

Leonard Cheshire Disability

# Garden House - Care Home Learning Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 6 December 2018 and was unannounced.

At our previous inspection of Garden House on 25 April 2018 we found several breaches of the regulations and as a result rated the service 'Inadequate' in Well Led and 'Requires improvement' overall. The provider was issued with a warning notice in relation to poor governance. You can read the report from our last inspection, by selecting the 'all reports' link for Garden House - Care Home Learning Disabilities on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection, we found the provider had made some improvements to the way the service operated. However, we found concerns in relation to some aspects of medicines management and quality monitoring. We rated the service 'requires improvement' overall.

Garden House is a 10-bedded care home for people with learning disabilities located in the London Borough of Southwark. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were eight people living at the service.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. "People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

A newly appointed manager had applied to become the registered manager of the service. '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.'

Staff were employed following an application and interview process. The provider had made efforts to update and review DBS checks for all staff members following a recommendation we made at our last inspection.

People's needs were assessed before they moved into the service and further assessments were conducted once people were living in the home and feeling settled. This information was used to develop individual support plans. People and their relatives were involved in decisions about how care and support was provided.

Staff completed a range of risk assessments in relation to skin integrity, mobility, nutrition and continence. Most risk assessments had recently been reviewed and the quality manager told us that the remaining

records would be completed shortly.

Staff were not always following safe practice regarding the management of people's prescribed medicines. Staff competency in relation to safe medicines practice was not being regularly assessed.

Staff completed an induction and were required to attend training and supervision sessions throughout their employment. Sufficient numbers of staff were deployed to the service to meet people's.

Staff understood how to recognise and respond to safeguarding concerns to keep people safe and told us they would report any concerns they may have to their manager.

Staff made appropriate referrals to health and social care professionals when needed. However, staff were not always following recommendations and guidance provided by clinicians.

People had enough to eat and drink but food supplies did not always meet people's preferences.

The provider had policies and procedures in place that ensured staff had guidance if they needed to apply for a Deprivation of Liberty Safeguards (DoLS) authorisation to restrict a person's liberty in their best interests.

Staff treated people with respect and were mindful of people's need for privacy.

Relatives we spoke with provided positive feedback as to the way care was delivered to their family member.

Systems were in place to improve the safety and quality of the service but there were gaps in these systems. Quality audits were not always identifying, managing and resolving issues we highlighted during this inspection.

The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

People and their relatives were provided with information about the service which included details of how to make a complaint.

The home was spacious and comfortable. However, staff were not always following good practice in relation to infection control.

We recommend the provider reviews its policies and procedures in relation to the above matter.

We found two breaches of the regulations in relation to safe care and treatment and governance. You can see the action we have told the registered provider to take at the end of this report.

## 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** ●

Aspects of the service were not safe.

Medicines management was unsafe. People were not always receiving the correct support with their prescribed medicines.

Staff were not always following safe infection control procedures.

Risk assessments were completed and in the process of being reviewed to ensure they still met people's needs.

### Is the service effective?

**Requires Improvement** ●

Not all aspects of the service were effective.

Staff were not always following recommended guidelines and advice provided by healthcare professionals.

People were encouraged to make choices about what they wanted to eat and drink. However, people's food preferences were not always being met.

People received care and support from staff who had completed an induction and on-going training.

### Is the service caring?

**Good** ●

The service was caring.

Staff respected people's dignity and need for privacy.

People's care records recorded their likes, dislikes and what and who was important to them.

Personal information was stored securely.

### Is the service responsive?

**Requires Improvement** ●

Aspects of the service were not responsive.

People's care records were in the process of being reviewed and

updated. As a result, some information was out of date.

Some information was available to people in an easy read accessible format. This included the provider's complaints procedures.

People were supported to attend leisure, social and learning activities.

**Is the service well-led?**

Aspects of the service were not well-led.

People using the service were not being provided with regular opportunities to discuss how the service was run and/or make suggestions about how the service could improve.

Quality monitoring systems were not always identifying or remedying the shortfalls we found in relation to medicines management.

The manager has submitted an application to CQC to become the registered manager of the service.

**Requires Improvement** 

# 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.

We inspected this service as it was six months since it was rated 'Requires improvement' overall with one domain rated 'Inadequate' and the provider was served a warning notice. We received an action plan from the provider. We needed to check the provider had followed their action plan setting out how they planned to bring about improvements and to confirm they now met legal requirements in relation to the breaches we found.

