

RV Care Homes Limited

The Gardens Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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: The Gardens Residential Home is a residential care home providing personal care and support to 37 people at the time of the inspection.

People's experience of using this service: People were not supported to have maximum choice and control of their lives and were not supported in the least restrictive way possible. Mental capacity assessments and best interest decisions had not always been completed or recorded.

Audits had been completed however governance systems had not been effectively implemented to identify concerns and drive improvements. After the inspection we received an improvement plan which included some of the concerns identified during the inspection however, the provider's systems had not been operated effectively to identify issues.

People received their medicines safely however we have made a recommendation about 'as required' medicines as protocols for administration were not always detailed.

People were supported to access healthcare professionals and short term care plans were developed when specific support or treatment was required for a fixed period of time, such as a course of antibiotics for a chest infection.

People and relatives said they were treated with kindness and respect. One relative said, "It's as good as it could be, all smiles, all pleasant, always have time to talk and say hello, it couldn't be better."

Concerns, allegations and incidents were investigated and analysed for lessons learnt. An external professional confirmed there were positive relationships and partnership working to achieve outcomes for people.

The overall rating for the service after this inspection is requires improvement.

More information is in the full report below.

Why we inspected: This is the first inspection of the service.

Action we told provider to take: We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance.

Follow up: We have asked the provider to submit an action plan in relation to governance. We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our inspection programme.

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 safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 ●

The Gardens Residential Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two adult social care inspectors.

Service and service type: The Gardens Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Gardens Residential Home can accommodate 47 people in one adapted building across two floors. At the time of the inspection 37 people were resident, some of whom were living with a dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with five people living at the service and four relatives. 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 also spoke with the registered manager, the turnaround manager, who was supporting the registered manager, three care staff, the activities coordinator and ancillary staffing including housekeeping and kitchen staff. We also spoke with an external community care officer.

We reviewed five people's care records and four staff files including recruitment, supervision and training information. We reviewed medicine records, as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas.

After the inspection and the provider shared information we requested that was not available to us during the inspection including a home improvement plan and training information. The improvement plan included some of the concerns noted during the inspection however the quality assurance systems had been operated effectively to identify issues prior to our inspection. The provider also shared a response to our initial feedback including updated risk assessments.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Using medicines safely

- The provider had systems and procedures in place for the safe management of medicines. Staff had completed medicines training and received regular assessments of competence regarding the management of medicines. Medicines records were up to date and accurate. Medicines were securely stored and checks were in place to review the appropriate storage of medicines.
- There were differences in the quality of PRN (as required medicines) protocols. Some lacked detail, and did not outline when a person may require these medicines. For example, what signs or symptoms a person may display if they were in pain. Others were detailed.
- We recommend the provider review best practice in relation to the management of 'as required' medicines.

Preventing and controlling infection

- People were not always protected from the prevention and control of infection. We observed laundry containers without lids containing dirty laundry were left in a corridor, a toilet and a bathroom next to clean sheets and towels. Hoists and weighing chairs were stored in bathrooms which increased the risk of contamination.
- After the inspection the provider told us that all laundry containers without lids had been removed from the service and colour coded linen baskets had been ordered.
- Personal protective equipment (PPE) was available. It was held in closed plastic boxes in bathrooms and toilets. Hand washing information was displayed in bathrooms and toilets to act as a reminder for staff and support visitors.
- The premises were clean and tidy however in some areas paint work was marked.

Systems and processes to safeguard people from the risk of abuse

- Staff told us about the provider's whistle blowing process and they were confident concerns would be addressed. One staff member said, "I have never witnessed anything but if I saw something that worried me I would tell [registered manager] and I know they would do something."
- The service fully investigated safeguarding concerns and when required concerns were referred to the appropriate agencies. The records held on the provider's electronic systems held all the associated documents and outcomes.

Assessing risk, safety monitoring and management

- Systems were in place to support people in the event of an emergency. The provider had a business continuity plan and each person had a personal emergency evacuation plan (PEEP) which contained information about how best to support them during an evacuation.
- Risk assessments were completed and clearly described the hazard however they did not always include

control measures to mitigate the risk. Since the inspection we have received updated copies of specific risk assessments

- The provider told us, after the inspection that a full care plan and risk assessment audit was to be completed.
- Appropriate servicing of equipment and premises was completed in a timely manner.

Staffing and recruitment

- People and relatives told us there was enough staff to support their needs. Staff were visible supporting people throughout our inspection. However, we did notice that on one unit people were left sitting in the lounge area whilst staff gathered together to write notes in another unit. We shared this with the registered manager who said it would be addressed.
- Safe recruitment practices were followed which included an application form, interview and the receipt of satisfactory references and disclosure and barring service check before the person commenced in post.

