Garforth Residential Homes Limited

St Armands Court

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected St Armands Court on 29 March 2016. The inspection was unannounced. The service was last inspected in May 2014 and was found to be meeting the regulations inspected at that time.

St Armands Court is a large purpose built accommodation. The service provides care and support for up to 40 older people. The service is close to all local amenities.

The home had 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Peoples care plans were written in a way that instructed staff to know what people's needs were. The staff knew more detail about people than was recorded in care plans and the registered manager was working to ensure this detail was recorded.

We saw people's care plans were not always person centred and written in a way to describe how people would like their care to be delivered. They did however describe the tasks staff needed to do to care for them. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate people were involved in all aspects of their care plans.

We saw staff had received supervision on a regular basis and an annual appraisal. Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

People told us there were enough staff on duty to meet people's needs. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

Systems in place to manage people's medicines were overall appropriate and safe. The service did not have specific protocols in place for use of 'as and when' required medicines or prescribed creams.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw there was a plentiful supply of activities which people told us they enjoyed.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views.

There were effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the registered provider, registered manager and senior staff within the organisation. We saw where issues had been identified there was not always action plans with agreed timescales in place.

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.

The arrangements in place to ensure people received medication in a safe way were overall appropriate but they did not include protocols for 'as and when required' medicines or prescribed creams.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service. There were enough staff on shift to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and appraisal had been carried out to help ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and had access to healthcare professionals and services.

Staff were following the Mental Capacity Act (2005) to ensure where people lacked capacity to make their own decisions, appropriate decision made in the persons best interests were recorded.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs

Is the service responsive?

Good

The service was responsive.

Care plans detailed the support people needed, but they could be developed more to include the person centred information staff know about people.

People who used the service and relatives were involved in decisions about their care and support needs. People knew how to raise concerns if needed.

People also had opportunities to take part in activities of their choice. People were supported and encouraged with their hobbies and interests.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Quality assurance systems were in place to ensure the quality of care was maintained, but not all audits had action plans in place to evidence continuous improvement.

St Armands Court

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 checked 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 on 29 March 2016. This was an unannounced inspection. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all of the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We also sought feedback from the commissioners of the service prior to our visit.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 35 people who used the service. We spent time with eight people. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During the inspection we spoke with the registered manager, registered provider, four staff members, four family members and two visiting professionals.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines.

We saw where people were prescribed creams the service did not use body maps which told staff members where the cream was to be used and why.

Although the GP was working well to ensure the prescription description was detailed for 'as and when required' (PRN) medicines, the registered provider did not have protocols in place to describe to staff the full details for example; of what the medicine was for and when it would be appropriate to administer it.

We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. The registered provider had a medication policy in place, which staff understood and followed. We checked peoples' medication and administration record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effect. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training.

We looked at four staff files and saw the staff recruitment process included completion of an application form and a formal interview, previous employer reference. A Disclosure and Barring Service check (DBS) was not carried out in all cases before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

When requesting a DBS check, employers receive an initial check alerting them whether a candidate's name is held on the barring list. On one occasion we saw one staff member had commenced working following a barring check being received as clear but before the criminal records check had been completed. The registered provider had risk assessed the situation and made the decision it was safe for the staff member to commence their induction under supervision.

We also saw gaps in people's employment history were not always recorded in their staff file. Overall, we found the recruitment process was safe and the registered manager told us they would build into their recruitment system checks on employment history and record the risk assessment they would conduct should a staff member start before the full DBS check was received.

We asked people who used the service if they felt safe. People told us they felt safe. A family member told us, "I feel mum is very safe."

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were recorded and concerns investigated. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they describe the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We also saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. Tests of the fire alarm were undertaken each week to make sure it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate and the registered manager reviewed each month patterns and trends for individuals. There was no system in place to look at patterns and trends across a longer period of time which would have helped the registered provider and registered manager understand the root causes better. The registered manager and registered provider told us this was something they would be building into their health and safety committee meetings.

We looked at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota and the tool used to map the dependency of people who used the service, which was used to ensure staffing levels were safe.

During our visit we observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service. They told us the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency. A visiting professional told us, "There's not a quick turnover of staff, people have been here for quite a while."

Good

Is the service effective?

Our findings

We spoke with people who used the service who told us staff provided a good quality of care. One person said, "It's excellent, I can recommend it, the foods good. My family come and take me out and we go all over." A family member told us, "Staff seem to know what they are doing and are well trained."
The registered manager told us staff new to care were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

A newer staff member told us how their induction had involved shadowing experienced staff until they felt confident and competent. Other staff we spoke with told us there was a plentiful supply of training. They told us they had received training in health and safety, food hygiene and safeguarding.

We saw the training matrix which confirmed staff training was well managed and most staff were up to date in all mandatory topics. We also saw additional training in areas such as dementia, end of life care and people's medical conditions such as epilepsy were available to staff. One staff told us the dementia training had helped them understand what it must be like to be living with dementia; they described the course as, "Putting me in their shoes."

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm supervision and appraisals had taken place.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for people who lacked capacity. In one of the care records we looked at we saw a multidisciplinary team and family members had been involved in such decision making.

At the time of the inspection, the service was highlighting where people required an application to deprive someone of their liberty, however, the documentation used did not follow the MCA code of practice and this was something the registered provider and registered manager told us they would update.

Staff we spoke with had a good understanding of DoLS. The home was working with the local authority team to ensure applications were processed.

Staff and people who used the service told us they were involved in making choices about the food they ate. People were asked for feedback at the residents meetings frequently. We were told one person enjoyed herbal tea and this was sourced for them. Another person enjoyed a jam sandwich instead of a cooked meal.

