

Charis House Limited

Gardenia Court Nursing Home

Inspection report

21 Uphill Road North
Weston-Super-Mare
Somerset
BS23 4NG
Tel: 01934 632552

Date of inspection visit: 24 February 2015
Date of publication: 07/04/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection on 24 February 2015 and this was an unannounced inspection. During a previous inspection of this service on 15 November 2013 there were no breaches of the legal requirements identified.

Gardenia Court Nursing Home provides personal and nursing care for a maximum of 29 people. At the time of the inspection there were 23 people living in the home. The home has two floors with most of the accommodation being on the ground floor. Access to the

first floor is gained via a passenger lift or the stairs. At the time of our inspection 15 people were assessed as requiring nursing care and eight people received personal care only. The home also provided care to people living with dementia.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had failed to notify the Commission, as required, of an authorisation to deprive a person of their liberty and an event that had a significant impact on service provided by the home.

People told us they felt safe and staff told us how they would report any safeguarding concerns internally or externally. Safeguarding and whistle-blowing policies provided information for staff as to how they could raise concerns externally.

People's needs were met promptly. We spoke with staff who told us that there were sufficient staff numbers to enable them to perform their roles effectively. No concerns were raised by people or their relatives about the numbers of staff on duty and we observed people's needs were met timely. We found that safe recruitment procedures were undertaken.

People received their medicines on time and safely. Medicines were stored appropriately and records had been completed accurately. The home was clean and there were appropriate measures in operation to reduce the risk of cross infection.

People gave positive feedback about the staff at the home. They told us they were very happy with the standard of care they received. Staff said they were provided with regular training and received regular supervision.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) to keep people safe and the service were currently completing applications where a need had

been identified. We have made a recommendation to the provider about following published guidance within the Mental Capacity Act 2005 when completing mental capacity assessments.

People were provided with sufficient food and drink and positive feedback was received on the standard of food provided. Where necessary, people received the support they required when eating. The service obtained the services of a GP and other healthcare professionals when required.

We observed friendly and positive interactions throughout our inspection. People and their relatives spoke highly of the staff at the home. Where possible, people were involved in making decisions about their care and treatment and said they felt their privacy and dignity was respected by staff.

People received personalised care. Observations throughout our inspection demonstrated that people received care in accordance with their assessed needs. The provider had a complaints procedure and people felt confident they could complain should the need arise. Activities were arranged for people however we have made a recommendation to the provider relating to the activities provided to people with dementia.

The registered manager was well respected. Staff and people at the home commented very positively about the management of the home. Staff felt they were able to raise suggestions and there were systems to continually monitor people's health and welfare.

We found breaches of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. We received positive comments about the staff and people told us they felt safe.

Staff could identify and respond to suspected abuse internally and externally in accordance with the provider's policy

There were sufficient numbers of staff to keep people safe and appropriate recruitment procedures were undertaken.

People were supported with their medicines. Medicines were stored correctly and accurate records were maintained.

The home was clean and appropriate procedures reduced the risk of cross infection.

Good



Is the service effective?

The service was not fully effective. Staff were trained and supported through regular supervision.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager had commenced appropriate steps to ensure the correct authorisations were in place.

Staff were aware of how the Mental Capacity Act 2005 (MCA) impacted on their work however assessments had not been completed in line with the principles of the MCA.

The home worked with GPs and other healthcare professionals to enable people to use relevant services.

Requires Improvement



Is the service caring?

The service was caring. Staff had built good relationships with people and their relatives.

People were treated with consideration and respect by staff.

People's privacy was respected and they were able to entertain their visitors.

Staff offered people choices and knew their people's individual preferences.

Good



Is the service responsive?

The service was completely responsive to people's needs. People received care which met their needs when they needed it.

The provider had responded to the requests of people's relatives and visitors.

Requires Improvement



Summary of findings

Activities were provided within the home for people to participate in, however the provider had not researched or implemented activities specific for people in the service.

The provider had a complaints procedure and people felt able to complain.

Is the service well-led?

The service was not consistently well-led. Notifications required by law had not been sent to the Commission as required.

Staff told us they felt well supported by the management team and could contribute to the running of the home.

There were systems in place to continually monitor people's health and welfare.

There were quality assurance systems in place and the registered manager had undertaken training and research specific to people in the home.

Requires Improvement



Gardenia Court Nursing Home

Detailed findings

Background to this inspection

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

This inspection was carried out by one inspector. A previous inspection of this service was undertaken on 15 November 2013 and we had not identified any concerns.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

The home provided care to some people with dementia. Some people in the home had complex needs and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at eight people's care and support records.

