

Leonard Cheshire Disability

Garden House - Care Home Learning Disabilities

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Garden House - Care Home Learning Disabilities 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 was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service

Staff ensured people had their medicines safely administered. Staff understood and implemented systems used in the management of medicines. We reviewed samples of medicines administration records used to record when people had this support and these were completed accurately.

There were systems in place to safeguard people from harm and abuse. Staff had developed their knowledge of abuse through the safeguarding training they attended and they knew how to report an allegation of abuse in a timely way.

There was enough staff to support people during the day, night and when people needed individual time with staff. People had enough to eat and drink to meet their nutritional needs. Meals were prepared by staff that were chosen by people which met their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff identified potential risks associated with people's health and well-being. Plans were developed and in

place with details of actions staff would take to mitigate these risks.

People took part in a variety of social activities to meet their interests. The service had a programme of activities that took place in the service.

People and relatives were involved and contributed to their care assessments and were invited to attend a care plan review when this was due. Feedback from people was positive about the service and confirmed that staff were kind, caring and supported them in a dignified and respectful way.

People had health care support available to them when their needs changed. No one using the service required palliative care. Care records took into consideration people's arrangements, wishes and views of the support they wanted at the end of their life.

The provider had a complaints policy and process in place. People were confident they could make a complaint about any aspect of their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 January 2019) and we found two breaches of regulations regarding the management of medicines and quality monitoring of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating at this inspection has now improved to good, however we made one recommendation about maintaining the decoration and furnishing of the service.

Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was always well-led.

Details are in our well-led findings below.

Garden House - Care Home Learning Disabilities

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

Service and service type

Garden House - Care Home Learning Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection visit was unannounced.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan this inspection.

During the inspection

We spoke with three people using the service and two relatives. We spoke with the registered manager and four care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health and social care professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Using medicines safely

At our last inspection staff were failing to record and administer the use of prescribed topical creams, eye and ear drops. Records also found that some medicines were not administered as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed effectively so people had their medicines as prescribed. The electronic system in place was understood and used by staff to record when they had administered medicines to people. The registered manager completed staff medicines competency assessments to demonstrate they were safe in supporting people with their medicines.
- Staff completed records to demonstrate people had their medicines as required. We looked at a sample of medicine administration records charts (MARs). The registered manager checked the MARs for people and checked these against the medicines stocks, including creams, ear and eye drops and we found these were accurate which demonstrated people had their medicines as prescribed.
- People confirmed staff gave them their medicines as prescribed. they said, "I have [my medicines] in the morning and at night time" and "All the staff give me my medication."

Preventing and controlling infection

At our last inspection we recommended the provider reviewed its infection control policies and procedures. The provider had made improvements.

- There were systems for the service to be cleaned to reduce the risks of infection. Staff carried out household tasks to ensure the service was cleaned and free from odour.
- The provider had infection control policy and procedures in place. Staff followed this guidance and used disposable gloves and aprons to protect people from the risk of infection and cross-contamination.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe living at the service. Comments from relatives included, "Yes we do think our relative is safe here" and "[My relative] is safe and we've never had any issues to think not."
- Staff understood how to protect people in line with the provider's safeguarding processes. A member of

staff said, "If you see something that is really bad practice then you would need to approach the member of staff, if I need to push the matter further then I would take it higher up I'd also contact the CQC if need be" and "and "If I notice any bruising or marks on a person I will question it." Staff confirmed they had completed safeguarding training to help them understand abuse and how to report an allegation of abuse.

- There were systems in place for the registered manager to record allegations of abuse at the service. Records confirmed incidents of abuse were recorded with details of the investigation with the outcome. At the time of the inspection there were no open safeguarding allegations at the service.

Assessing risk, safety monitoring and management

- Assessments were completed to identify risks related to people's care needs. Staff reviewed people's health and well-being needs and potential risks associated with them. Some examples of risks included the risk of falls, mobility needs, malnutrition and road safety.
- Following the risk assessment staff completed a management plans which guided staff in the support people needed to manage each risk. Risk management plans were reviewed and updated when people's needs changed so staff had the most accurate information available to provide effective care and support.
- The registered manager completed checks at the service to ensure the home environment was safe for people to live. Records showed that maintenance checks were completed, this included gas safety, water, electricity, fire safety equipment and lighting. There was an action plan in place for regular maintenance of the service so this was of a safe standard.

