

Sira Care Home Limited

Garlinge Lodge Residential Home

Inspection report

6 Garlinge Road
Southborough
Tunbridge Wells
Kent
TN4 0NR

Tel: 01892528465

Date of inspection visit:
20 February 2019

Date of publication:
20 March 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Garlinge Lodge is a residential care home that was providing personal care to 11 older people, some who were living with dementia, at the time of the inspection.

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

People's experience of using this service:

- The home was safe but it was not well managed as there was not good oversight of the quality and safety of the home.
- Following the last inspection, we issued three warning notices. These were in relation to risks in the premises, staffing levels and governance systems failing to identify shortfalls in the quality and safety of the service. We met with and asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good.
- The provider had made improvements and had become compliant with two of the warning notices around risks in the premises and staffing levels. They now met the characteristics of Good in the key question of safe.
- Some improvements had been made in relation to the warning notice around good governance. Care records had improved and risks to people were understood and mitigated. However, further improvements were needed to ensure good oversight of the quality and safety of the home. A system needs to be established to analyse trends and promote learning from incidents, audits and feedback received to support continuous improvements.
- Sustainability of the home was not ensured as the leadership was heavily reliant on the registered manager consistently working long hours and there was no emergency plan in place should they become absent for any reason.
- The home had not become fully compliant with the warning notice around good governance in the key question of well-led. There continued to be a breach of regulations with this and therefore the home remains as Requires Improvement in well-led and overall.
- Systems were in place to protect people from abuse and avoidable harm, risks to people were mitigated, medicines were managed safely and there were enough suitable staff deployed to keep people safe and meet their needs.
- There was a relaxed and caring culture in the home. All feedback from people, relatives, visitors and staff was positive. The registered manager was a visible presence in the home and knew people well.
- More information is in the full report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published on 31 January 2019). This service has been rated Requires Improvement at this and the last three inspections.

Why we inspected: This was a focused inspection to check their progress and if they had now met the

regulations.

Follow up: We have asked the provider to complete an action plan and to provide us with regular updates. We will follow-up on the improvements needed in well-led and all key questions at our next inspection.

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 well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Garlinge Lodge Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Garlinge Lodge 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. Garlinge Lodge accommodates up to 14 people in one adapted building.

The home 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:

The inspection was unannounced.

What we did:

We had not received any information to review about the home since our last inspection. The provider had not been asked to complete a Provider Information Return since the last inspection as it was only three months ago. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection we looked at the following:

- The environment, including all communal areas, the bathrooms and people's bedrooms.
- We spoke to four people living at the home and two visitors.
- We spoke to one care worker and the registered manager.
- 11 people's care records
- Audits
- Rotas
- Daily monitoring records

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 and 23 November 2018.

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At our last inspection on 20 and 23 November 2018 we identified a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to deploy sufficient numbers of staff to ensure staff could work in a safe way and meet people's needs at all times. We issued the provider with a warning notice for this which required them to become compliant with the regulation by the 15 February 2019.
- At this inspection the provider was compliant with this regulation. Additional staff were deployed and less people were living at the home. This meant staffing levels had increased.
- The registered manager had considered people's dependency needs and two people who had higher dependency needs and were at higher risk of falls had moved onto nursing care.
- The registered manager had considered the layout of the building. People at higher risk of falls were supported on the ground floor. People were only supported across two floors. This meant it was easier for staff to monitor people's safety and meet their needs when they were in their bedrooms. There had not been any falls since the last inspection
- People's choices were not restricted due to staffing levels. People could have a bath when they wanted to. One staff told us that people can have baths whenever they want and they don't struggle to find the time to bath people now.
- People were supported by a consistent staff team. Staff and relatives told us there were enough staff available to keep people safe and meet their needs well.
- We observed there were enough staff deployed to keep people safe and meet their needs in a timely way. For example, everyone was up from bed in the morning, were dressed and had breakfast when we arrived and staff responded to people's needs immediately.
- Staff were recruited safely and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.

Assessing risk, safety monitoring and management

- At our last inspection on 20 and 23 November 2018 we identified a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that risks within the premises were mitigated to ensure the safety of people. We issued the provider with a warning notice for this which required them to become compliant with the regulation by the 15 February 2019.
- At this inspection the provider was compliant with this regulation. Risks related to the environment had all been assessed and mitigated.

