

Heritage Care Limited

Gardenia House

Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| 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

About the service

Gardenia House is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 older people.

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

There was a lack of guidance for staff to follow when people were at risk of choking. Whilst no-one had been harmed there was a risk staff may not know what action to take. This was addressed during the inspection.

People told us they felt safe living at Gardenia House. Their relatives told us they were reassured their loved one's always had support at hand when needed. People continued to be protected from the risks of abuse and discrimination. Risks to people's health and well-being were assessed and reviewed. People told us there were enough staff to provide their care when they needed it. Staff had been safely recruited and completed regular training to keep up to date with best practice.

People lived in a service that was kept clean and tidy. People were able to personalise their rooms with their own belongings to make it 'home from home'. People chose where they wanted to spend their time and had access to a secure garden.

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's health continued to be monitored and staff worked closely with people's health care professionals to provide the support people needed. People told us they enjoyed their food and there was always plenty of choice. They were encouraged to maintain relationships with people who were important to them and there were no visiting restrictions.

People and their relatives told us staff were compassionate, kind and caring. They had built strong, trusting relationships. Throughout the inspection people and staff laughed and chatted with each other. Staff knew people and their relatives well and made sure people were as involved as possible in making decisions about their care.

People did not have any complaints about the quality of service and felt Gardenia House was well-led. Relatives told us they were kept informed of any changes in their loved one's health. People, their families and the local community were involved in open days and coffee mornings. There were regular visits by children from a local primary school.

Many staff had worked at the service for a long time and there was a strong team ethos. This provided people with consistency. A relative commented, "Continuity of staff is important for feeling valued and

secure". Effective checks and audits were completed and action was taken when shortfalls were identified.

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 (report published 1 March 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Gardenia 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

The inspection was carried out by one inspector.

Service and service type

Gardenia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This includes details about incidents the provider must notify us about, such as abuse. 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 used all this information to plan our inspection.

During the inspection

We spoke with seven people and three relatives. We spoke with eight staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

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 improved to Good. This meant people were safe and protected from avoidable harm.

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

- Risks to people's health and welfare were assessed, identified, monitored and reviewed. There was guidance for staff on how to reduce risks. For example, some people used special equipment to help them get up or to move around the service safely. Staff were trained to support people to use this.
- When a person was at risk of choking, there was information available to inform staff of the risk and how to reduce it, such as cutting food into small pieces. However, there was no guidance for staff about what to do if a person began to choke. Staff knew what action to take and first aid trained staff were on each shift. We discussed this with the registered manager who took immediate action to rectify this shortfall. Following the inspection, they informed us that guidance had been put in place and this had been discussed with staff.
- Risk assessments were regularly reviewed and were updated when a person's needs changed.
- Environmental risks, including fire and safety risks, were assessed and regularly reviewed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. They said, "I do feel very safe. [Staff] check on me if I decide to stay in my room".
- People were protected from the risks of abuse and discrimination. Staff understood how to recognise the signs of abuse and knew how to raise any concerns. They felt confident the registered manager would act on any concerns.
- Staff completed regular training about keeping people safe, to keep up to date with best practice.
- The registered manager reported concerns to the local authority safeguarding team in line with guidance.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely. People and their relatives told us there were enough staff. A relative said "There are always plenty of staff when we visit". Comments noted on a recent survey confirmed people and relatives felt there were enough staff. One comment noted, 'It has given me peace of mind to know that [my loved one] is in a safe place and there are people 24/7 if they need them'.
- The registered manager considered people's assessed needs when deciding how many staff were needed on each shift. Staff worked flexibly to cover busy times, such as first thing in the morning and meal times, to ensure people received the right support. The registered manager was in the process of recruiting an additional member of staff for the early shifts. The registered manager or deputy manager were available outside office hours when staff needed any guidance or advice.
- Checks were completed to make sure staff were safe to work with people. For example, two references

were obtained, and Disclosure and Barring Service criminal records checks were carried out. People, when they wished to, were involved in the interview process.

Using medicines safely

- People continued to receive their medicines safely, as prescribed and on time. Medicines were stored, administered and disposed of safely.
- One person said, "[The staff] help me with my eye drops. They are very gentle".
- Staff were trained in medicines management and their competency was assessed.
- Staff kept accurate medicines records. The registered manager completed regular checks on the medicines management to make sure people remained safe.

