Mrs Touran Watts

Garden Lodge

Inspection report

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Date of inspection visit: 11 December 2015.
Date of publication: 13/01/2016

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

Overall summary

Garden Lodge is a care home that provides accommodation and personal care to up to 10 older people, some living with dementia. It is not registered to provide nursing care. There were nine people living at the home at the time of this visit. There are internal and external communal areas, including a lounge/dining area, and a garden for people and their visitors to use. The home is made up of two floors which can be accessed by stairs. All bedrooms are on the ground floor with an upstairs room used as an office. Two bedrooms are en suite with hand wash basins in the other seven rooms. There was a communal bathroom and communal toilet for people to use.

There was a registered manager in place during this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Where people had been assessed as lacking capacity to make day-to-day decisions, applications had been made to the local authorising agencies. Staff demonstrated to us that they respected people's choices about how they wished to be supported. Staff were able to demonstrate a sufficient understanding of MCA and DoLS to ensure that people would not have their freedom restricted in an unlawful manner.

Plans were put in place to minimise people's identified risks, to enable people to live as independent and safe a life as possible. Arrangements were in place to ensure that people were supported with their prescribed medication. Medication was managed and stored safely. However, an accurate record of people's 'as required' medication was not always kept.

People, when it was needed, were assisted to access and were referred to where appropriate a range of external health care professionals. People were supported to maintain their health. Staff assisted people to maintain their links with the local community to promote social inclusion. People's friends and families were encouraged to visit the home and were made to feel welcome. People's nutritional needs were met.

People who used the service were supported by staff in a kind and respectful way. Care and support plans prompted staff on any individual assistance a person may have required as guidance. Records were in place to monitor people's assessed care and support needs.

People and their relatives were able to raise any suggestions or concerns that they had with the registered manager and staff and they felt listened to.

Staff understood their responsibility to report any poor care practice. There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to work with the people they supported. There was an adequate number of staff to provide people with safe care and support.

Staff were trained to provide care which met people's individual care and support needs. The standard of staff members' work performance was reviewed through supervisions, appraisals and competency checks. This was to ensure that staff were competent and confident to deliver people's support and care.

The registered manager sought feedback about the quality of the service provided from people, their relatives and visiting stakeholders. Staff meetings took place and staff were encouraged to raise any suggestions or concerns that they may have had. Quality monitoring processes to identify areas of improvement required within the service were formally documented with action required recorded.

Summary of findings

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.

People were supported with their medication as prescribed. Accurate records of 'as required' medication were not always kept.

Systems were in place to support people to be cared for in a safe way. Staff were aware of their responsibility to report any concerns about harm and poor care.

People's support and care needs were met by a sufficient number of staff to meet their needs. Safety checks were in place to ensure that new staff were suitable to look after people.

Good

Is the service effective?
The service was effective.

Staff were aware of the key requirements of the MCA and DoLS to ensure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to support people to meet their needs. Supervisions and appraisals of staff were carried out to make sure that staff provided effective care and support to people.

People's health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

Staff were respectful and kind in the way that they engaged with and supported people.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain their independence.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated to ensure they met their current needs.

People knew how to raise a complaint should they wish to do so. There was a system in place to receive and manage people's compliments, suggestions or complaints.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process. Any improvements required were documented and were being worked upon.

People their relatives and visiting stakeholders were asked to feedback on the quality of the service provided through questionnaires.

Garden Lodge

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 inspection took place on 11 December 2015, and was unannounced. The inspection was completed by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at all the information we held about the service used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. We also received feedback on the home from a representative of the local authority contracts monitoring team and Healthwatch Peterborough. Healthwatch is the national consumer champion for health and social care.

We spoke with five people who used the service and two relatives. We also spoke with the registered manager, deputy manager, a senior care worker, and a care worker. Throughout our visit we observed how the staff interacted with people who lived in the service and who had limited communication skills.

