

Charis House Limited

Gardenia Court Nursing Home

Inspection report

21 Uphill Road North
Weston Super Mare
Somerset
BS23 4NG

Tel: 01934632552
Website: www.gardeniacourt.co.uk

Date of inspection visit:
07 July 2017

Date of publication:
07 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Gardenia Court Nursing Home is registered to provide nursing care and accommodation for up to 29 people. The home is situated within walking distance of the sea front at Weston-Super-Mare and local shops. On the day of our visit there were 22 people living at the home.

At the last inspection on 26 April 2017 the service was rated Good.

This focused unannounced inspection on 7 July 2017 was prompted in part by a notification of an incident where a person using the service was scalded by a hot drink. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of scalding and the treatment of injuries. This inspection examined those risks.

At this inspection we found the service remained good.

There was a registered manager in place. 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.

People told us they felt safe at the home and staff provided care and support in a way that was safe. There was enough staff to meet the needs of people at the home. Staff cared and supported people in an attentive and patient way.

Risks to safety were assessed and risk management plans were in place. There were systems in place to manage these as well as to safeguard people from abuse.

People were supported by staff who understood how to respond in an emergency. Staff knew how to respond to accidents, incidents or near misses. Accident and incident records showed that the registered manager evaluated all occurrences. Actions were put in place when needed to support people to stay safe.

Care plans showed how to meet the nursing needs of people at the home. However some records lacked detail for example certain care records did not fully explain how to change and reapply a person's dressing. However the registered nurses were up to date about the care needs of people they supported. Where there were shortfalls in the details in care records the registered nurses were able to tell us exactly how they care for the person concerned. The nurses ensured that when needed they sought the advice of health care professionals. Registered Nurses were able to tell us how they met people's nursing needs. For example, they described in detail the care and treatment they provided for people who had wounds that needed treatment.

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 remains safe

Risks to people were being managed and systems were in place to protect people from abuse.

Systems in use to communicate information and changes about people's risks to staff.

Accidents and incidents were recorded and learning took place to prevent reoccurrence.

There was a lack of detailed information in certain care plans and risk assessments.

The registered manager carried out regular health and safety quality checking audits.

Gardenia Court Nursing Home

Detailed findings

Background to this 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.

We inspected the service against one of the five questions we ask about services: is the service safe? The inspection was unannounced and was carried out by two inspectors and one specialist professional advisor (SPA).

As part of this inspection, we spoke with the registered manager, the deputy manager, of the service. We spoke to 6 people who lived at the home and three care staff. We also met a visiting health care professional who came to see a person at the home.

We reviewed the care plans and risk assessments for five people at the home. We checked specifically on care plans relating to wound care and oral mouth care.

We also viewed accident and incident records, generic health and safety risk assessments, training records for wound care, and safeguarding. We viewed safeguarding and whistleblowing procedures, health and safety quality audits, and audits of accidents and incidents.

Is the service safe?

Our findings

People told us they felt safe and that they were being properly cared for at the home. Examples of comments made included "They [the service] have been marvellous" and "I am very happy here." Another person told us how staff were knowledgeable about their needs and they felt safe and well looked after. "They [the staff] really help you. All my needs have been met." A further comment a person made to us was "The staff are really very good. I have been very comfortable." The person also told us their health has improved and they felt more able to do things for themselves since they moved into the home.

A visiting healthcare professional told us they had no concerns about the home. They also said the registered nurses tend to be cautious and rang them whenever they were concerned about someone's health needs. They went on to tell us the registered manager and deputy manager, both registered nurses "really know their residents well. They are both very caring. They both always like coming here, it is so different to some, and it is lovely".

There was enough staff to support people safely. We saw that meals were given in line with people's care requirements. For example, one person had a soft diet. A member of staff sat next to the person and engaged in conversation. The atmosphere was relaxed and calm. Staff reminded and prompted people with their eating where needed. Staff were respectful of people's choices. Where people declined food offered to them alternatives were suggested and provided. Staff attended promptly to people's needs. People were not left waiting and call bells were answered promptly. Staff did not appear hurried or rushed and communicated to each other about what they were doing and where they were. This showed that staff were communicating effectively and working well as a team to ensure that people received safe care.

