others may find challenging in a compassionate, respectful and kind manner.

People's privacy and dignity was maintained at all times. People told us, "Staff knock on my door when I'm in there". This was confirmed by observing staff supporting people to ensure they were dressed appropriately when in communal areas. Staff told us, "We [staff] treat people in the way we would like to be treated, with respect.". Staff were able to tell us the importance of maintaining people's privacy and dignity and how they actively encourage this.

People were supported by staff who could effectively communicate in a manner they understood. A relative we spoke to told us, "When we meet [relative] with a staff member for lunch, staff encourage them to speak more. Their interaction [relative and staff] is good.". Staff used their knowledge of people's preferred communication methods to ensure people understood the information shared and gave people the opportunity to discuss any concerns or apprehensions they may have. For example, some people preferred staff to speak slowly and in a soft tone, whereas others appeared to prefer a more upbeat manner. Staff used active listening skills and were observed maintaining eye contact and giving people as much time as they required to answer, without hurrying them.

People were given information and explanations about what was happening throughout the day. We observed staff explaining to people their plans for the day in a way people understood. Staff encouraged people to be involved in the decisions of the day where possible.

People were encouraged to maintain their independence at all times. One person we spoke to told us, "They [staff] help me with things but I do things for myself sometimes". Throughout the inspection we observed staff encourage people to lead on activities and stood back offering words of encouragement. For example, people whose risk assessment indicated they could access the kitchen were encouraged to participate in making their own hot drinks and meal preparation. Staff were observed giving verbal prompts on how to

remain safe in the kitchen but enabled people to do things with minimal physical support.

People were supported by staff that had good knowledge of their history. Staff were observed talking to people about their lives, family and likes and dislikes. Staff were able to talk to people about things that were important to them and future goals they wanted to complete. When asked staff were able to tell us about people's history and how they supported them in line with their choices, this meant that staff had read people's care plans and knew who they were supporting.

People were observed laughing and sharing jokes with people and this created a calm, relaxing and inviting environment for all. Staff consistently encouraged people to share their thoughts and views and were complimentary when they did. We also observed staff complimenting people on their attire, this meant that they encouraged people's sense of self-worth and ultimately raised their self-esteem.

Is the service responsive?

Our findings

People received support which was responsive and tailored to their individual needs. People had care plans that were person centred and contained comprehensive information for staff to support people. We looked at care plans and found these were reviewed regularly to reflect people's changing needs. People were encouraged to participate in the development of their care plan where possible and records showed people's decisions and preferences were clearly documented. A relative said, "The registered manager involves us in the care plan reviews, we are part of the process and involved with the staff and the registered manager during these reviews". Care plans looked at all aspects of people's care for example, pre-admission report, health care needs, medical history, preferences, life history, support plans and meeting minutes. The service also had in-place a pictorial version of the care plan, this meant that people could have a copy of their care plan in an easy read format so that people had a greater understanding of the information the service held on them.

People were provided with opportunities to participate in a wide range of activities. One person told us, "I go out shopping and to the day centre, I do some paintings". Another person we spoke to told us, "I like the cinema, shopping and meals out". A relative we spoke to told us they felt their relative was given choices on what activities they wanted to participate in and staff respected them. We looked at the activities plan for people and found there were wide ranges of activities available for people. For example on the day of both inspections people were participating in activities that were based in the local community. People were attending a centre where they participated in art classes, one person was supported to attend a medical appointment and one person was arranging to go to the local café for afternoon tea. People we spoke with told us they enjoyed the activities available to them and were happy with the options.

Staff were aware of the importance of protecting people from social isolation. We spoke with staff who told us, "People have the right and need to spend time alone if they wish, however we do encourage them to spend time with their peers, relatives and staff." Throughout the inspection we observed people moving freely within the home, some of which chose to spend time in their bedrooms for various lengths of time. During those times, staff would check on the person to ensure they were alright and ask them if they wanted to join others. This meant that people were protected against social isolation.

People were encouraged to make choices about the care they received. People told us they made choices about their lives and staff were respectful of that. A relative we spoke to told us, "Yes they [staff] do ask for [relatives] consent, they encourage him/her to make choices and decisions". Throughout the two day inspection we observed numerous occasions where staff afforded people choices and respected their decisions made, for example on one occasion staff asked one person if they wanted support with personal care. On another occasion a staff member asked what activities the person wanted to participate in next.

People were encouraged to raise any concerns or complaint. A relative told us, "If I need to raise a complaint I would feel confident doing so". The service had information on how to raise concerns and complaints available to people in the main hallway of the service. The service had created both a pictorial easy read

document for people that illustrated who to contact if they wanted to make a complaint. The service also had a written complaint form for people to read should they prefer the written format. When speaking to people they told us, they would speak to either relatives or their keyworker should they wish to raise a complaint. Staff had sufficient knowledge on what to do if they received a complaint from someone and the importance of reassuring them and escalating the matter. The registered manager provided us with the complaints procedure and a copy of the complaint records, which indicated there had been no complaints received by the service in the last 12 months.

Is the service well-led?

Our findings

People received a service which was well led. The service had a helpful team of staff that received support, encouragement and inclusion from the registered manager. One person we spoke to told us, "I like him [registered manager], he's kind to me". Another person we spoke with, used hand gestures to indicate that they were happy with the registered manager, in the form of giving us two thumbs up.

Staff spoke highly of the registered manager telling us, "He really does care; he wants the best for people and the staff. I enjoy working with him and have done so for many years, if I wasn't happy I'd leave". Another staff member we spoke with told us, "He [registered manager] is a good man". One relative we spoke with told us, "The registered manager is a kind man". Throughout the inspection we observed the registered manager interacting with people in a compassionate and respectful manner.

The registered manager operated an open door policy whereby people, relatives and staff could speak with him at any time. Throughout the inspection we observed people and staff seeking advice and guidance from the registered manager without hesitation. Information was shared with the staff team through handovers which meant that all staff were aware of any changes that had taken place. The registered manager told us, staff were able to call him at any time should they need his support which was confirmed when we spoke with staff.

The registered manager actively sought feedback about the service provision. During the inspection we reviewed the quality assurance questionnaires the service sent to relatives annually. The questionnaires covered all aspects of service delivery including staffing, management, staff approach and activities. Once the information is collated a plan of action is then devised and action taken to address concerns raised. At the time of the inspection we did not see any areas that required action.

The registered manager actively sought partnership working from other health care professionals. People's care records showed the registered manager had sought support and guidance from health care professionals and where applicable requested referrals to other agencies. The service had worked in closely with one health care professional to support a person through changeable health care needs. This meant that people were supported to have access to a wide range of professionals to ensure their needs were met.

People were protected against an unsafe environment by the service carrying out comprehensive audits. Records showed the service carried out daily, weekly, monthly and six monthly health and safety checks on the service. We viewed records relating to fire equipment, medicine audits, food hygiene checks, maintenance checks and found these were all in date and any identified issues were reported immediately to be rectified by the registered manager.