Preventing and controlling infection

- The service was clean and free from odours. Regular checks were completed to ensure the service was clean.
- Staff had access to, and followed, the provider's policy and procedures on infection control.
- Staff used protective equipment, such as aprons and gloves, when needed.
- Staff understood the importance of food safety, including hygiene, when preparing or handling food.

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

- People's needs and preferences continued to be assessed before they began living at the service to make sure staff could meet their needs. People's needs had been assessed using recognised tools to understand their risk of becoming malnourished. People were given the opportunity to share information about any protected characteristics under the Equality Act, such as about their lifestyle, religion, disability and sexuality.
- People continued to be supported to stay as healthy as possible. People had access to GPs, dentists, chiropodists and opticians when required. People told us staff helped them arrange appointments with their health care professionals. They were supported by their relatives or by staff to attend appointments.
- Staff monitored people's health and referred people to relevant health care professionals, such as speech and language therapists and occupational therapists, as needed.
- For example, a person had become unsteady on their feet and was referred to an occupational therapist. A piece of equipment was introduced to help the person to stand up more easily. This reduced the person's anxiety and made them feel in more control.

Staff support: induction, training, skills and experience

- People continued to be supported by skilled and knowledgeable staff. People and their relatives told us staff had the skills to meet their needs in the way they preferred.
- New staff completed an induction when they began working at the service. New staff completed the Care Certificate. This is an identified set of standards social care workers adhere to in their daily working life.
- Staff completed regular training to keep up to date with best practice. This was a combination of classroom-based training and e-learning.
- Staff completed additional training from health care professionals to enable them to provide people with the support they needed. For example, training with an occupational therapist to use special equipment to help people move safely.
- The registered manager monitored staff training and refresher training was arranged as needed.

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

- People continued to be supported to eat healthily and drink plenty. Fresh fruit was available for people to help themselves when they wanted it. People told us they enjoyed their meals and were offered a choice. Mealtimes were social occasions where people sat together in the dining room and chatted. Food looked appetising. One person said, "I eat very well. The food is lovely" and a relative commented, "[Our loved one]

has pureed meals and they enjoy their dinner".

- People's weights were monitored. When people were at risk of losing or gaining weight, staff referred them to health care professionals, such as dieticians, and followed any advice given to them.
- Staff knew people's preferences, including any cultural or dietary requirements. Staff were aware of any medical conditions a person had which may impact on their appetite. This enabled them to notice changes in a person's eating which may be an indication of a change in their health. When people had food intolerances, these were clearly noted in the care plans. The kitchen staff were aware of allergies and intolerances.
- When people had been given advice from health care professionals, such as a speech and language therapist, this was followed by staff. For example, one person's care plan noted they liked to have their food in small pieces due to swallowing problems. At lunchtime, staff had supported the person to cut their meal into small pieces.

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

- People had access to a secure garden at the rear of the building. There were communal and quiet spaces for people. A 'quiet room' had been provided to enable people and their loved ones to spend time together.
- People continued to be encouraged and supported to personalise their bedrooms. People's rooms had pictures, photographs and ornaments to help them feel at home.

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.

- The registered manager submitted DoLS applications in line with guidance.
- People were not restricted and were able to move freely around the service.
- People's capacity to make decisions was assessed. People made day to day decisions and choices. People were supported to make more complex decisions by relatives or advocates.
- The registered manager and staff knew how to make sure decisions were made in their best interests by speaking with people's relatives, if they were legally able to make decisions, such as having a Lasting Power of Attorney (LPOA), and with health care professionals. When a person had an LPOA, the registered manager looked at a copy to make sure decisions were legal.

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 Good. At this inspection this key question has remained the same. 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 continued to be treated with kindness and compassion. People and their relatives told us staff were supportive and kind. One person said, "The staff are all super. They are very, very kind", and a relative commented, "[The staff] are very helpful and kind".
- Staff spoke with warmth about the people they supported. Although staff were busy, they often stopped and chatted with people, and placed a reassuring hand on their shoulder as they walked past.
- People's equality and diversity needs under the Equality Act 2010 were respected and supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their disability, sexual orientation, gender identity or religion.
- People's communication needs were recorded in their care plans. For example, when people used hearing aids or glasses, this was noted, and staff checked they wore them.