Learning lessons when things go wrong

- Safeguarding and accident and incidents were collated on the provider's computer system and analysis was conducted at head office. The provider was proactive in using information gathered from its services to identify lessons learnt and cascade the solutions to all its services.
- Bitesize learning points were produced for staff, issues discussed in these, included choking risks and the spread of the norovirus.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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. For people who did not have capacity we found mental capacity assessments and best interest decisions were not always in place. For example, one person had a bed rail assessment in their care records but no consultation had taken place. Another person was seen to be asking staff if they could leave the building and go home. Their care records stated that they lacked capacity, however there had been no assessment of their capacity, no best interest decisions and no application to authorise a DoLS.
- Within some care plans it referenced relatives having Lasting Power of Attorney (LPA) but did not detail which type nor were copies of LPAs always available. The registered manager told us they had recently started to request this information from relatives.
- The registered manager advised that the local authority monitored people's DoLS applications and automatically completed renewal when required.
- We recommend the provider adopt best practice outlined in the Mental Capacity Act 2005 and its associated code of practice.
- Since the inspection the provider informed us that capacity assessments, best interest decisions and a DoLS application had been made.

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

- There was limited evidence that the design and decoration of the service had been adapted to meet people's needs. There was some dementia friendly signage in some areas of The Gardens.
- People had access to doll and dog therapy which clearly brought them comfort.
- Following the inspection, we were provided with a copy of a newsletter called 'Harmony – memory care for people living with dementia' and offered assurances that environments were being reviewed by a specialist in dementia care.

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

- The registered manager completed a pre-assessment with people prior to their move to the service to ensure their needs could be met. The service gathered information about the person, interests, preferences and care needs. Assessments did not gather information about all the characteristics of the Equality Act to ensure people were protected from discrimination. The registered manager assured us people were supported to be individuals and told us they would advise the provider of the missing areas.
- Following the inspection we received assurances that this had been discussed with the regional quality director who was raising it at the senior management team meeting.
- People and relatives told us they were involved in all discussions.

Staff support: induction, training, skills and experience

- Staff told us they were well supported and had attended regular supervision and an annual appraisal.
- Staff training had been identified by the provider as an area to improve as they had not achieved their target. A deadline had been set for 28 February 2019 to achieve the expected target of 85%.

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

- Within one unit the meal choices were available to view at the side of the dining room. Staff showed people the meal choices to support them to make a selection.
- Within Aspen, where people were living with a dementia, staff discussed meal times with people and said they didn't know what the meal choice was, even though the menu was displayed in the room. People were not shown plated meals to support decision making but did say they enjoyed the meals.
- People were supported and encouraged to maintain a balanced diet. Specific dietary needs were catered for and people had access to specialised cutlery and crockery plus one-to-one support if needed.

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

- Care records showed people had regular input from a range of health care professionals, such as GPs and speech and language therapists (SALT). Referrals were made in a timely manner and guidance was adopted in to care records.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and polite when supporting people. People were supported at their own pace and staff offered encouragement and reassurance.
- People appeared happy in the company of staff and said, "They are kind and caring."
- Staff understood people's care needs and their preferences. They also had knowledge of people's families, life history and likes and dislikes. This supported staff to engage in meaningful conversations with people.
- Relatives were greeted by the staff in a friendly manner. A staff member said, "We get to know people's families and try to involve them as much as possible." Relatives told us they were kept up to date on all matters.
- One relative told us, "[Person] likes it here. It's warm, clean and the staff are friendly" another said, "I've got my name down it's so good."

