

Garland Lodge Ltd

Garland Lodge

Inspection report

Unit 1, Meridian Trading Estate
20 Bugsby's Way
London
SE7 7SJ

Date of inspection visit:
09 December 2021

Date of publication:
21 February 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Garland Lodge provides care and support to people living in a supported living setting so that they can live as independently as possible. At the time of the inspection, 11 people were using the service. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

The service consistently applied the principles and values of Registering the Right support, right care, right culture 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.

People's experience of using this service and what we found

Improvement was required to protect people from the risk of avoidable harm. Pre-employment staff checks were not satisfactory. The quality assurance process was not robust to identify these concerns and to make improvements in a timely way.

We made four recommendations about assessing staff dependency levels and deployment, comprehensive staff guidance in care plans on how to support people, promoting privacy, dignity and independence, and care records in easily accessible formats in line with Accessible Information Standards.

People and their relatives gave us positive feedback about their safety and told us staff treated them well. The service had systems and processes in place to administer and record medicines use. People's care plans reflected their current needs; however, some care plans were not detailed with sufficient guidance for staff. People were protected from the risk of infection. The provider had a system to manage accidents and incidents.

Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the management team members at any time for support. The provider worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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.

An assessment of people's needs had been completed to ensure these could be met by staff. The management team and staff worked with other external professionals to ensure people were supported to maintain good health. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

There was a management structure at the service and staff were aware of the roles of the management team. They told us the management team members were supportive and approachable. The management team members and staff worked as a team and in partnership with a range of professionals and acted on their advice.

Rating at last inspection and update

This service was registered with us on 27/07/2020 and this is their first inspection.

Why we inspected

This was a planned comprehensive inspection.

Enforcement

We have identified breaches in relation to safe care and treatment, fit and proper persons employed, and good governance.

Please see the action we have told the provider to take, at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Garland Lodge

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

A single inspector visited the service on 09 December 2020 and an expert by experience made phone calls to people and their relatives to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living within three 'supported living' settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 09 December 2021 and ended on 15 December. We visited the office location on 09 December 2021.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. 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 sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people and six relatives of people who used the service about their experience of the care provided. We spoke with four members of care staff, the registered manager, and the area manager. We reviewed a range of records. This included six people's care records, four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, staff recruitment and training records, medicine administration records, risk assessments, and quality assurance records, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not protected from the risk of avoidable harm. The registered manager completed risk assessments, but the risk assessments contained a lack of comprehensive guidance on how to provide safe care.
- For example, one person was identified as being at high risk of falls and two other people as medium risk. However, there were no risk management plan and comprehensive guidance for staff about how to mitigate and minimise this risk identified.
- Three people were assessed as medium risk for self harm, self neglect, sexual risk to others, nutrition, cooking and ironing, and using sharp objects. Two people were assessed as high risk for financial abuse and nutrition. However, the risk management plans in place did not provide adequate guidance for staff about how to mitigate these risks.
- Upon our feedback, the registered manager told us they would carry out a review of all risk assessments for each person and complete risk management plans with sufficient staff guidance, to minimise the risk of harm to people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We looked at staff records and found three members of staff had recruitment checks which were not completed satisfactorily before they started working. These included checks on staff member's references and criminal record checks. This had put people at risk of unsuitable staff working with people who used the service.
- We brought the above concerns to the attention of the registered manager, they confirmed what actions they have taken immediately following our feedback. They told us they would ensure all satisfactory checks are completed before staff worked for the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure staff employed were of good character. This placed people at risk of harm. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvement was required to ensure safe staffing levels at all three supported living services (SLS) homes. Three people told us there were enough staff. One person said, "There is always someone." Another person

told us, "Yes, enough." One relative commented, "There are sufficient staff, my [loved one] has lot of help, including from other residents as they help each other." However, one relative commented, "No they have not got it right, they have three houses, they only have one staff on a shift in a house. If someone needs to shop, the manager flits between houses to respond." A third relative said, "Yes, only on one occasion when changing shift, not all five residents were able to go out for local shopping."

