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Garden Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The inspection was unannounced and took place on the 11 and 12 July 2018. At the last inspection carried out in 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of staff using inappropriate moving and handling techniques. At this inspection we found that improvements had been made and staff had attended training. At this inspection on day one we identified that the infection control procedures in the home required attention. The registered manager initiated actions immediately.

Garden Lodge care Home is a 'care home'. 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.

The service is registered to accommodate up to 48 people, there were 46 people living at the home at the time of our inspection. Garden Lodge is situated in Netherley, Liverpool and has parking facilities at the rear of the home. The service is situated across one floor that is divided into two units with an adjoining garden. The home primarily provides care and support for older people and people living with dementia and physical disabilities.

The service is run by a manager who is registered with the CQC. 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 were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and knew how to report their concerns to the local authority.

People were supported to take their medication as prescribed. Medication audits were carried out on a monthly basis and also by a pharmacist to help identify and address any issues. Medication records were being signed appropriately by staff and controlled drugs were being stored securely as required by law.

Staff had received the training they needed to carry out their role effectively. New staff were supported to gain the necessary skills and qualifications and shadowed experienced staff to gain knowledge of the role. Staff spoken with and records seen confirmed training had been provided to enable them to care and support the people with their specific needs. We found staff were knowledgeable about the care and support needs of people in their care. There was a happy, warm atmosphere in the home. We saw that individuality was encouraged and supported and people were able to express themselves in the way that they chose and that their well-being was enhanced by this support.

Everyone we spoke with, without exception, spoke positively about the registered manager and the staff. We observed positive interactions between people and staff using the service.

There was a complaints procedure at the home and we were told by people and relatives that they were aware of how to make a complaint and all would talk to the manager. There was information on how to make a complaint on a notice board in the reception area.

Care plans were person centred and completed with the people who lived in the home, their family members and any professionals involved in their care. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected and at all times the least restrictive option was taken.

People were supported to maintain good health and the registered manager ensured staff accompanied people to routine appointments. Care records showed that staff sought the input of health and social care professionals when needed. We spoke to two visiting health professionals during our inspection who told us that staff 'go above and beyond' and were prompt in recognising any deterioration in health or changes to people's support needs.

People told us they enjoyed the food served at the home. Care records showed staff had given consideration to people's nutritional needs and diabetic diets were catered to.

We identified that some governance procedures to assess and monitor the quality of the home were not documented. The registered manager was clearly very 'hands on' in their approach and took an active role in the daily lives of all the people using the service but admitted this sometimes meant that paperwork was not always checked effectively. The registered manager acknowledged that a more robust infection control monitoring and audit system was required as an area for further development and had initiated contact with the local authorities infection control team.

Further information is in the detailed findings below

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 remains Requires Improvement.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Garden Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 11 and 12 July 2018 and was unannounced. It was carried out by two Adult Social Care Inspectors. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the registered manager, deputy manager, two senior carers, three care staff, the maintenance officer, the cook, the regional manager and the housekeeper. We met with five people who lived at the home, and we spoke with four relatives and visiting care professionals.

We observed staff positively interacting with people in the home. We looked at staff recruitment records, staff rotas and training records. We also discussed how staff were supported, all staff spoken with and records looked at confirmed that this was a strength at Garden Lodge as everyone felt supported and listened to.

Some of the people living in Garden Lodge Care Home were unable to share their views with us, due to communication and dementia difficulties. 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.

We looked at health and safety and building maintenance records. We looked at care and monitoring records for four people who lived at the home.

Is the service safe?

Our findings

We asked two relatives if they felt that their family member was safe living at the home. They told us "It's a house and a home for our [relative] the staff are brilliant. We don't think we could get a better home, it's very secure". One person living at Garden Lodge told us "I have never felt safer, staff look after me and the other people really well".

We saw that the home was not clean in some areas specifically the communal toilets and sluice rooms. Infection control procedures were not being adhered to by staff. There was signage in the areas stating 'Ensure the area is kept clean at all times'. There was a cleaning schedule and monitoring records to ensure that everywhere got cleaned regularly, however the manager told us that there were staffing number issues within the domestic team. The registered manager had also liaised with the local authority infection control team and we were shown when communication had taken place and a planned meeting and check was in place for the 19 July 2018. We discussed implementation of checking areas on the manager's daily walk around where records were completed. On day two of the inspection a deep clean team had cleaned all areas and the manager had added the checks onto the daily monitoring record.

Staff had received training in infection control and had access to Personal Protective Equipment. The manager had initiated a training update for all staff to attend to ensure staff were clear in their roles and the environment was cleaned effectively.

One staff member told us that in their opinion, there were not enough domestic staff on duty. They said, "There could be more; they don't cover the whole day. There's no domestics on at night".