We made observations at both breakfast and lunchtime. People were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room to welcome people, the atmosphere was relaxed and people were socialising, and the food looked appetising. People were observed singing quietly and staff quietly ensured people chose what they wanted from the options on the menu. People were supported to be as independent as possible to eat their meal. People's preferences were taken into consideration and we saw one person did not like the portion size offered and staff changed this immediately for the person.
People told us the food was good overall and we overheard one person say out loud, "Ooh that was lovely." When they had finished their meal.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us they used a nutritional risk assessment and staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. People were weighed regular when they were able to use the scales, however, people cared for in bed were not weighed but observations were made to asses if their weight was reducing. We discussed the use of a recognised tool such as the malnutrition universal screening tool (MUST) which outlines how to assess weight loss of those people cared for in bed. The registered manager told us they would look to use this in the future.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had good links with the doctors and district nursing service and every week a GP visited to see people if needed. This process we were told by the registered manager had reduced the need for hospital admissions for people.

One visiting professional told us, "It's a place I would put my own in; if we need any help staff know the residents very well." Another visiting professional told us, "The communication with staff is really good, whenever I come there's always someone here, they always make time."

Good

Is the service caring?

Our findings

People we spoke with during the inspection told us they were very happy and the staff were extremely caring. One person said, "Staff are approachable, friendly and they seem caring." A family member said, "They look after him, as we come in they say, "Hello [Name of family member], how are you doing. It's absolutely marvellous; they let people have their dignity."

During the inspection we spent time observing staff and people who used the service. There was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring, friendly way and staff and people had friendly banter and laughed with each other. One family member told us how important this was to their relative. Another family member said, "The staff are brilliant; I can talk to the staff. The staff like to have a joke."

Staff did not rush people and spoke to people gently. Observation of the staff showed they knew the people very well and could anticipate their needs. For example, staff saw a person potentially struggling with their meal and they asked if the person wanted assistance, the person declined and staff respected this.

Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed the staff team was committed to delivering a service which had compassion and respect for people.

The registered manager, registered provider and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. This helped to ensure people received care and support in the way they wanted to.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. We saw people were supported to mobilise independently and staff made sure they were patient to ensure this happened.

People and their families told us they were involved in making decisions about their care and they had been involved in developing their care plans.

We saw where a person's first language was not English the registered provider had organised an interpreter and arranged for an advocate to support the person making decisions or making them in the person's best interests.

Good

Is the service responsive?

Our findings

Staff and people told us they were involved in lots of activities. One person said, "There's a list up on the door, each day there's something going on, an organist, a sing song, they have pets come in and there are games."

We saw the activities plan and could see a quiz, ball games and music were on offer for people to join in. The staff members were all responsible for supporting activities within the home and we observed how staff built this into their routine. For example, we saw one staff ask a person if they would like to share completing a jigsaw together. We saw the person really focused on the activity with the staff member. Another staff asked a person if they would like to read and took their time working out if the person wanted a magazine or book, and then which book the person wanted. There was real attention paid to what each person wanted to do as an individual.

The care plan review each month did not review people's activity levels or risk of social isolation. The registered manager told us this area would be included in the review process in the future.

One staff member told us, "I love everything about it (working in the service) I'm a jolly person, I'll sing to them and they'll clap along, it brightens up their day." The radio was on in one lounge area, tuned into a person favourite type of music and they could be heard singing to their favourite songs. The home had some pet birds which people enjoyed.

One family member told us how staff had worked with them to help their relative attend a family event recently which in the past the family felt would not have happened. The family member attributed this to the care received at the service.

During our visit we reviewed the care plans of four people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing their care plans.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. Staff were seen delivering person centred support to people. However, not all of this detail was recorded in the care plan; the registered manager told us they were working to ensure this detail was recorded. We found care and support plans were reviewed on a regular basis.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Discussion with the registered manager confirmed any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months. A family member told us if they had any concerns they would approach the registered manager or registered provider.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. People who used the service and staff spoke positively of the registered manager. One staff member said, "They [the registered manager] are very good to talk to, very supportive." One family member said, "I receive support from the manager and staff themselves and they are always available to listen and discuss any concerns."

Staff told us the culture was positive and they felt able to speak up and were they were encouraged to discuss issues they had. Staff told us they were kept informed about matters which affected the service. Staff told us team meetings took place regularly and they were encouraged to share their views. We saw records to confirm this was the case. We saw regular themed meetings were also held on topics such as health and safety, end of life care and catering. The registered provider also took part in these meetings.

The registered manager we saw was a visible presence who worked with people who used the service and staff on a regular basis throughout the day of the inspection. Staff told us this was the case all the time and they found this supportive.

The registered manager told us people who used the service met with staff on a regular basis to share their views and ensure the service was run in their best interest. We saw meeting minutes to confirm this meeting happened regularly.

We saw a survey had been carried out in May 2015 to seek the views of family members and people who used the service. The results of the survey were positive and we saw plans for improvements had been shared with people and their families. One area was feedback from people about wanting more activities. Our findings during the inspection were that people were happy with the activities programme, therefore the service had improved in this area.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. The registered manager was able to show us numerous audits which were carried out to ensure the service was run in the best interest of people. These included checks on health and safety, medicines, infection control and accidents. We saw not all of the audits included thorough action plans where issues had been identified, so when actions were complete they could be evidenced as completed. The registered manager told us they would review this.

The registered manager and registered provider told us the audits were completed across the year by different people within the organisation; this could be the registered provider, a peer manager, the registered manager or the operations director. They told us this helped to ensure robust checks happened and standards were maintained.