This unannounced comprehensive inspection took place on 6 December 2018 and was carried out by an adult social care inspector and a trainee hospitals inspector.

Before the inspection took place we looked at information we held about the service including registration information and statutory notifications. In October 2018 we received notifications relating to safeguarding concerns from the provider and other agencies. The police are currently investigating these matters.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

During our visit we spoke with four people living in the home, a manager and two members of support staff. We looked at five records relating to staff recruitment, staff training and supervision, auditing systems and

service quality monitoring. We looked at four people's care records, risk assessments and related medicines administration records (MAR), policies and procedures relating to the service and other relevant information.

Following our inspection we spoke with a representative from a local authority community learning disability team to gain their feedback about the service.

# Is the service safe?

## Our findings

At our previous inspection we identified concerns in relation to medicines management and the provision of related staff training. At this inspection, we found that these issues had not been satisfactorily addressed.

The provider had recently switched to an electronic medicines administration system. The manager told us that staff responsible for managing people's medicines had completed the necessary training. A member of staff confirmed they had been shown how to use the new system and shadowed another member of staff before administering people's medicines. Staff told us they entered people's medicines onto the electronic database as soon as they arrived from the pharmacy at the beginning of each month. However, in some instances, we found that staff were failing to record and administer the use of prescribed topical creams, eye and ear drops. For example, one person required support to administer an eye drop prescribed for suspected glaucoma. Records showed that these were not being administered as prescribed and staff were unaware of both this person's diagnosis and requirement for treatment. Another person's eye drops had run out and had therefore not been administered as prescribed. Furthermore, staff had not recorded the opening date for a third person's prescribed ear drops meaning it was unclear whether they were still safe to use.

These issues relate to a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People's medicines were stored safely and securely in a locked medicines trolley. Guidance was in place for people who took medicines as required (PRN) so they were administered according to people's individual needs. We reviewed people's electronic medicines administration records (MARs) and found these were completed in full and reconciled with available stock levels. A printed summary of PRN use was available to review and showed that these medicines were being administered correctly and with the desired effect.

Staff completed a range of risk assessments in relation to people's nutrition and hydration, personal care support needs, behaviours that challenge, level of mobility and risk of falls. Risk assessments specific to people's individual health conditions were also in place, for example, where people required special diets, aids, equipment and/or adaptations. Risk assessments we reviewed had recently been updated to ensure they were still meeting people's needs. The quality manager was aware that other risk assessments were also in urgent need of review and was working to complete this task once all care placement reviews had been completed by the relevant health and social care representatives.

At our last inspection we found that people were not always being protected from improper treatment and discussed our concerns with the manager at the time. The provider's action plan stated that these issues would be addressed through further training and coaching on active support planning and safeguarding. Staff told us and training data demonstrated that staff had completed this training. Information had been provided to staff on what to do in the event of potential abuse taking place. Staff were aware of the provider's safeguarding and whistleblowing procedures and confirmed they would report any concerns they may have to a manager. Whistleblowing is when a staff member reports suspected wrongdoing at work.



Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

On 19 October 2018 we received safeguarding notifications from Southwark community learning disability team in relation to allegations of repeated incidents of abuse. These matters are currently being investigated by the police. We have asked the provider to notify us of the outcome of these investigations when they are known. If required, we may take further action to ensure care and treatment is delivered to people in line with the provider's registration requirements.

People's care records contained contingency plans in the event of an emergency. Each person had a personal emergency evacuation plans (PEEPs) within their care record. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency.

Sufficient numbers of staff were deployed to meet people's needs. Staff were employed following an interview process. At our previous inspection we recommended that the provider reviewed its policies in respect of Disclosure and Barring Service (DBS) checks. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The manager told us he was in the process of updating and reviewing all DBS checks.

The home was clean and tidy. Staff completed infection control training to ensure they followed good infection control principles. However, we noted that cloth towels were being used in communal bathrooms, paper towels were not always available and soap dispensers had not been replenished. We also noted that staff were cleaning communal areas using a strong-smelling disinfectant while people were trying to eat their breakfast.

We recommend the provider reviews its infection control policies and procedures.