We looked at medicines management in the home and saw that it was good. The medicines were regularly audited.

We checked the premises safety certificates and saw that they were up to date. The home was in the process of being redecorated. We saw that all communal areas and the majority of bedrooms except for four had recently been decorated and they were in the process of being done. There was an issue with the people using the communal garden to smoke in the warm weather. We observed a lot of cigarette stumps in the garden where people had not used the ashtrays or metal bins provided. There was a designated smoking room that had a TV and furniture in for people to be comfortable.

The registered manager and regional manager told us that there were 17 people who smoked living at Garden Lodge and they used the communal garden in the hot weather. We discussed the health and safety and risk of people not using the designated smoking area and discarding cigarettes onto the grass and by the building. The managers immediately updated the homes risk assessment and implemented a new updated smoking risk assessment. All people that smoked were informed that the communal garden was for all of the people and they must use the ashtrays and bins provided. Signage was put in the smoking room. Staff were also scheduled to check the garden and complete a record continuously throughout the day to ensure the safety of all.

Fire safety measures were in place and each person had a personalised emergency evacuation plan to support evacuation in the event of an emergency.

We looked at risk assessments and saw that they were managed well. The risk assessments were stored electronically on the providers software system. This meant that all updates were electronically dated. We also saw that accidents and incidents were closely managed and near misses were recorded and shared so that future incidences could be reduced or avoided.

We sampled five employment records for staff in different posts and with varying lengths of service. The records included application forms, interview details, references and DBS (criminal records) checks. We found that all the records were complete and that in addition, applicant's identity and their right to work in the UK, had been verified. We saw that notes of applicant's interviews had been made and that they had signed once employed, to say they would adhere to the services policies and procedures and to the Social Care Council Code of Practice. Each staff member was given a contract of employment with a job description.

Most of the staff spoken with said that staffing levels were enough. One staff member told us, "The staffing levels are brilliant; there are four of us on each side in the day" and another said, "They are very good, but we could do with a few more on sometimes so that more of us can go out with people on outings".

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people living in the home. Safeguarding concerns were rare at Garden Lodge and there had been two since the last inspection. We saw that the safeguarding policy, which followed local safeguarding protocols was also written in the Staff Handbook, which each employee had signed to say they had. Staff told us that if they had any concerns about any allegations of abuse or neglect they would report this to the senior person available immediately and most staff also knew that they were able to report it to the local authority or to CQC. Whistleblowing information was available for staff but there had been no concerns raised since the last inspection. Staff told us they knew about the whistleblowing policy.

Is the service effective?

Our findings

People spoken with told us staff had the necessary skills to support them. One person told us, "Staff are very good and clearly well trained." Another person described how the staff supported them in a sensitive manner with their care.

New staff went through induction training, learning basic core skills and they were paired with more experienced staff, in the first few weeks of their job. They had a probation period of three to six months, during which they were assessed for their suitability to perform their job. Three monthly supervision and an annual appraisal were scheduled and took place. One staff member told us, "It's where we discuss with the deputy, whether we are happy and whether we need any training".

The service provided a thorough programme of training for all staff, which included safeguarding, moving and handling, infection control, person centred care and fire safety amongst others. Some staff had additional, specific training such as medication administration. The staff training matrix and plan showed that the vast majority of staff were up to date with the service's mandatory training. Most training was provided on a face to face basis and staff told us that they learned better that way. One staff member told us, "We do training all the time. We've just done 'skin integrity'. They make sure you get all the training". Some staff had been enabled by the provider to achieve national recognised qualifications, such as National Vocational Qualifications (NVQ's) and Health and Social Care awards.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered provider worked within the legal framework of the MCA. The people living at Garden Lodge Care Home had mental capacity assessments in place and if people were unable to understand the decisions around their care and support we observed a best interest record and this was respected and promoted by staff. Consent documents in respect of decisions such as money management and personal photographs were contained within care files and signed by people themselves, or a representative acting on their behalf. The registered manager provided us with a log of the DoLS in place at the home and there were currently 37 applications with four having been granted by the authorising local authority.

People using the service were supported by staff and external health care professionals to maintain their health and wellbeing. We saw that the registered manager liaised with health professionals including opticians, a doctor a community matron and district nurse. We saw information was shared and a record

was kept so staff were aware of any advice provided. We spoke to two visiting health professionals during our inspection who told us staff were very good at identifying the early signs of deterioration in health for people they supported.

People told us they enjoyed the food available at the home. People's comments included, "Meals are good", "We have snacks and a choice of tea or coffee", "Food is nice" and "Food is quite good." Staff knew and catered to people's dietary needs. For example, low sugar options were provided for people who were diabetic. The service did provide alternative options for people and staff told us that the menus were based on their knowledge of people's likes and dislikes and if people wanted something else, this would be catered to.

