

The Garwood Foundation

Jean Garwood House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Jean Garwood House is a care home providing personal care for up to 14 people with physical disabilities, learning disabilities and sensory impairments. At the time of the inspection 13 people were using the service. There are eleven single bedrooms on the ground floor and the first floor has been converted into a semi-independent living unit for three people. The service is suitably designed for people who use wheelchairs.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support:

The service provided people with the right support overall. However, medicines management required improvements and the provider was aware of this and implementing new systems. Infection control practices were suitable overall although staff did not always follow current guidance on wearing masks. Risk assessments were in place relating to the premises with clear guidance for staff to follow.

Right Care:

Risks to each person were assessed and monitored regularly to ensure risks were reduced as far as possible. People were safeguarded from abuse and neglect due to systems in place. Staff were recruited following robust processes and there were sufficient numbers of staff to care for people safely.

Right Culture:

The registered manager and provider had oversight of the service through a range of checks and audits, although these had not identified the issues we found relating to staff wearing masks to reduce the risk of COVID-19. The registered manager was experienced and understood their role and responsibilities, as did staff. The registered manager sought feedback from people, relatives and staff as part of monitoring and improving the service.

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 the service was requires improvement, published on 8 February 2020. At this inspection we found the provider had improved in relation to the concerns we identified previously.

Why we inspected

We undertook this focused inspection to check the provider had improved following our previous

inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service is good. This is based on the findings at this inspection. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jean Garwood House on our website at www.cqc.org.uk.

Follow up

We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jean Garwood House

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 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Jean Garwood House 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 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 was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received about key events that occurred at the service. 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.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the registered manager, deputy manager and three care workers. We reviewed a range of records. This

included two people's care records and multiple medication records. We looked at two staff recruitment files and a variety of records relating to the management of the service, including audits.

After the inspection

We asked the registered manager to submit additional information relating to medicines management and we reviewed the information received.



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 remained the same. 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.

Using medicines safely

- Medicines management could be more robust. Our checks showed one tablet for one person which could not be accounted for and a gap in the medicines record for a vitamin for one person. The provider had not identified these issues which indicated audits required improving.
- However, the provider was already improving medicines management through working closely with the local CCG. Improvements included a more comprehensive and regular audit of all medicines practices which was due to be rolled out shortly.
- People told us they had no concerns about the way their medicines were managed.
- Staff received training in medicines management and further training was available for any staff who required additional support.

Preventing and controlling infection

- Staff did not always follow safe infection control practice because masks were not always worn in line with current guidance. The registered manager immediately addressed this during the inspection and we saw staff were all wearing masks.
- Staff received training in infection control and reducing the risk of COVID-19 infections and understood their role and responsibilities. The service was clean and hygienic with no malodours. A person told us, "They like to keep it clean and tidy. I see staff cleaning all the time."
- Staff received training in food hygiene and our checks showed staff handled food safely.

Staffing and recruitment

- At our last inspection we found recruitment checks were not always robust to ensure only suitable staff worked with vulnerable people through checks of employment histories. At this inspection the provider had improved and recruitment was robust.
- Recruitment checks also included identification, eligibility to work in the UK, undertaking criminal record checks and an interview to assess suitability.
- There were enough staff to meet people's needs and recruitment was ongoing. Vacancies were filled through overtime and regular agency staff who knew the service. People and staff told us there were enough staff and this was in line with our observations and checks of the rota. A person said, "I get what I want quickly enough, there seem to be enough staff."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse through systems in place. People told us they felt safe living at the

service and we observed people approaching staff comfortably.

- Staff understood how to safeguard people from abuse and neglect as they received training in this.
- The registered manager reported any concerns to the local authority safeguarding team as required and took action to keep people safe in liaison with the team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to each person and put guidance in place for staff to follow to reduce the risks. These assessments were comprehensive and included guidance from professionals when this was received.
- Risks relating to the premises were assessed and monitored including electrical installation, portable electrical appliances, gas, fire and water safety and the environment. Improvements were being made to fire safety following guidance from a recent inspection by the London fire brigade. Arrangements were in place for repairs and maintenance.
- Systems were in place for staff to record accidents or incidents and for these to be reviewed to identify any patterns and reduce the risk of reoccurrence.

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 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; Continuous learning and improving care

- The registered manager and provider had a range of checks and audits in place to monitor the quality of care, the premises and health and safety. The checks of medicines management had not identified the issues we found. However, the provider had already identified a more comprehensive medicines audit was required and was due to roll this out. The provider had not identified current guidance was not being followed regarding staff wearing masks to protect people from the risk of COVID-19, although the provider rectified this during our inspection.
- A clear hierarchy was in place and the registered manager was supported by a deputy manager and a senior support worker.
- The registered manager was experienced and knowledgeable. People and staff were positive about them and they were aware of their role and responsibilities, as were staff. A person told us, "[The registered manager] is good, she is cut out for the job and she does listen to me."
- The provider submitted statutory notifications about key events that occurred at the service. The previous inspection rating was clearly displayed on the provider's website and at the service.

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

- The welfare officer held meetings with people using the service and relatives were regularly asked for feedback both formally and informally through phone calls, email updates and discussions during visits.
- Staff felt involved in the running of the home and they found regular staff meetings useful. Staff felt supported by the registered manager.

Working in partnership with others

- The provider worked closely with a range of other agencies such as social services, clinical specialists and the local hospice if a person was on end of life care. Staff worked closely with the day centre next door run by the same provider. People enjoyed activities at the centre including hydrotherapy in specialist facilities.