- The provider had not carried out a staff dependency assessment, to determine the appropriate staffing levels at each of the three SLS homes, taking into account people's needs, their external appointments and activities of choice. For example, one house had three people and another had five people. There was only one member of staff deployed for day shift and one member of staff deployed for night shift at both the houses.
- We brought this to the attention of the registered manager and the area manager, who told us they would carry out a staff dependency assessment at all the three SLS houses and deploy sufficient staff at all times. We will check this at our next inspection of the service.

We recommend the provider consider current guidance on staff dependency assessment in line with people's needs and risks and take action to deploy sufficient staff at all times.

- The registered manager told us, they covered some shifts as and when required and there was an on call management support available as well.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "Staff make me feel safe." A relative said, "The staff give me confidence, when there are issues they call me for a meeting or contact me to discuss anything needing to be addressed." Another relative commented, "Being safe is one thing that's right, otherwise I would not leave [my loved one] there."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training and knew the procedure for whistleblowing and said they would use it if they needed to.
- The registered manager and the area manager confirmed there had been no safeguarding incidents since their registration in July 2020.

Using medicines safely

- Medicines were managed safely. One person told us, "Yes, they [staff] give me." One relative said, "My [loved one] takes a tablet. Staff will put in their hand, and my loved one will take it with water."
- Staff completed medicine administration record (MAR) as required to ensure people received their medicines as prescribed.
- The service had a medicines policy in place and staff had completed medicines training and their competency was assessed.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- The registered manager carried out regular checks to ensure people received their prescribed medicines.

Preventing and controlling infection

- People were protected from the risk of infection. One relative told us, "Yes, they [staff and people] take Lateral Flow Tests. People are encouraged to wear masks, visitors temperatures are taken as they sign in."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE)

such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.

- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accident and incidents records. These included action staff took to respond to minimise future risks and who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

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.

This is the first inspection for this newly registered service. This key question has been good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider supported staff through induction, supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs. One person told us, "They [staff] know what to do." A relative said, "Yes, more than adequate."
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, medicines administration, health and safety, fire safety, end of life care, positive behaviour support, and equality and diversity. We saw that some staff training was in progress for completion by end of January 2022, and the registered manager was monitoring the progress.
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- Staff told us they received regular supervision and said they could approach their line manager and the registered manager at any time for support.

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

- People's needs were assessed to ensure these could be met. Staff carried out an initial assessment of each person's needs to see if the service was suitable for them.
- The assessments looked at people's medical conditions, physical and mental health, mobility, nutrition and choices and the home environment.
- Where appropriate, staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs. For example, one person told us, "I believe so, a while ago." A relative said, "They [staff] included healthcare conditions and developed a health care plan."

Supporting people to eat and drink enough to maintain a balanced diet. Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to eat and drink enough to meet their needs. One person told us, "I choose my meals when shopping, very healthy." Another person said, "Staff support with food, food is okay." One relative commented, "They [people] take turns to cook for each other, staff ensures that my [loved one] is eating and cooking in the right way."
- People were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- The provider had worked with local healthcare professionals including GPs, district nurses and therapists. One relative told us, "They [staff] would support in getting that done, as far as I am aware everything is okay"

and up to date." Another relative said, "When my [loved one] goes to the GP and hospital a member of staff helps."

- People's care records included evidence of regular contact with health care professionals for example, the GP, dentist, and nurse. Records were made of individual health care appointments, the reason for the visit, the outcome and any recommendations.
- Information was available and shared with other health care services such as hospitals when this was required. For example, people had hospital passports which outlined their health needs for professionals.
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional, such as a district nurse or a GP appointment.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and their relatives confirmed that staff obtained consent from them before delivering care to them. For example, one relative said, "Staff talk through support."
- People's capacity to consent to their care and support was documented.
- People and their relatives, where relevant, were involved in making decisions about their care.
- The registered manager understood their responsibilities under the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives had been consulted about the care and support they received.
- Relatives told us they were involved in care reviews for their loved one's needs. One relative told us, "Yes, briefly done during the review." Another relative said, "Not paper based, but in meetings."
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day. One relative told us, "My [loved one's] life is not dictated, but not to the point of putting them at risk." Another relative commented, "All the residents choose what they want to eat."