- Cleaning chemicals were stored in a locked cupboard to ensure people's safety.
- Portable electric radiators were not used to ensure people's safety.
- Individual risks to people were identified and assessed and managed safely. Risk assessments were in place to provide guidance to staff how to mitigate the risks to people and staff could tell us how they kept people safe. Additional risk assessments had been implemented for people around epilepsy and recurrent urinary tract infections.
- Certificates evidenced regular servicing for the fire system, electrical safety and equipment such as hoists.
- All the necessary safety checks were completed for example, around fire, water temperatures, fridge temperatures and legionella.
- Emergency evacuation plans were in place; fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Learning lessons when things go wrong

- At our last inspection on 20 and 23 November 2018 we rated the service as Requires Improvement in safe. The provider had failed to identify any learning from falls by analysing these for any trends. For example, if there were more falls at certain times of the day or in certain locations.
- There had not been any complaints, accidents or incidents, including falls since our last inspection. However, the provider had learnt from the need to consider people's dependency needs and the layout of the building alongside staff deployment and had made changes to mitigate risks.

Using medicines safely

- Medicines, including 'as required' medicines, were received, stored, disposed of, and administered safely.
- There was clear guidance for staff on how to support people to take their medicines and they were administered by staff who had received appropriate training and competencies.
- Protocols were in place for all 'as required' medicines which ensured staff knew when the person needed these medicines and how to evaluate their effectiveness.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and one relative told us they thought their loved one was 'absolutely' kept safe and said, "They are so well looked after, they have everything they need."
- One visitor told us, "I have absolutely no concerns, every time I come, I ask people how they have been. They all says it's lovely here, all people are kept well."
- Systems were in place to protect people from abuse and avoidable harm. Policies were in place and staff received training in this area. I would take out the dot here so it flows that policies and training were in place and staff understood how to follow them. Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Preventing and controlling infection

- The home was clean and free from odour.
- Staff had received training in infection control and could tell us what they did to prevent and control infection, such as wearing gloves and aprons. Information about how to prevent the spread of infection was present in the home and personal protective equipment was available for staff to use.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 and 23 November 2018.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection on 20 and 23 November 2018 we identified a continued breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had failed to ensure that effective systems were in place to monitor and improve the quality and safety of the home and the failure to maintain accurate and complete records. We issued the provider with a warning notice for this which required them to become compliant with the regulation by the 15 February 2019.
- At this inspection we found that although some improvements had been made, further improvements were needed to ensure good oversight of the quality and safety of the home.
- The registered manager had failed to develop processes and systems to analyse incidents and accidents for trends or lessons learned. This was highlighted at the previous inspection as part of the evidence for the breach of regulation. Therefore, action had not been taken to fully address the previous breach.
- Sustainability of the home was not ensured as the leadership was heavily reliant on the registered manager who was also the provider. The registered manager was consistently working long days, six days a week which was not sustainable. There was no emergency plan in place should they become absent for any reason and no deputy manager deployed.

The failure to ensure that effective systems were in place to monitor and improve the quality and safety of the home and to ensure sustainability is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Quality audits had been completed since our last inspection on infection control, health and safety, dignity in care and medication, which had not identified any action needed.
- Care records had improved and evidenced that all risks to people were understood and mitigated and that guidance was available for staff. Records were accurate and up to date to help ensure consistent support. Records were accessible for staff and repeated information had been removed making the guidance for staff clearer. Monitoring records were consistently recorded.
- There had not been any complaints or feedback received since the last inspection.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had not needed to notify us of any events since the last inspection.

However, they knew when they need to notify us.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings at the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had acted on the need to increase staffing levels to improve the safety and quality of the home.
- There was a relaxed and caring culture in the home and people, staff and visitors were all positive about the registered manager. One regular visitor said, "The atmosphere is really laid back, it's relaxed and calm, it's always been like that."
- The registered manager was open and responsive to feedback at the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt involved. Staff were knowledgeable in their roles and told us they felt supported by the registered manager who was approachable and they could speak to if they had any concerns.
- The staff and registered manager worked in partnerships with other community agencies, for example their local churches, healthcare agencies and activity providers.
- The registered manager had continued to engage with people and relatives through day to day conversation and meetings. The registered manager was a visible presence in the home, regularly provided hands on support and knew people well.
- Relatives continued to tell us they were kept informed where they had the right to be informed. One relative described how as soon as there were some changes to their loved one's health, they were informed. They said, "It's easy to talk to the manager, I pop and see them in their office and they welcome me."

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
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured that effective systems were in operation to monitor and improve the quality and safety of the service and ensure sustainability. Regulation 17 (1) (2) (a) (f)</p>