

The Garwood Foundation

Jean Garwood House

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Jean Garwood House is a care home providing personal care to 14 people with physical disabilities at the time of inspection. The home also caters for those with additional learning disabilities and sensory impairments. The service can support up to 14 people. 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.

At the time of the provider's registration in 2011, Registering the Right Support best practice guidance was not in place. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. However, we found care was provided in line with these principles and values. People received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Safe recruitment practices were not always followed. The registered manager took action following our inspection to address the concerns raised. Whilst staff were aware of safeguarding adults' procedures we found on one occasion these procedures had not been followed. The registered manager assured us this would not happen again and they would learn from the incident. Risks to people's safety were reviewed and management plans were in place to reduce risks to people's welfare. Safe medicines management processes were in place and infection control procedures were followed to reduce the risk of cross contamination.

We found at times robust quality assurance processes were not always in place and did not always consider current regulations and best practice guidance. An improvement plan was in place which was based on incorporating best practice into service delivery. People, relatives and staff were asked for their views about the service. People and relatives confirmed they felt comfortable speaking with the registered manager and felt their views and opinions were listened to. The registered manager adhered to their CQC registration requirements and submitted statutory notifications about key events that occurred at the service.

Staff were supported by skilled and knowledgeable staff who had received appropriate training and supervision. Staff assessed people's needs and used this information to produce personalised care plans. Staff supported people at mealtimes in line with their dietary requirements. People had access to healthcare professionals and staff took on board advice provided in order to support people's health needs. 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.

People told us they had good relationships with staff. Staff supported people in line with their wishes, this included in relation to their cultural and religious preferences. Staff respected people's decisions and

supported them in line with those decisions, including a person's decision to refuse care if they did not want to receive support at a particular time. Staff respected people's privacy and maintained their dignity.

Personalised care plans were developed and people's care needs were regularly reviewed to ensure people's records contained up to date information about people's health and support needs. Staff were aware of people's communication needs and provided information in a format that was understandable to the people using the service. People were encouraged and supported to maintain fulfilling lives, engaging in a number of activities at the service and in the community. Staff discussed with people their preferences in regard to end of life care in line with the hospices 'steps to success' initiative. A complaints process was in place to ensure any complaints made were appropriately investigated.

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

Rating at last inspection

The last rating for this service was good (published 27 April 2017).

We have found evidence during this inspection that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 2014.

Inspection team

An inspector and an Expert by Experience undertook this inspection. 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

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 six people and one relative who used the service about their experience of the care provided.

We spoke with seven members of staff including the nominated individual, the registered manager, deputy manager, senior care worker and three care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff recruitment file, staff rotas, supervision and training records. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We asked the registered manager to submit additional information. We reviewed the information received including training and supervision records, health and safety checks, recruitment checks and improvement plans.

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 good. At this inspection this key question has deteriorated to 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.

Staffing and recruitment

- Robust recruitment checks were not always in place. We saw gaps in employment had not been sufficiently explored, nor had the reason for why people left their previous role and references had not been obtained on headed documentation. Following our inspection, the registered manager provided evidence that these checks had been completed and they had amended their process to ensure robust recruitment procedures were in place for any additional appointees.
- Recruitment checks did include verifying the person's identity, their eligibility to work in the UK and undertaking criminal record checks.
- There were sufficient numbers of staff on duty to meet people's needs. Staffing levels were adjusted according to people's needs and what activities they had planned for the day.
- We received mixed feedback from people about staffing levels. Comments included, "[There are] loads of staff here", "[Staff] talk to you if you've got problems." Whereas we also heard, "Because [staff] are running around so much they have little time to talk to anyone."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding adults and were knowledgeable of the processes to follow if they had any concerns about a person's safety. However, we identified that in one case appropriate safeguarding processes had not been followed. We spoke with the registered manager about this who said they would revisit their procedures to ensure it was in line with best practice guidance.
- Staff liaised with the local authority safeguarding adults' team if they had any concerns about a person's safety or welfare.

Assessing risk, safety monitoring and management

- People told us there were some environmental risks that were not being well managed and having an impact on people's ability to maintain their independence. One person told us, "I used the grab rail in the shower and felt like it was going to come away so I hit the floor myself." Despite this comment, we saw the registered manager undertook regular health and safety checks and the provider had arrangements in place for repairs and maintenance.
- People confirmed staff came to support them and there were call bells in people's rooms should they need assistance. One person said, "There's a buzzer in the room. When you press it [the staff] come."
- Staff regularly reviewed the risks to people's health and welfare and took the necessary actions to reduce those risks. We saw risk assessments and management plans were available in people's care records detailing how staff were to support people to ensure their safety.