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

- People continued to be supported to express their views by staff who knew them well. People and their relatives told us they felt in control of their care and support. One person said, "I make decisions about what help I need, and my family also help me".
- People chose where they wanted to spend their time, and this was respected. For example, some people chose to spend time in their rooms. Staff checked on them as they went past to make sure they had everything they needed.
- When people needed support to make decisions about their care they were supported by their relatives and staff. Staff understood who to contact if people needed additional support. For example, they were able to access advocacy services. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be respected. Staff knocked on people's doors and waited to be asked in before they entered the room.
- People's confidentiality was protected. Their care plans were stored securely and conversations about people's health care needs were held in private.
- People told us they were encouraged to do as much for themselves as possible and were supported to maintain their independence. People's care plans reflected how much they could do themselves. For example, one person's care plan noted they were able to put on their underwear and tops, but needed help with the arms. Staff told us how they allowed people to continue to do as much as they felt they wanted to

do.

- People were encouraged to maintain relationships with their friends and family. Visitors were welcomed and were encouraged to join in with activities and events at the service. People and their relatives felt their quality of life had improved since they had been living at the service.

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 continued to be involved in the planning and reviewing of their care and support. They continued to receive personalised care that was tailored to and responsive to their individual needs.
- Each person had a care plan, followed by staff, which reflected their physical, emotional, social and mental health needs.
- People's likes and dislikes were recorded and their life history was reflected to enable staff to get to know them. People's families had been involved in writing about people's past life. Staff knew people and their preferred routines well.

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.

- People had access to important information about the service in ways they could understand. For example, larger print documents and pictures.
- People's care plans were accessible to them and, as far as possible people were involved in writing them with their loved ones.

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 continued to enjoy a variety of activities at the service. People told us they liked to keep busy.
- Relatives told us about a recent open day which was well attended by people, relatives and the local community.
- Boards displayed upcoming activities. There were photographs throughout the service showing people laughing, smiling and enjoying a variety of activities.
- The registered manager and staff had built links with the local community. Children from local schools visited the service. Religious leaders, from different denominations, attended the service.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints. They said they would speak with the registered manager or staff and felt they would resolve any issues.
- The registered manager told us that and concerns were dealt with immediately to prevent them escalating.

- Complaints and compliments were recorded. Complaints were investigated, and the provider's policy was adhered to. Complaints had been satisfactorily resolved.

End of life care and support

- People continued to be supported to have a comfortable, dignified and pain-free death.
- People's preferences for their end of life care were discussed and recorded to make sure staff would be able to follow their wishes.
- When a person passed away, fellow residents were informed and offered support to attend the funeral if they wished. Coffee mornings / afternoon teas were held in memory of people shortly after they passed away to remember them and share thoughts and memories.
- Staff completed training about how to support people at the end of their life.
- Staff told us if a person was approaching the end of their life and did not have any family support, an extra member of staff was provided to make sure the person had someone to sit with them.

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

- Whilst staff knew people well, we found some care files contained very old information which made it difficult to find current information. Some parts of people's care plans were incomplete. For example, one person's 'missing persons form' contained their photograph but no further information had been added. Another person's care files contained consent forms which had not been completed and signed. We discussed this with the registered manager who agreed this was an area for improvement.
- The registered manager and staff continued to be clear of their roles. Staff told us they felt supported by the registered manager.
- The registered manager completed regular checks on the quality of service people received. When a shortfall was identified, action was taken to reduce the risk of it happening again.
- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, were raised with the local authority and the Care Quality Commission (CQC) in line with guidance.
- It is a legal requirement that the registered provider's latest CQC inspection report rating is displayed in the service and on their website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had conspicuously displayed their rating in the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they thought the service was well-run.
- The registered manager promoted an open and inclusive culture. They had worked at the service for a long time and knew people, their relatives and staff well.
- Staff were motivated and worked closely as a team to make sure people received the support they needed, when they needed it.

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 registered manager understood and acted on the duty of candour.
- When something went wrong people had received an apology and action had been taken to prevent it happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff continued to be involved in the day to day running of the service. They said they felt listened to and that they were happy to make suggestions.
- People, relatives and staff were asked for feedback and suggestions about the quality of service. A 'comments box' was used if people or their relatives wanted to remain anonymous. Ideas were listened to and acted on. For example, chilled water dispensers had been introduced to the service following suggestions.
- Surveys were completed each year and the results were shared with people and their relatives. Comments had been positive.
- People were encouraged to be part of the local community. Events were arranged, and the local community were invited to attend. There were regular visits by children from a local primary school.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff continued to work with health care professionals, such as occupational therapists and the local authority, to provide effective, joined-up care.
- The registered manager kept up to date with changes in legislation and best practice from several sources, including local registered manager forums, Skills for Care, The National Institute for Health and Care Excellence, CQC and the local authority.