We looked at three people's care records, the systems for monitoring staff training and two staff recruitment files. We looked at other documentation such as quality monitoring, questionnaires, accidents and incidents, maintenance and safety records. We saw records of compliments and complaints records, a business contingency plan and medication administration records.

Good

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe in the home. One relative said, "I can go on holiday because I know [family member] is safe here." A person told us, "I feel safe, yes."

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of poor practice or harm. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. Staff were aware that they could also report any concerns to external agencies such as the local authority. This showed us that there were processes in place to reduce people's risk of harm.

People had individual risk assessments undertaken in relation to any identified support and health care needs. Specific risk assessments had been carried out for people deemed to be at risk of falling, moving and handling, of developing pressure sore areas, using bed rails and self-neglect. We saw records in place for people accessed to be deemed at risk. Records included, but were not limited to, records of personal care assistance, to monitor people at risk of self-neglect. These risk assessments and records were in place to provide guidance to staff on how to support these people safely.

Our observations showed that people were supported by staff to take their prescribed medication safely and in a patient and unhurried manner. A person told us about their health care condition and how staff administered their medication twice a day. They went on to tell us that they had no problems with this or any other medication. Medication when not being administered was stored securely and at the appropriate temperature. We were told that all staff who administered medicines had received appropriate training and had had their competency assessed. Records we looked at confirmed this.

Medication administration records were audited on a regular basis to ensure that they had been completed fully. Records we looked at confirmed this. There were clear instructions for staff in respect of the administration of medication. This included medication that had to be administered at certain times of the day or for example, before food. There was clear guidance for staff about when to administer 'as required medication.' However, we did note that the stock tally for people's 'as required' pain relief medication was not always an accurate record. We also saw that the reason for a person's refusal was not always recorded by staff. This was not in line with the provider's protocol.

Staff we spoke with said that the management carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment or character references. A disclosure and barring service check (criminal records check), proof of current address and gaps in employment history explained. These checks were to make sure that staff were of good character.

We saw that there were sufficient staff on duty to meet people's support and care needs throughout the day. On relative said that staff were, "Always aware when people are moving around." A person confirmed that, "We've got people [staff] about if we need anything." We saw that the majority of people's requests for assistance were responded to quickly and that staff were busy but not rushed.

The deputy manager told us that they assessed the number of staff required to assist people with a higher dependency support. They also told us that they would not accept anyone into the home that they or their staffing numbers could not meet the person's care and support needs. However, we noted that the management's assessments to review safe staffing levels were not formally recorded. This meant that there was no robust documentation held of this decision making process.

People had individual personal evacuation plans in place in case of an emergency. We saw that there was a business contingency plan in place which detailed useful contacts and places to evacuate people to a place of safety if needed. This showed us that there were plans in place to assist people to be evacuated safely in the event of an emergency.

We looked at the records for checks on the home's utility systems and risk assessments. These showed us that the management made regular checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provided 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.

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. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records we looked at confirmed that people's capacity to make day-to-day decisions had been assessed and documented. The deputy manager told us that where people had been assessed as lacking the mental capacity to make day-to-day decisions, applications had been made to the local authorising agencies. On the day of our visit we saw that two of these applications had been authorised, in date and conditions followed.

Staff demonstrated to us that they respected people's choice about how they wished to be assisted. Records showed that staff had received training in MCA and DoLS. On speaking to staff we noted that their knowledge about MCA 2005 and DoLS was embedded. One staff member said, "[People's] capacity can change at different times of the day or if they have a urinary tract infection. Always assume [people] have capacity until they demonstrate that they don't. Just because someone has dementia does not mean that they don't have capacity." This meant that staff demonstrated to us an understanding to make sure that people would not have their freedom restricted in an unlawful manner.