## Is the service effective?

### Our findings

At our last inspection we found that people's individual needs were not always being met by the adaptation of the premises. We noted that the layout of the premises made it difficult for people with poor mobility to access toilet facilities when needed. At this visit we saw evidence that an occupational therapist (OT) had reviewed the support provided to one person who used a wheelchair and hoist. Another person with mobility issues told us that they would soon be moving to a room on a lower floor to avoid having to use the stairs. Family members told us they were happy with these plans. All communal bathrooms were in working order and people's personal care needs were being adequately addressed.

People received support from specialised healthcare professionals when required. Records confirmed that staff liaised with health professionals such as people's GPs, opticians, dentists, speech and language therapists and OTs to support people to maintain optimum health. A record of medical appointments and related correspondence evidenced that people attended medical appointments as and when required. However, as per our previous inspection findings we found that staff were not always following recommended guidelines and advice from healthcare professionals. For example, staff were not supporting one person to use their inhaler and had not followed up a recommendation for a review of this person's medicines.

People were encouraged to choose what they wanted to eat and drink and staff were on hand to support people where this was required. We saw people accessing the kitchen to prepare drinks and snacks for themselves. However, we heard one person requesting brown bread, tomatoes and tomato sauce. None of these items were available at the time as staff were waiting for a food order to be delivered. Staff prepared evening meals or organised takeaways and these were eaten together at one table. Where guidance from speech and language therapists and/or dietitians had been provided this was being followed.

People received care and support from staff who had undergone an induction. Staff confirmed they had completed an induction course at the start of their employment. This covered subjects such as the provider's working policies and procedures, mental health legislation, first aid and fire safety. Staff told us they had been provided with opportunities to shadow more experienced staff before working on their own with people using the service. Some staff members had completed courses in dementia awareness and epilepsy and others held certificates at various levels in health and social care.

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 lacked 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. The application 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. The provider had submitted two DoLS applications to the relevant local authority in relation to tenancy agreements.

Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. In cases where people lacked the capacity to make decisions about their own care, best interests meetings were held with people's family members, staff and healthcare professionals to discuss and determine the most appropriate course of action. We saw some evidence of these discussions having taken place in people's care records.

## Is the service caring?

### Our findings

At our previous inspection we noted that staff were not always respecting people's dignity. At this visit we observed staff being courteous and respectful towards people using the service. For example, we saw staff speaking quietly and privately to one person when asking them if they required assistance with personal care, mindful that there were other people in the room. Staff knocked and asked permission to enter people's rooms before doing so and doors were kept shut when people were being supported with their personal care needs.

Initial assessments determined the level of people's needs and the level of support they required. This information was used to develop people's support plans. We saw written details of the types of activities that people needed assistance with. For example, washing and dressing, attending activities and eating and drinking.

Care records contained details about people's life history including information about their background, likes and dislikes and what was important to them in their lives. This included preferences relating to meal choices, how people liked to dress, what they liked to do and where they liked to go.

People had their own bedrooms which they could decorate according to their own tastes and preferences. People had access to a large kitchen, two sitting rooms and landscaped garden areas to the front and back of the property. Throughout the day people spent time in the privacy of their own rooms and with each other and staff members in the communal areas. The atmosphere was calm and cordial.

People were supported to maintain important relationships with those close to them. We saw one person having tea with their relatives who afterwards told us, "I'm very happy now." Relatives we spoke with confirmed they had regular contact with staff and were kept updated about their family members' welfare.

Staff kept each other updated at handovers and throughout the shift about any changes to people's health and the support they required. Personal information was stored securely meaning people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

## Is the service responsive?

### Our findings

At our previous inspection we found that people's care was not being reviewed on a regular basis. At this visit, care records we looked had been updated and reviewed in line with the provider's policies and procedures. The quality manager told us that they were working to complete updates to the remaining sets of records and had invited people using the service and family members to attend review meetings. People's annual health action plans had been reviewed and the quality manager told us that outdated hospital passports would be updated following the reviews. Staff were required to read people's care plans and told us they were familiar with people's support needs.

People's preferred form of address was noted and referred to by staff. Details were recorded of whom to contact if people became unwell. There were sections in care plans about supporting people with areas such as their physical and mental health, dressing, washing and bathing and mobility. People's cultural and religious needs were taken into consideration and there was information about the support people required due to their disabilities.