There were dining rooms in each of the two units, we observed the experience to be different in each. In one, the tables were laid with tablecloths, place settings, cutlery, condiments and sachets of sauce. There was a menu on each table informing diners of the meal choices they could make. There was also a menu of meals and snacks which could be had throughout each 24 hour period. There was a restaurant quality to the room and soft music was played in the background. Meals were served on pleasant looking crockery and there was plentiful supplies of cold drinks available. One person told us that, "It is lovely here; the staff can't do enough" and another said, "There's always lots of choice".

In the other dining room, which was in the dementia care unit, the tables had a tablecloth but nothing else was on the table. Food was served on plastic plates and bowls. The ambiance was totally different and staff were rushed to support people.

The menu was the same across the two dining rooms and we sampled the food served in the dementia care dining room. The main meal was bland and the vegetables were cool. The pudding was tasty and hot. We were told that there was a problem with one of the 'Bain Marie' trolley's, which had been reported in December 2017. The issue had not been rectified at the time of our inspection. One person told us, "The potatoes are cold; its tasteless". We spent time discussing the temperature of the food in the dementia unit and was informed the 'Bain Marie' trolley would be maintained immediately. We received information from the provider to inform us the equipment had been fixed and that food temperatures were being taken at the dining room to ensure the food was sufficiently hot.

The manager told us of their refurbishment plans for the home was well under way to modernise the property. People's bedrooms reflected their individual personalities which helped to ensure people felt at home. One person told us that they were very happy in their bedroom and had all of their own furniture. Another person told us, "I've got a lovely bedroom and staff keep it lovely for me".

Is the service caring?

Our findings

Our observations and people's feedback confirmed that staff were caring, patient and compassionate. People's comments included, "Staff are marvellous, they look after me very well", "Staff are brilliant, I like them all day and night staff". Relatives spoken with told us "Staff are very nice and they do care here, my [relative] is comfortable with all of them". Another relative told us "The staff are caring and respectful, they always ensure [relative] is supported with dignity and respect".

Care plans contained documents of life histories which outlined information relating to people's background, important family relationships. We saw one of the four care plans we looked at had a 'This is me' record. There were also care plans for hobbies and their support needs. Information included guidance on things that worried or upset the person and how staff could support the person to feel better. This enabled staff to get to know the person and develop a rapport and provide care based on their needs and preferences. There was a key worker who worked closely with a person and spent time ensuring their needs were being met and updated records when required.

The service had a homely and relaxed atmosphere and it was evident that people felt comfortable in the company of staff. People told us that they viewed the environment as their home. Comments included, "This is my home and I like it here" and "It's my home and my family come to see me every day". We saw that people initiated conversations with staff and we observed a caring rapport.

Staff encouraged people to participate in decisions about their care and understood the importance of promoting choice. One staff member told us, "We always make sure they have choice including what they want to wear, when they get up or go to bed. It really is their decision". We observed people going to the managers office asking questions and conversing and the manager was very welcoming and supportive. Staff had received training in equality and diversity and had access to policies in respect of communication and confidentiality.

Staff provided examples of how they promoted people's dignity and privacy when delivering care, which included knocking on bedroom doors and asking people's permission before offering support. We observed this practice over the two day inspection.

People were consulted and encouraged to be involved in making decisions about their care. We saw that people signed their own care plans and each review as evidence of their involvement and agreement. If people were unable to understand the care plans we saw that family members or representatives with Power of Attorney had agreed. There were best interest records in the four files we looked at informing of what was considered the best care and support staff would provide. At the time of the inspection, there was nobody accessing advocacy services however, the registered manager had an awareness of local services that could be accessed in the event that a person had no one independent, such as a family member or friend to represent them.

Is the service responsive?

Our findings

People we spent time with told us they were treated really well by staff and that staff understood them and were responsive to their individual needs. Comments included. "I need a lot of support and when I am not well, more care. The staff know me and are marvellous". Another person said "They are always helpful and are there when I need it".

We reviewed four care plans to look at areas such as activities, medication and finances. People were consulted in relation to their plan of care and had input into this if they were able to. We saw records were kept which outlined people's attendance at review meetings. People's relatives told us, "Yes I have seen [relative's] care plans. We are always kept informed". Another relative said "Our [relative] has been unwell recently and the manager kept us up to date which is great, they always communicate with us". Care plans were reviewed regularly and any changes were clearly recorded in the person's review record.