People told us that they enjoyed the food in the home. One person said, "Oh yes the food is very good, they have very good meals here." Another person told us, "Yes there's plenty of food." A third person explained how staff supported them with their meals. They said, "They [staff] make my food so it's easier to eat." A relative told us, "[Family member] likes her food." Another relative said, "At home [family member] wouldn't eat but she does now and has a good appetite."

Our observations showed that people could choose where they wanted to eat their meals. During this inspection we saw that the majority of people ate their lunch in the dining area. Staff provided assistance to people who required this and people were encouraged to eat at their own pace. We saw a staff member trying to encourage a person refusing to eat in a patient and kind manner by offering different alternatives of food options. After a period of time, we noted that the person was persuaded to eat a pudding which they choose from two options. We asked the deputy manager about menu choices. They explained that although there was one official meal option, people were asked earlier on in the day what they would like to eat. The deputy manager explained that people chose what they wanted to eat and this was then prepared for them by the care staff. Our observations during the lunchtime meal confirmed that people were provided with different meal options of their choice.

People were provided with drinks throughout the visit on a regular basis. We saw that people were offered hot and soft drinks and a vegetable smoothie to try which most people drank. A relative said, "I do believe they [staff] prompt [family member] to drink." Records we looked at documented people's special dietary needs such as a soft food diet as advised by the speech and language team and we saw that these were provided.

Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team for several days. This was until they were deemed confident and competent by the registered manager to provide effective and safe care and support to people.

Staff members told us they enjoyed their work and were well supported. One staff member said that they, "Look forward to coming to work……the teamwork is good." Staff said they attended staff meetings and received formal supervision, competency checks and an annual appraisal of their work. Records we looked at confirmed this.

People and relatives we spoke with were complimentary about the staff. One relative said, "I find the staff very good." Staff told us about the training they had completed to

Good

Is the service effective?

make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the record of staff training undertaken to date. Training included; fire safety, first aid, infection control, pressure ulcer prevention, MCA, DoLS, safeguarding adults, health and safety, medication, diabetes and moving and handling. Some staff had also completed some additional training in; urinary tract infections, dysphasia awareness, falls management, end of life care, and respiratory and chest infections. A staff member confirmed to us that the registered manager was supportive and that they were being encouraged to complete a national qualification in health and social care. This meant that staff were supported to develop their knowledge and skills.

Records we looked at showed that staff involved external healthcare professionals to provide assistance if there were any concerns about the health of people using the service. One relative told us how staff had called the doctor as their family member had complained of feeling unwell. They said, “It was done very promptly.” Records showed that people were referred to relevant healthcare professionals in a timely manner.

Good

Is the service caring?

Our findings

People and their relatives had positive comments about the service provided. One relative said, "I've got nothing bad to say, it's like a family unit – a home from home…everything is lovely, I can't fault anything." Another relative told us, "Because it's a small home it feels cosy and not daunting for someone with dementia."

Staff took time to support people when needed. We saw staff quickly intervene and reassure two people, who were becoming verbally agitated with each other. Knowing that one of the people liked to help with a certain task, staff used this as a distraction technique. This intervention meant that the people's anxiety did not escalate. A relative said, "Staff understand their [people's] needs, they are really lovely." This meant that staff assisted people in a patient and caring manner.

Staff talked us through how they made sure people's dignity was respected when they were assisting them with their personal care. Our observations throughout the visit showed that staff respected people's privacy and dignity when supporting them. We saw that staff were polite and addressed people in a respectful manner. We saw a staff member ask a person if they needed support with personal care in a very quiet and dignified way.

We saw that people were dressed in a clean, tidy and dignified way which was appropriate for the temperature within the home. A relative said, "[Family member] always smells nice and dressed nicely." Care records we looked at reminded staff to respect and encourage people to maintain their independence in their health care decisions and daily living.

Staff talked us through how they encouraged people to make their own choices to promote and maintain people's autonomy. For example, what people would like to wear, when they would like to take their meals or what they liked to eat. People said that they could ask for help from staff when needed. One person told us, "I can manage to wash and dress myself but if I need any help they [staff] will come." Another person said, "I get up when I feel like it, but I don't stay in bed too long." This demonstrated to us that people were supported by staff to be involved in making their own decisions and that staff respected these choices.