Staffing and recruitment

- The registered manager ensured there were enough staff on duty to provide care for people. People told us there were enough staff available during the day and at night. Our observations showed that when people needed support staff were available to meet people's needs. The staff rota also showed that the staff allocated for each shift were on duty.
- The registered manager followed a robust recruitment process to ensure suitable staff were employed at the service. Pre-employment checks were completed before new staff began to work at the service. Employment checks include job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Learning lessons when things go wrong

- There were systems in place to monitor any accidents and incidents that occurred at the service.
- The registered manager took action to improve the service when an incident occurred. The system used for recording medicine administration was previously faulty and staff did not always record when they administered medicines. As a result the registered manager ensure staff were retrained in the medicine management systems and completed weekly and monthly medicines audits to ensure the system was more robust.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service was not always designed and adapted to meet people's individual needs. During our observations we were invited by people to view their rooms. We found that people's bedrooms were personalised with items such as photographs and other personal items.
- The provider had not ensured that all areas of the service were comfortable. We found the communal areas of the home required attention to ensure it was decorated and well maintained. For example, we found some cracks in the walls and the décor looked drab. The chairs in the lounge area did not have sufficient cushioning. When people sat down on the sofas we observed two people had some difficulty getting back up due to the lack of support. We discussed the concerns about the home environment with the registered manager who said they were aware of these issues but there were no confirmed dates for refurbishment or replacing the worn furniture.

We recommend the provider seek advice and guidance from a reputable source, about maintaining the decoration and furnishing at the service so this was comfortable for people to use.

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

- People's care needs and preferences were assessed and support was provided to meet them in line with local practice and legislation. Pre-admission assessments took place with people before they came to live at the service. Staff gathered information about people's life history, activities they enjoyed, medical and communication needs and their family history. Staff commented that they knew people well, they said, "I would read care plans, and sometimes I interact one-to-one" and "Through the staff, family, any history and any information you get to pick along the way, you just got to get to know the person."
- People confirmed staff knew them and their needs well. A relative said, "The staff do know my relative." The registered manager had a key worker system in place where a member of staff was responsible to communicate with people and to ensure their views were heard and their health and social care needs met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People gave their consent before staff provided care and support. When people could not provide their consent their relatives supported them in line with relevant legislation.
- Staff completed a mental capacity assessment and best interests' meeting for people who lacked independent decisions making abilities in line with the requirements of the MCA .
- The registered manager applied to the local authority for a DoLS assessment when this was required.

Staff support: induction, training, skills and experience

- Staff had access to an induction, training, supervision and appraisal which helped to support them. Each new member of staff was supported by experienced staff so they became familiar with the job and people they worked with.
- Staff had training that helped them care for people in an effective way. Training included safeguarding adults, basic first aid and medicines management. Staff confirmed, "Yes online training, sometimes I would go to other locations for training, yeah but we are still doing more" and "I've had safeguarding, epilepsy, medication, first aid, Alzheimer's, data protection, I've just done some refresher training fire safety since I've been here."
- Supervision and appraisal meetings were attended by staff when this was due. Staff had the opportunity to reflect on their daily practice, personal and professional needs and they developed goals to manage and resolve any challenges they faced in their job.

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

- People had support from staff with meals that met their needs and preferences. People said they enjoyed the meals provided and commented, "I get sandwiches" and "Sometimes I choose a nice cooked dinner."
- People had a choice in meals they wanted to meet their preferences. During our observations at lunchtime we saw a person who did not want to eat the meal provided was offered a suitable alternative that the person was happy with.
- People chose where they wanted to eat their meals. Some people were seated in the dining area while others ate their meals in their room staff respected this choice.