People were supported to participate in activities. Records and photographs showed that people engaged in activities and events and enjoyed days out. On the day of our inspection three people were out participating in activities based in the local community and another person had been out for a walk. People who preferred to stay at home were watching television, talking to each other and staff, knitting, colouring and looking at magazines.

At our previous inspection, we recommended the provider review its current training schedule to ensure staff are equipped with the knowledge and skills required to support people at the end of their lives, to have a comfortable, dignified and pain free death. Arrangements were not yet in place to provide this training to equip staff with the knowledge required. Neither did we see any information recorded about people's preferences and choices for their end of life care, should the need ever arise.

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.

Some people using the service were more able to express themselves than others. Staff documented whether people used glasses and/or hearing aids. We noted that some information was available in an easy read format. This included easy read care and support documentation, health and safety information and complaints procedures. One complaint had been logged and managed since our last inspection took place in April 2018.

## Is the service well-led?

### Our findings

At our last inspection we found that people were not always protected against the risk of inappropriate or unsafe care and treatment, by means of effective quality monitor systems. Following a series of meetings and investigations, changes to the structure of the staff team had been implemented. A new full-time service manager was in post and a part-time team leader had been appointed. An on-site quality manager was supporting the staff team to bring about further improvements in the way in which the service was organised and managed.

At this inspection, we noted that improvements had been made in some areas of service delivery. The culture within the service had improved and staff were observed to be kind and thoughtful in their interactions with people using the service. Mealtimes were more convivial and people told us they were happy living in the home and comfortable with the staff supporting them. Staff were clear about their responsibilities in ensuring people using the service were safe and free from restrictions. Staff told us they felt supported in their roles. Records confirmed, that the service worked in partnership with other key agencies and organisations such as funding authorities and health care professionals to support care provision, and promote joined-up care. A relative told us, "We're happy with everything. The new manager wrote to us to introduce himself and invited us to a party to meet him."

Systems were in place to monitor the quality of service provision. We saw evidence of some audits taking place at service level, such as fire and safety checks, medicines audits, reviews of people's care and their support plans and care documentation. The provider had an action plan for the service and there was some evidence of provider level oversight. However, we identified a number of areas during this inspection that required further improvement such as: medicines management, end of life care arrangements and quality monitoring systems. In addition, the manager told us resident's meetings had not taken place for some time and therefore, we saw little evidence that people's feedback was contributing to service development.

The provider had systems in place to monitor medicines management. However, medicines auditing systems were not always effective. The service was visited once a year by the provider's designated pharmacist. This was termed 'an advice visit' and was intended as a support and advice service for staff and the provider in relation to all aspects of medicines management. The last visit took place on 9 October 2018. At the time of the pharmacist's visit, MARs were unavailable to the reviewer due to a broken printer. This meant that the medicines issues such as ear drops, eye drops and topical medicines not being recorded correctly on MARs and in some instances not being administered or applied as prescribed, had not been identified. The auditor noted that opening dates needed to be marked on packaged medicines once in use and expiry dates recorded alongside. Auditing records showed blank action completion dates and we found that the above issues had not been remedied.

These issues relate to a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The manager organised staff team meetings and the minutes of these were available to review. At the most

recent meeting held on 23 November 2018, staff had discussed safeguarding and whistleblowing policies and procedures, support planning, key working and upcoming Christmas plans.

We saw evidence of completed supervision records in some of the staff files we looked at. Staff we spoke with told us they were supervised, on a one to one basis and at other times on a group basis. Records evidenced that staff were provided with opportunities to discuss their roles and responsibilities, the welfare of people using the service, policies and procedures and training requirements.

Appropriate investigations were conducted into accidents and incidents and plans were put in place to learn from these. We found accidents and incidents were clearly documented with details of what had occurred and action taken to prevent a similar reoccurrence.

A copy of the last CQC inspection report is accessible through the provider's website. However, we did not see a copy of the report displayed within the service. There is an expectation that providers make inspection reports available for any current, or prospective users of the service, their family members, other professionals and the public so that they have access to the most up to date information about how the provider is performing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to people's health and safety were not always being reviewed in line with the provider's policies and procedures. |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes in place to assess, monitor and improve the quality of the service were not always effective.             |