We saw that people's friends and family were encouraged to visit the home by the registered manager and staff. Relatives were very positive about the attitude of staff and the registered manager towards them when they visited.

Care records we looked at were written in a personalised way which collected social and personal information about the person, including their individual care and support needs. We saw detailed records of people's annual care plan overview. This record documented who attended the meeting, including the person's family, and what was discussed and agreed in detail. We also noted that care records were also reviewed and updated where required, on a monthly basis. A relative did confirm to us that they had been involved in their family member's recent assessment. However, these monthly reviews did not formally document who was involved in these discussions.

People also had their end of life wishes documented should they choose to. These plans included a wish to not be resuscitated. However, we saw that one record was documented as still needed to be discussed with the person's next of kin. We discussed this with the registered manager during the visit, who confirmed that they would ensure that this document would be corrected.

Advocacy services information was available for people where required on a poster on a notice board should people wish to use this service which included. Independent Mental Health Advocacy (IMHA) services. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

We saw that a care and support plan was developed by staff in conjunction with the person, and/or their family. This was to provide guidance to staff on the care and support the person needed. The individual support that people received from staff depended on their assessed needs. Support included assistance with personal care, attending healthcare appointments, personal care assistance, meal time support and their prescribed medication. Reviews were then carried out regularly to ensure that people's current support and care needs were recorded as information for the staff that supported them. The care plans were person centred and provided prompts and guidance to staff about how to care for the person.

During the inspection we saw that people were supported by staff to maintain their interests. This included, feeding the birds in the garden, knitting and looking after pet birds. One relative told us that their family member had been very reserved before living at Garden Lodge but now, "[Family member] is playing bingo, dominoes and joining in everything."

To promote social inclusion for people we noted that links with the local community were encouraged. We saw that a request by a person to visit a café had been facilitated. A hairdresser visited weekly, a mobile library also visited the home and people were supported to attend religious services should they choose to do so. In the run up to Christmas a Christmas party had been organised and Christmas carols session with school children from the local community.

We saw that the home had received compliments from relatives as feedback on the quality of the service provided to their family member. The majority of people we spoke with told us that that they knew how to raise a complaint. One relative said, "They [staff] are very approachable if I did need to complain." Staff told us that they knew the process for reporting concerns or complaints. We looked at records of complaints received and we noted that the service had received a complaint about the service provided. Records showed that the complaint had been responded to in a timely manner.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they were supported by a deputy manager and care staff. People told us that they knew who to speak with if they had a suggestion or concern to raise. One person said that the registered manager, "Is always around and about."

Quality monitoring systems were in place to monitor the quality of the service provided on a monthly basis within the home. These checks included; people's care plans, medication, training, cleanliness, complaints, environment and health and safety. Any improvements required were documented. We also noted that the pharmacy linked with the home carried out an audit to check on people's prescribed medication as part of the on-going quality monitoring in place.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner.

Staff told us that they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. One staff member told us, "At staff meetings [you] can raise concerns and suggestions but [you] don't have to wait until the meeting to raise them." They gave an example of how they raised a suggestion with the registered manager and that it was listened to and implemented. Staff said that meetings happened regularly. Records we looked at confirmed this and we saw that these meetings were used as opportunities to update staff.

The management team sought feedback about the quality of the service provided from people and their relatives by asking them to complete questionnaires and attend meetings. We saw that feedback on the service was positive. One relative told us that they had been asked to complete a questionnaire to feedback on the service provided. Visiting stakeholders were also asked to feedback their opinions on the home and the care and support carried out. Again, the feedback was positive. This meant that people, their families and visiting stakeholders were given the opportunity to be updated with what was happening at the home and make suggestions and be listened to.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.