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

- Staff supported people to access health care services when their needs changed. Records showed that when a person had increasing difficulty walking a referral was sent to the physiotherapy team for an assessment,
- People were assessed by healthcare professionals when they required specialist services. Records showed that people had their care delivered by their GP, speech and language therapist and occupational therapist. This helped to manage people's healthcare needs.
- People's care records contained details of each health appointment. This helped staff understand people's changing needs and the advice and support required for people to maintain their health and well-being.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said that staff were respectful and kind. Comments included, "The staff help me a lot and are kind" and "Helpful."
- Staff respected and understood people's needs in relation to equality and diversity. This included providing care and support that met people's needs and respected their protected characteristics including race, gender, religion and sexuality in line with the Equality Act. For example, people were supported to practice their religious beliefs and to attend religious events of their choice.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to become involved in making decisions about their care and support. A relative said staff contacted them if their family member's care needs changed.
- Assessments were completed with people and their relatives to ensure their needs were taken into account when developing a package of care. Staff invited relatives to attend reassessments of people's care and encouraged them to be involved and give their opinions of the care. People's care records contained updated information following a care review to ensure staff had accurate information about people's needs.
- Care and support needs were reviewed by staff when people's needs changed. This ensured staff had up to date information and people received care that reflected their current needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's dignity when supporting them. People said, "The staff knock on my door before coming in" and a relative said, "Whenever we visit our relative we get our privacy and dignity."
- People were encouraged by staff to maintain their independence. People went out in their local community and out to lunch with staff when they chose. One person who wanted to go on holiday was supported to plan their holiday including confirming the dates, purchasing tickets, identifying activities to do while on holiday and booking their hotel accommodation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff collected information that helped staff to deliver care and support which met their needs. This included, their personal history, social activities they enjoyed, medical and mental health care needs, hobbies, interests, what things were important to them and things staff need to know about people to support them. The outcome from the assessments confirmed whether people's care and support needs could be met at the service.
- People had continuous assessments during their admission at the service. This ensured people's changing needs were identified and managed well to meet their individual needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and their care records detailed how they communicated. This included whether people used assistive technology and how people preferred to communicate.
- Care records were written using an easy read format using pictures and symbols. This format enabled people to better understand information about their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in activities they chose to do and enjoyed. Some people attended activities at home while other people went out into their local communities to take part in social events including swimming. People told us, "I go to the day centre" and "I knit, and do puzzles, and I'm just doing colouring at the moment."
- Relatives explained that they visited their family members as they wished. One relative said, "[My family member] is informed in advance whenever we are due to visit. For this visit today, staff arranged for [my relative] to hand out Christmas cards to us." During our inspection we saw relatives visiting people and they said they were made to feel welcome.

Improving care quality in response to complaints or concerns

- There were systems in place to make a complaint about an aspect of the service. The complaints policy

and process was available in easy read and guided staff in how to effectively manage complaints made about the service. The registered manager handled each complaint about the service as required.

- People said they or their relatives would be confident making a complaint about the service. One person said, "I can't really fault them, at times the staff go above and beyond I have no complaints at all."
- The registered manager dealt with people's concerns in an effective way. We were provided with a complaint received from a health and social care professional. This detailed the record of the complaint with an update of this concern with the outcome into the investigation and the complainant's response.

End of life care and support

- Staff understood how to ensure people received care and support at the end of their lives. The registered manager supported staff to attend end of life training which provided them with guidance and advice on how to effectively support a person who required this type of care.
- The registered manager was aware of the health and social care services that would be contacted and involved in people's care and support at the end of their lives.
- People's care records contained details of their end of life wishes including how where they wanted to be at that time. Each end of life care plan was written in easy read format and people's views were recorded. Where people had funeral arrangements in place this was also recorded so staff were aware of who to contact when this was necessary.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the registered manager failed to ensure that effective systems were in place for the management of people's medicines, end of life care arrangements and quality monitoring. We also found that the registered manager did not arrange resident's meetings therefore people did not have the opportunity to give their feedback about the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager completed audits on the quality of the service and care. Audits reviewed the service including medicine administrations records, home environment, accidents and incidents, care records and the building maintenance.
- The audits outcomes showed any areas for improvement were acted on. An example was ensuring the medicine management online records matched the stocks of medicine. There were regular weekly and monthly checks of the medicine management system to ensure this was accurate.
- The registered manager informed the Care Quality Commission (CQC) of incidents and events that occurred at the service which allowed these to be monitored and action to be taken as necessary.

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

- People were asked for their feedback about the quality of the service. Feedback showed people and relatives were happy with the service. One relative commented, "I think the service is very good it's charity run so that's good."
- People attended residents' meetings held at the service. People gave their opinions about the service, food, activities, staff and health and safety issues during the meetings. People's responses were recorded and written up in an easy read format so this was accessible to all people using the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the home was open and transparent and people told us that they enjoyed living at the service. We observed that people and staff talked with each other freely and were often sharing a laugh and a chat together.
- Staff told us they enjoyed working at the service and the team worked well together. Staff said, "I can talk to him [registered manager], he helps when it comes to training, and any issues" and "[The registered manager] gives on the job support, and also I can joke around with my manager."
- The registered manager had an understanding of the duty of candour and their legal responsibility to share information when concerns are raised or when things go wrong.

Continuous learning and improving care

- The provider had a commitment to continuous learning at the service. The registered manager used systems in place that monitored and reviewed accidents and incidents that occurred at the service.
- The registered manager had taken action following the previous inspection at the service. We found that action was taken to identify and act on any shortfalls found previously with the medicine management systems to ensure it was effective.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services. This relationship helped people to receive consistent care and advice when required.
- There were links developed with local community groups. Staff had worked with an advocacy service to help people to have their voices and opinions heard. Staff made referrals to the advocacy service when people required independent support.