People were supported with their care needs safely by the staff. We saw a staff member came down to a person's level and held their hand. Hot drinks were in plastic beakers for people who were at risk of scalding themselves. This meant they were safe to use for the people concerned. We observed people drinking safely from the beakers and staff checked on them while they had their drinks. This helped ensure people were assisted safely with their hydration needs. We saw staff put a cup of tea (in a beaker with lid securely on) in front of one person, with some biscuits on a plate. They described to the person what was in front of them and helped them feel where these items were situated on the table in front of them. They brought the person's pens and art book to them. We also observed staff supporting people attentively and safely during a mealtime. Everyone we saw was given a call bell pendant to wear on them. When people came into the communal areas, staff ensured they had a pendant on them and knew how to use it. This system helped people to feel safe as they could call for staff when they needed them. We also saw people being supported by staff to move with the use of a hoist. The staff used safe procedures and there was good communication between the staff and the person being hoisted

People felt safe in the company of the staff who supported them. This was evidenced in a number of ways. We saw staff safely bring a person in a recliner chair into the lounge. We noted there were warm relationships between the person and the staff member with plenty of laughter between them. The staff member was polite, kind and attentive. They ensured the person was settled and asked them if they would

like a squash or water. When the staff member poured the drink the person said they didn't want it anymore. The staff member left it on their table and explained to the person they would leave it there in case they changed their mind. The staff member checked the person was happy that the TV was on and what they were watching.

Care plans generally set out how to meet specific nursing care needs. The care plans we reviewed showed that wound dressing care plans were clear and up to date. They set out what to do to ensure people had the correct wound dressing they needed and that this was done in the most appropriate way. We also read in the care plans how oral care needs were met. For example how to support people to wash and clean their teeth and gums. Care plans guided staff and set out what care people required in relation to their skin care and integrity and oral care needs.

Some care records lacked detail in certain areas. For example, one care record stated that a wound was to be cleaned regularly as part of the managements of the wound. The care plans did not state what the wound was to be cleaned with. However, the deputy manager was able to clearly explain what the person needed to have applied to safely clean their wound. We also noted accident records did not set out in detail the actions taken to reduce risks. This meant that it was not always clearly recorded what action had been taken following an accident to reduce the risk. However, the registered manager and staff could tell us what action had been taken.

Staff told us about the information contained in people's care records relating to current risks. They gave us examples that included risks associated with mobility, behaviours that may challenge and skin integrity. Staff could detail how these risks were being managed and the support they should give to people to keep them safe. For example the actions that were needed to safely support people who were at risk of falling.

The training records confirmed that registered nurses had all attended wound management training sessions in the last year. This showed that nurses were all updated in their clinical knowledge of wound care. The nurses had all been on recent clinical training in 2016 and 2017.

Staff told us they had attended recent safeguarding training. Staff were knowledgeable about how to identify any potential safeguarding concerns and the procedure they should follow. They clearly showed that they understood their roles and responsibilities for keeping people safe from harm and abuse. One staff member said, "I would report anything to a senior or nurse. They would always come straight away." Staff were clear on other agencies they could report any concerns to such as the local safeguarding authority and the Commission. Staff said they were confident that any concerns would be dealt with promptly and effectively.

There were up to date policies and procedures in place to guide staff and others to safeguard vulnerable adults. These gave clear guidance on what staff and others should do to address any concerns identified. Staff had received training and understood what whistleblowing at work was. They knew they were protected in law if they reported any illegal practices in the organisation. There was a whistleblowing procedure on display in the home. The procedure contained the contact details of the organisation's staff people could confidentially contact.

Accidents and incidents which involved people living at the home were analysed and learning took place. We saw in the accident and incident records the subsequent checking of people after an accident to monitor their well-being. Whilst the registered manager was able to describe the actions they had taken to reduce risk, this was not always recorded. The staff told us that when an accident and incident had occurred the information was communicated to them at staff handover meetings. The staff demonstrated they had a

good knowledge of the risks and support that each person could experience. This helped to show that staff were kept up to date about people and their changing needs so that they could continue to provide safe care. There was also a section on the accident and incident records to identify who had been involved or informed following an accident or incident. For example, the emergency services, GP or a hospital admission.

Staff had received training about the subject of infection control and followed up to date infection control policies and procedures. Care staff, housekeeping and laundry staff helped ensure a hygienic environment. Housekeeping staff used colour coding systems for their cleaning equipment. This was to help to minimise the spread of any infections. We also saw that cleaning products and equipment used to clean toilets were only used for these areas and not for bedrooms and communal areas. This was hygienic practice as using the same cleaning items to clean bathrooms and kitchens as there could be a cross infection risk. Care staff and nurses wore protective plastic gloves and aprons when they assisted people with personal care. This practice also helped to reduce the risks of the staff spreading infection between people.

The areas of the environment that we saw including the garden looked safe and accessible. This meant that people could go into it without staff accompanying them if they preferred. The doors were open and people went in and out to the garden as they pleased. We saw the maintenance person was out working in the garden. The environment looked safe and we saw that gardening equipment was put away so that no obvious trip hazards were left out.