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- We received mixed feedback from relatives about the way people were supported in these areas. For example, one relative told us, "Yes, they [staff] bear with my [loved one] and are compassionate when they need to be. My loved one is treated well." Another relative said, "Yes, they [staff] are kind, my [loved one] has a good rapport with the carers." However, a third relative commented, "No they do not respect, my [loved one] can be in the shower for too long and they [staff] walked through the bedroom, I don't agree with that."

We recommend the provider works closely with staff to ensure that people's privacy, dignity and independence are promoted.

- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation or preferred gender.
- Training records confirmed that staff had received training on equality and diversity. One staff member told us, "I treat all people with respect."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. One relative said, "Yes, they [staff] give my [loved one] space." Another relative commented, "I think they [staff] do."
- When providing people with personal care and support, staff maintained people's independence as much as possible by supporting them to manage as many aspects of their own care they could. However, one relative said, "Not really, encouraged two or three times to use the washing machine." Another relative told us, "Residents don't have appropriate encouragement from staff."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Staff guidance to support people with their identified needs lacked details. Care plans referred to people's food and nutrition, and support with their behaviours where appropriate. However, staff guidance about how people needed to be supported was brief. For example, the care plan stated 'support people to make healthy choices'.

We recommend the provider to provide comprehensive guidance for staff in people's care plans, alongside people's choices and preferences and take action to update their practice accordingly.

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. One person said, "Care plan yes, they [staff] follow it." A relative told us, "There is a care plan in the office in a folder."
- Care plans were kept under regular review to ensure people's changing needs were met. One relative told us, "My [loved one] has an annual review, we were involved in the first." Another relative commented, "To be honest only received information."
- Staff knew people well and told us of the support they provided, to ensure individual needs were met.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

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.

- The service identified people's information and communication needs by assessing them. However, the support plans were not in an easy ready format in line with the Accessible Information Standard.
- We brought this to the attention of the registered manager and the area manager.
- The registered manager told us they would review all people's communication needs and develop care records in different suitable formats in line with the Accessible Information Standard, and they would make this available to people by the end of January 2021.

We recommend the provider seek appropriate guidance from an accredited source and develop people's

care plans in a easy read format and take action to update their practice accordingly.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. Complaints were managed in line with the provider's policy. One relative said, "They [Supported living service] had a black mould and they got it sorted in a few days."
- People and their relatives told us they knew how to make a complaint and would do so if necessary. One person told us, "I know how to complain, talk to staff or the manager." A relative said, "Probably contact the area manager and the provider or also Adult Social Services."
- The provider maintained a complaints log which showed when concerns had been raised the registered manager had investigated them and responded to any complaints in a timely manner. Where necessary they held meetings with the complainant to resolve their concerns.

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 were supported to maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. This included shopping, accessing community services and going to day centres.

End of life care and support

- There was an end of life care policy in place. The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems were not effective. One relative told us, "I don't see the manager very much, I like the manager more on the ball, and things have been put in place." Another relative said, "One staff member for all residents, means all can't go out or do anything that is not managed well."
- Staff records, care plans and risk management plans checks were carried out however, these were not robust to identify concerns and make improvements in a timely manner. For example, staff pre-employment recruitment checks were not robust. People's care records were not in line with accessible information standards. Staff guidance to mitigate potential risks and deliver person centred care to people was not comprehensive.
- We brought these concerns to the attention of the registered manager. Following the inspection, the registered manager told us how they planned to make improvements. We will check these improvements at the next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had encouraged and empowered staff to be involved in service improvements through staff supervision.
- Staff told us they were comfortable approaching the registered manager and their conversations were professional and open.
- The provider sought people's, visitors, and staff views using satisfaction surveys. We found the responses were positive.
- Staff meetings were held to discuss any changes in people's needs, guidance for staff about the day to day management of the service, actions to address complaints, coordination with health care professionals and any changes or developments within the service.

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 service had a registered manager in post. They demonstrated knowledge of people's needs.
- The provider had a duty of candour policy and the registered manager understood their role and responsibilities.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Continuous learning and improving care

- The registered manager demonstrated willingness to provide good quality care to people. They started making improvements following our inspection feedback. Staff understood their roles and responsibilities.

Working in partnership with others

- The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risk of avoidable harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and process were not effective.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment checks were not completed satisfactorily before they started working.