

Robert Pattinson

Garden Lodge Care Home

Inspection report

Philipson Street
Walker
Newcastle upon Tyne
NE6 4EN

Tel: 0191 263 6398

Website: www.manorcare.co.uk

Date of inspection visit: 9 September 2015

Date of publication: 28/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 and 23 January 2015. Two breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulation regarding Deprivation of Liberty Safeguards (DoLS) and record keeping.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the revised legal requirements. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Garden Lodge on our website at www.cqc.org.uk.

Garden Lodge is a care home for up to 41 older people, some of whom may be living with dementia. At the time

of the inspection 36 people were living at Garden Lodge. All bedrooms are located on the ground floor and the upstairs area is office space and a guest room. The ground floor has two units. 20 people live in the 'residential' part and 14 people live in the part of the building designated for people living with dementia.

A registered manager was in post at the time of the 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 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.

We found the provider had met the assurances they had given in their action plan and were no longer in breach of the relevant regulations.

Summary of findings

Improvements had been made to the way staff supported people who lacked capacity to make complex decisions. The registered manager ensured each person's capacity was assessed and decisions made in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate authorisations were sought from the local authority and these related to specific decisions and restrictions, such as not being able to leave the home unaccompanied. Staff's awareness of the MCA and DoLS had been improved by the training they had received.

The standard of care planning and record keeping had improved. Care plans were person centred, accurate and up to date. People using the service and their relatives were involved in care planning arrangements and attended periodic reviews of their care.

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 effective?

We found action had been taken to improve the effectiveness of the service.

Improvements had been made to the way staff supported people who lacked capacity to make decisions for themselves. The registered manager ensured each person's capacity was assessed and decisions made in line with the Mental Capacity Act and Deprivation of Liberty safeguards.

We could not improve the rating for: 'Is the service effective?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service responsive?

We found action had been taken to improve the responsiveness of the service.

Improvements had been made to record keeping arrangements. Care plans were accurate and up to date.

We could not improve the rating for: 'Is the service responsive?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Garden Lodge Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Garden Lodge on 9 September 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection on 21 and 23 January 2015. We inspected the service against two of the five questions we ask about services: 'is the service effective' and 'is the service responsive?' This is because the service was not meeting a legal requirement at the time of our initial 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 was undertaken by one adult social care inspector. During the inspection we looked around the home, talked with three people using the service, three staff, the deputy manager and a visiting professional. We reviewed a sample of care records. These included four people's care plans, their progress notes and review records. We also reviewed their mental capacity assessments and applications made to the local authority to deprive them of their liberty. These are applications made in line with the requirements of the Mental Capacity Act 2005.

Is the service effective?

Our findings

At our last inspection in January 2015 a breach of legal requirements was found. Suitable arrangements were not in place for obtaining and acting in accordance with the consent of service users, in relation to the care provided for them and in accordance with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). We reviewed the action plan the provider sent to us following our comprehensive inspection in January 2015. This gave assurances that action was being taken to improve arrangements for obtaining and acting in accordance with the consent of service users.

The provider told us mental capacity documentation would be introduced, covering areas where the service was lawfully placing restrictions on people using the service. They told us deprivation of liberty authorisations had been sought and they would notify CQC once these were approved. They told us a more robust auditing system would be introduced to regularly check and ensure these reports were kept up to date and applied for annually. They told us this work would be completed by the end of April 2015.

During this inspection we found improvements had been made in the way the consent of service users was sought and acted upon. We spoke with three people about their care. Due to their communication needs they were not able to provide detailed feedback about the standard of care provided for them. We observed staff worked positively with people using the service; asking for consent before intervening in their care, such as with personal care and manual handling.

Staff we spoke with told us they had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). One staff member confirmed “The training’s very good.” Staff were also able to tell us about those people subject to a DoLS authorisation and how they would seek consent before providing care. DoLS authorisations are sought in care homes and hospitals when a person needs to have a restriction imposed on them, or a decision made in the person’s best interests. This may be to prevent a person from harming themselves or to provide care and treatment to reduce further harm.

A visiting professional who was working with the service, assessing DoLS applications made, told us, “They’re good at doing authorisations.” They said staff had prioritised applications for those people more recently admitted to the home. The professional confirmed appropriate authorisations were being sought and expressed no concerns about those applications made.

The care records we looked at included mental capacity assessments. Where authorisations were being sought these were individualised and related to specific decisions and restrictions, such as not being able to leave the home unaccompanied. There was evidence that the person affected, and other people important to them, were involved in decision making. DoLS authorisations included aspects of care such as the covert administration of medicines, leaving the home accompanied by staff and the use of equipment.

We found the assurances the provider had given in the action plan with regard to seeking and acting on the consent of service users had been met.

Is the service responsive?

Our findings

At our last inspection in January 2015 a breach of legal requirements was found. Suitable arrangements were not in place to ensure records in relation to people's care were accurate and contained appropriate information. We reviewed the action plan the provider sent to us following our comprehensive inspection in January 2015. This gave assurances that action was being taken to improve record keeping arrangements.

The provider told us they would audit people's care plans and risk assessments, and re-write these where necessary. They told us they would encourage people using the service and their relatives to sign the care plans and risk assessments to demonstrate their involvement in the planning of their care. They told us this work would be completed by April 2015.

During this inspection we found improvements had been made in record keeping arrangements relating to the care provided to people using the service.

Staff told us they were involved in care reviews, were informed about the content and kept up to date with any changes made. One staff member commented, "We're pretty well informed about what's going on and on changes." Staff expressed confidence in their knowledge of people's needs, stating, "We know all the residents well." They were able to answer specific queries we had and appeared to know people well.

Care records assisted in providing staff with important information about people using the service. They included a 'one page profile' and a photograph. The one page profiles gave a summary of the key things that were important to people and how best to support them. Examples included how people could be supported when distressed and preferences regarding their care. We saw these were written in a positive way; highlighting people's strengths as well as areas of need.

Monthly evaluations of care plans were completed by the registered manager and her deputy. Notes gave a summary of the effectiveness of the care provided and whether it was still working for people. The evaluations highlighted any changes to people's needs, for example with people's mobility, their diet or in the way personal care was provided. All the care plans examined had been reviewed and updated when there had been changes in people's needs. We saw risk management plans had also been evaluated, reviewed and updated.

Periodic review meetings were also held. These involved the person receiving a service, their relatives and representatives from the care home. Care plans were discussed as part of these meetings. Where necessary care plans were modified in light of these discussions. One example we saw involved a person's end of life care needs.

We found the assurances the provider had given in the action plan with regard to seeking and acting on the consent of service users had been met.