- Where required, people had behaviour support plans in their care records. This informed staff about triggers to behaviour that challenged staff and how to support a person to reduce their anxiety.

Using medicines safely

- Safe medicines management processes were in place and people received their medicines as prescribed. We saw accurate medicine administration records (MAR) were maintained.
- There was clear guidance about when to give people their 'when required' medicines and what steps to take should people require ongoing support, for example in relation to allergy relief medicines.
- People confirmed they received their medicines. One person said, "They give me my tablets." They also said, "[We] can ask for pain relief" and staff would provide this for them.
- If there were any medicine errors these were reviewed by the registered manager and discussed with the staff team. Two staff were involved in all medicine administration to reduce the risk of errors.

Preventing and controlling infection

- People were protected from the risk of infections. Staff received training on infection control and personal protective equipment (PPE) was available when supporting people with personal care.

Learning lessons when things go wrong

- The registered manager reviewed information relating to incidents and accidents that occurred at the service. Records confirmed that appropriate action was taken in response to an incident to ensure a person's safety and welfare.
- Staff shared with the local authority information about incidents to ensure transparency and take appropriate action to prevent recurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- When people started using the service, staff liaised with referring agencies, healthcare professionals involved in the person's care and their families to obtain detailed information about the person's needs and how they wished to be supported.
- We saw staff used recognised best practice tools to assess people's needs. Their care and support needs were regularly assessed to identify any changes in a person's health and how they were to be supported.

Staff support: induction, training, skills and experience

- People were supported by skilled and knowledgeable staff. Our discussions with staff showed they knew how to meet and support people's individual needs.
- Staff received ongoing training and supervision to ensure their knowledge and skills were up to date with best practice and they were well supported in their role.
- A training matrix was in place which enabled the management team to ensure staff were up to date with their training requirements.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had received training in food preparation.
- A four weekly menu was developed in discussion with people using the service. We observed on the day that one person had asked for an alternative and this was provided, however, in general only one meal option was provided. We also received feedback from people about the lack of choice at mealtimes. We discussed this with the registered manager who provided us with a reviewed menu post inspection.
- For people that had specific nutritional needs they received the required support. This included monitoring food and fluid input for people who were at risk of dehydration, malnutrition or recurrent urinary tract infections.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had their health needs met and were supported to have timely access to healthcare professionals. People confirmed they were able to access health services. One person said, "[Healthcare professionals] come here or we go to them."
- Staff liaised with specialist healthcare professionals when required and supported people to attend their specialist healthcare appointments.
- Records confirmed staff appropriately contacted healthcare professionals for advice if they had concerns about a person's health. The provider also used the 'Immedicare' telemedicine service which enables care

home staff to have video calls with healthcare professionals to obtain their advice about how to support a person. We observed this had been used for one person to obtain advice following a fall.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of their responsibilities under the MCA and supported people in line with the principles within the Act. We saw decision specific assessments were in place and people were supported in line with their capacity to consent.
- If people did not have the capacity to consent, best interests' decisions were made in discussion with relatives and health and social care professionals.
- Legal authorisation had been obtained to deprive a person of their liberty when this was required to maintain their safety.

Adapting service, design, decoration to meet people's needs

- The service was wheelchair accessible and enabled people to freely move around the service.
- The home was decorated and personalised taking account of people's interests and hobbies. We saw people were able to personalise their bedrooms and people confirmed they had been consulted when decorating communal areas.
- We saw there were plenty of resources in line with people's interests and sensory equipment was available for people who enjoyed and benefitted for this type of equipment.
- However, we heard some equipment was broken, including a bath and the tumble dryer. Whilst there were arrangements in place to get these items fixed this was providing people with some anxiety.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People confirmed the staff treated them kindly and with compassion, and they had built good working relationships with staff. One person said, "I do think [the staff] are caring and kind." Another person told us, "[Staff] are funny and have a good sense of humour."
- Staff respected people's individual differences. Staff were knowledgeable about people's life histories and preferences, and supported people in line with those. Staff provided support in line with people's cultural backgrounds and respected their religious preferences.