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

- Information was available for people to access advocacy services. An advocate is someone who represents and acts on a person's behalf and helps them make decisions. One person who used the service had an advocate to support with decisions.
- One relative told us, "They notify us if they have had a fall or been in pain. They involve us with chats about their care."
- People and relatives we spoke with told us they felt involved in the planning of care as they were invited to attend regular care review meetings. Records showed care plans were regularly reviewed and there was some evidence that people and their relatives had been involved in making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's confidential information was held securely and only accessible by staff who needed the information to carry out their role.
- We observed staff knock on doors and seek permission before entering.
- A relative explained how staff supported their family member to maintain their independence and to feel as though they were making a valuable contribution to the home.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained person-centred information on people's support needs. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.
- People had a range of care plans specifically designed for their individual needs and preferences. These contained clear detailed information to support staff included people preferences and technical information describing the use of equipment.
- Care plans covered areas such as communication, mobility, eating and drinking and sleeping and rest. Within one person's communication plan it detailed how the person preferred to be supported. For example, "Staff to speak slightly louder and with a clear tone." Within another person's sleeping and rest plan its described their environmental preferences for the bed light to remain on at all times.
- Short term care plans for situations that required additional support for a specific period of time were in place. For example, a chest infection. These gave guidance on the person's choices and wishes, type of antibiotics and previous history.
- Staff had access to a handover document which outlined people's interventions and described their previous day. This supported staff to ensure changes in people's needs were identified and acted upon.
- People had access to a range of activities, including card games, bingo, cake decorating, music and movement and pamper sessions. A dedicated activities coordinator was in place who said, "I try to speak to people daily. We organise visits out and entertainment to come in. I organise things but people can lose interest after five minutes I go along with what they want to do." An onsite hairdresser was available which a number of people enjoyed.
- People were supported to maintain their religious beliefs with representatives visiting to give holy communication or people were supported to attend services.
- Relatives told us they were made welcome at the service and included in all events. One relative said, "We are invited to everything. We are made very welcome. We have been to birthday parties, a garden fete and Christmas lunch here."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and relatives, knew how to report any concerns. A relative told us, "I would speak to [registered manager]. I have no worries."

End of life care and support

- End of life wishes care plan were available to support people. These outlined what was important for the person, medical history and important contact details. The registered manager regularly consulted with the local NHS end of life specialist nurse to ensure people had positive outcomes. No one was receiving end of life care during our inspection.

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

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

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

- The provider had an extensive range of quality assurance systems to monitor the quality and safety of the service, however they were not always used effectively to achieve improvements in a timely manner. For example, training had been identified as an area for improvement in the January 2019 infection control audit but this had also been identified in the October 2018 audit.
- A bi-monthly home visit report which covered October 2018 to December 2018 had identified that there was limited evidence of mental capacity assessments and best interest decisions in people's care records. This remained a concern during the inspection.
- Medicines audits were completed however they had not identified any concerns in the quality and detail of information recorded in 'as required' medicine protocols.
- Concerns in relation to the prevention and control of infection had not been identified during audits or walk arounds.
- Any actions identified from audits were documented on a home improvement plan however despite requesting this several times during the inspection it was not provided to us. We received a copy of this seven working days after the inspection due to the area quality director updating the improvement plan following a recent visit. They were not available during the inspection to provide it to us.
- The lack of robust quality assurance meant people were at risk of receiving poor quality care. After the inspection we received an improvement plan which included some of the concerns identified during the inspection however, the provider's systems had not been operated effectively to identify issues.
- The above concerns demonstrated a failure to ensure systems and processes to monitor and assess the safety and quality of the service were operated effectively to assess, monitor and improve the quality and safety of the service which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager described the vision of the home as being, "To continue to be a home of choice because of the lovely, kind care."
- People and relatives told us they were happy with the quality of care and support received.
- The culture was one of openness and transparency and investigations into incidents, accidents and concerns were completed. The registered manager had apologised to people and relatives when necessary.
- The registered manager was aware of their responsibilities and accountabilities and had notified the Care

Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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

- The turnaround manager, who was supporting the registered manager with the inspection, told us the provider encouraged and promoted the suggestion of new ideas both from staff and people using the services and visitors. The chief executive also offered direct access for people and relatives with the 'Ask Justin' scheme.
- Daily flash meetings were held with staff attending from housekeeping, catering, maintenance and activities. Items discussed including daily duties, clinical care and people's care needs.
- Staff told us they enjoyed working at the service. Staff we spoke with said they were well informed and kept up to date about the service. They said they attended regular team meeting and had the opportunity to discussion the service.
- Resident and relatives feedback had been sought and meetings were held on a quarterly basis.

Working in partnership with others

- The home had worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. When people's needs had changed the home was quick to involve all appropriate healthcare professionals.
- The registered manager told us they had a strong partnership with the local end of life specialist nurse. They also advised that they took part in local neighbourhood network groups and was part of the Lincolnshire Care Association. These forums offering learning and discussions about best practise within care.
- An external professional told us, "I've no concerns, I wouldn't place people here if I had. There's always good access to any notes I need."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been established and operated effectively to ensure compliance.</p> <p>Registered persons had not effectively assessed, monitored and improved the quality and safety of the service. Risks relating to the health, safety and welfare of service users and others who may be at risk had not been effectively monitored and mitigated.</p> <p>Regulation 17(1); 17(2)(a); 17(2)(b)</p>