Care plans were person centred and responsive to the needs of the individual. Records looked at informed how people liked or disliked their care and support to be provided. For example, people discussed after a residents meeting that they would like to go out more as they enjoyed accessing the local community using public transport. The manager liaised with a community transport company that now works with the home on a regular basis to take people out. Examples of individual person centred care we saw were [Person] likes to have their hair and nails done weekly, records informed this was provided. Hairdressers visited the home on a weekly basis and we observed the person enjoying the time spent in the homes salon.

We observed staff to support people when requested, the staff listened to what the person wanted and acted accordingly. Staff encouraged people, not telling them what to do but working with them and listening.

We discussed the use of technology at the home and the manager told us that there was a service user representative that had a lap top and who enjoyed liaising with external activity providers with the support of the activities coordinator. The activities provided at the home included film nights, baking, pub evening as there was a bar in the dining room situated in the main unit. People were celebrating the world cup football when we were there and enjoyed a BBQ and watching football on a projector. We saw a photograph album that had pictures of people enjoying different activities that included the royal wedding, birthday parties and lots of other activities.

Assistive technology used at Garden Lodge included call bells and there were five people who had sensor mats to inform staff if they had got up out of bed. We saw risk assessments in place for the sensor mats and room monitoring records to inform of staff responses.

A complaints policy was on display in the reception area. The people we spoke with told us they had no cause to raise a complaint but felt comfortable in approaching the manager and staff if they had to raise a concern. People told us they felt confident that their concerns would be listened to and taken on board. We looked at the complaints/compliments and grumbles records that showed that actions were taken

immediately if required. Relatives told us that the manager had spoken with them and informed them if they had any concerns or issues to talk to her. They said the manager was very good and listened, however they had no reason to complain.

The service was currently supporting people at the end of their lives. We saw records of how a person had been visited by their doctor and the input from the community health professionals. The registered manager told us they considered the most effective way of exploring people's end of life wishes and all four of the peoples records we looked at had an anticipatory care plan in place and their requests in line with their religious denominations.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager who had been in post for two years and had worked at Garden Lodge for 12 years.

Four peoples room monitoring records looked at had gaps of when staff had not recorded, it was difficult to know whether or not the care and support was provided in line with their care plans. We discussed this with the registered manager who provided us with handover records, daily diary records and a communication book all of which had information recorded about the care and support each person had on a daily basis. We discussed with the manager the reason and risk assessments of why the monitoring records had been implemented. On day two of the inspection the monitoring records had been audited and staff had received face to face communication and a memo to inform they must complete the monitoring records.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and that any action that had been identified was followed through and completed. The infection control audits were being up dated and the registered manager was working with the local authority to implement a monitoring system. This will ensure all checks are completed as required and that staff understand the importance of prevention.

We spent time talking to the quality manager and looking at audits with the regional manager. The regional manager went through the work taking place on a new software system where monitoring can be requested and overseen and actions dealt with accordingly. The new system is also available for staff in an app on their telephones so communication is immediate.

We saw that there were regular meetings held in the home. There were meetings for the people who lived in the home on a three monthly basis and staff meetings were also held. All the meetings were recorded and minutes kept for future reference. The minutes of the resident's meetings were accessible and actions were taken for any requests. We saw this in a format called 'You asked', 'We did' and the records were on display. An example of what was asked for was a food themed night on a monthly basis. There had been a Spanish evening where tapas and sangria was provided. The response from people was very positive and comments included "It was brilliant, we had fun". There was a residents representative that worked with people to help them feel included and worked with the staff to make the home the people's home were they were happy and comfortable.

There was a positive, person centred culture apparent in the home and obvious respect between the manager, deputy manager, staff and people who lived in the home. The regional manager told us that they

were in contact with the registered manager and visited the home regularly. The registered manager maintained an active and visible presence at the home and it was evident that people found them approachable. During our inspection, we observed people approach the registered manager with ease and sense of familiarity, to have a chat or ask for help.

Everyone we spoke with told us they were happy with the quality of care they received and complimented the service. Comments included, "I'm very happy ", "Great manager she always helps me", "The manager is a great and nothing is too much trouble", "What can I see, yes I'm happy living here would rather be in my own home but understand I'm not safe there. The manager is really good and respectful too".

Staff told us they enjoyed working at Garden Lodge. One staff member said, "The management are brilliant, they listen and do act on issues raised appropriately". Staff meetings were held regularly and staff felt they could raise any issues informally with the manager or deputy manager. One staff member told us, "If we need anything, [manager] is always here. They listen to us, very helpful and fair". There was an open door culture where any staff could request time with the managers or seniors to discuss concerns or to update them about any changes in people's care.

The ratings from the last inspection were clearly displayed via a link on the registered provider's webpage. The ratings were also displayed in the reception area.