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

- People were involved in making decisions about their care and asked for their views about the service. People were able to make day to day decisions and their decisions were respected. This included what activities they wanted to participate in throughout the day.
- Care plans included information about people's preferences and discussions with people and relatives confirmed that staff were aware of what people enjoyed.
- We observed staff asking people what support they would like and respecting people's decisions if they did not want to participate in certain aspects of their personal care at the time support was being offered. Staff later asked people if they wished to receive this support so their needs were still met.
- Monthly meetings were held for people to discuss the service and plan activities. People had recently reflected on their holiday experiences and talked about future plans.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported to be as independent as possible. This included with activities of daily living and skill development, for example, with meal preparation, laundry and house work. One person said, "I like to do things for myself."
- People's privacy and dignity was respected. People told us staff always knocked before entering their rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were provided with personalised care that met their needs. People confirmed they were involved in their care planning and care reviews.
- Care plans detailed how people wished to be supported and the level of support they required from staff. These plans were regularly reviewed to ensure the information reflected any changes in people's needs.
- Individual behaviour support plans were in place where people might behave in way that challenged the service, which outlined the way people behaved the triggers to the behaviour and how the person was supported to manage those behaviours. However, staff had not had specific training in relation to positive behaviour support so they had the knowledge and skills to further support people who might behave in way that challenge the service. The registered manager agreed to organise this.

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.

- Staff collected information about people's communication needs and how to communicate with them so they understood what staff were saying. This included providing easy read information and pictorial information.
- For people who had hearing impairments the service had incorporated a lighting system to improve communication, including lights being activated when the door bell was used so people knew there was someone at their door.

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

- Staff found out what was of interest to people and supported people to participate in activities in line with these. People were able to decide how they wanted to spend their time and what activities they undertook during the day. This included activities at the service and support in the community. Staff escorted people on shopping trips and to local amenities.
- Staff were aware of who was important to people and supported people to maintain those relationships. People told us they were supported to visit family and many people stayed with their family at weekends.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and the procedure was displayed at the service.

- There was a system in place for the management of complaints. No complaints had been made since the last inspection.
- People told us they felt comfortable speaking to staff if they had any concerns and any concerns they had raised had been resolved.

End of life care and support

- The staff supported people to discuss their end of life preferences so clear care planning could be developed in line with the local hospice initiative 'steps to success'. This initiative was in line with best practice guidance that supported staff to recognise people moving towards the end of their life, assessing and managing pain, coordinating care between care staff and healthcare professionals, and ensuring people's preferences were identified and included.

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 good. At this inspection this key question has deteriorated to 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; Continuous learning and improving care

- The provider's director undertook quarterly quality checks. This reviewed health and safety checks, staffing requirements and the quality of handovers. However, we saw these checks were based on the old CQC standards which referenced out of date regulations, and did not consider the 2014 Health and Social Care Act (Related Activities) Regulations. This meant there was a risk they were not reviewing their practices against current regulations and good practice.
- We heard the management team had planned to consult with oral healthcare specialists so best practice in oral healthcare could be incorporated into care plans, as this was not in place at the time of the inspection.
- We asked the registered manager to send information relating to audits, specifically in relation to infection control and medicines management. We also asked for information about how the registered manager ensured the service stayed up to date with best practice guidance. Unfortunately, this information was not provided and there was a risk there were not sufficient robust systems in place to review the quality of all areas of service delivery and ensure it was provided in line with best practice guidance.
- Since our last inspection the service had created a deputy manager and a senior care worker position. This strengthened the management team and ensured there was always a member of the management team present and accessible to people.
- The registered manager was aware of their regulatory requirements and 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 provider asked people and their relatives to complete annual satisfaction surveys about their experiences. From the surveys provided we saw positive feedback was received about the service. Comments included, "The standard of care is the very best and we see the affection staff have for all the residents" and "I am very happy with the care and love [the person] receives at Jean Garwood House."
- The management team had improved communication with people's relatives and were now issuing weekly emails providing a summary of how the person was, what activities they had been involved in and any key events that occurred during that week.

- A relative told us they had a good relationship with the registered manager. They confirmed they were able to speak with the registered manager and felt they worked "in parallel". People also told us they felt comfortable speaking with the registered manager and felt they were listened to.
- Regular staff meetings were held which enabled staff to discuss any issues or learning related to the service and how people received care. We also saw these meetings were used to thank staff for their "hard work".

Working in partnership with others

- The staff had built working relationships with other agencies and health and social care professionals in order to provide coordinated and consistent care that met people's needs.
- As part of the service's improvement plan they planned to build closer relationships with care managers and commissioners. As well as building links with similar services so they could share ideas and best practice.