On the day of the inspection we spoke with six people who used the service. We also spoke with one person's relative, one visiting healthcare professional and seven members of staff. This included the registered manager, the deputy manager and care staff.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People said the staff were friendly and that they felt safe. Throughout the inspection, positive feedback about the staff was received from people and the visitor we spoke with. We observed a close relationship between staff at the service and people's comments reflected this. One person told us, "They [staff] are marvellous, they are the best thing about the place." The person's relative we spoke with told us they felt the home had a positive "family" feel to it.

The provider had appropriate arrangements to identify and respond to the risk of abuse. We saw that safeguarding and whistleblowing policies were available for staff. The safeguarding policy gave guidance for staff on the different types of abuse and what action should be undertaken by staff should they be concerned for a person's welfare. Staff we spoke with were knowledgeable about safeguarding and showed a clear understanding of reporting procedures. Staff told us they had received training in safeguarding which was confirmed by supporting records. Staff were familiar with the concept of whistleblowing to report poor practice and how they could contact external agencies in confidence if they had any concerns.

The home had undertaken an assessment of people risks and risk management care plans had been completed. These care plans ensured that although a risk had been identified, people could continue to be independent. For example, assessments for some people's risk of falls had identified they were unsteady on their feet at it was evident they were at risk of falling. The care plan showed that risk management included ensuring the person was wearing the correct properly fitted footwear, that they had the correct mobility equipment available and that obstructions between the person's room and areas where the person would be walking were clear.

Reported incidents and accidents within the home were reviewed. Incidents and accidents had been reviewed by the registered manager and senior staff to establish if the circumstances surrounding the incident or accident were preventable or if the risk of reoccurrence could be reduced. The records showed the reviews included establishing if the person had received medicines shortly before the accident, what equipment was involved if any and where the staff were at the time of the incident. Recent reviews showed no trends in the reported incidents or accidents.

Equipment used within the home was maintained to ensure it was safe to use. The registered manager showed us the supporting records that detailed the regular maintenance and servicing of mobility equipment within the home. For example, such as hoists and stand-aids were serviced and the passenger lift was also serviced and maintained. Maintenance contracts and servicing documentation was also noted for gas appliances within the home and an annual portable electrical appliance test was completed.

The home had sufficient staff on duty to support people safely. The registered manager told us that a set structured staff number were employed at different times throughout the day which met people's needs. People told us that staff were available to help them when they needed it and we observed people's needs and call bells being answered promptly during our inspection. Staff told us that some staff had left their employment recently and at times it was very busy in the mornings however they told us this had recently improved with the employment of new staff.

Safe recruitment processes were completed before new staff were appointed. Staff had completed an application form and provided information for employment and character references. The files showed these references had been obtained by the home. Proof of the person's identity was available and where appropriate documentation had been obtained when foreign nationals were employed. A Disclosure and Barring Service (DBS) check had been completed for staff which ensures that people barred from working with certain groups such as vulnerable adults are identified.

The ordering, retention, administration and disposal of people's medicines was safe. Records showed people's medicines were given to them when they needed them and no recording concerns on people's medicine administration records were identified. Medicines were stored safely and where required controlled drugs were secured in accordance with current legislation and guidance. Medicines that required cold storage were stored correctly and appropriate records were maintained for refrigerators.

The home and equipment in use was clean and suitable procedures were undertaken to reduce the risk of cross infection. The home had dedicated domestic staff to ensure the home was cleaned daily. We observed that staff

Is the service safe?

wore the correct personal protective equipment such as gloves and aprons when required. Appropriate procedures were undertaken to deal with soiled laundry and staff followed these procedures during the inspection.

Liquid anti-bacterial gel was available at several designated points throughout the home and visitors were requested to use the supplied anti-bacterial gel provided when entering

the home. The provider had suitable arrangements in place for the collection and disposal of clinical waste. We discussed with the registered manager that some of the bins within the shared areas of the home did not have a lid and were not pedal operated to reduce the risk of cross infection. They informed us this would be addressed following the inspection.

Is the service effective?

Our findings

People told us the staff at the home were friendly and provided their care in a confident way. One person told us, "They [staff] are very nice here." Another person said, "The staff are very nice and very good here." One person's relative gave positive feedback about their experiences in the home and the observations they had made and described the staff as, "Absolutely marvellous."

Staff received training relevant to their roles which enabled them to provide safe and effective care to people. The staff told us they received regular training from the provider in what were considered essential training subjects and training relevant to meeting the needs of people in the home. For example, the essential training completed by staff included emergency first aid, fire safety training, infection control and food safety. In addition to the relevant training provided, staff had received training in dementia from an external provider and training on how to manage behaviour that may be challenging. Staff told us additional training such as diploma in health and social care had been offered to them by the registered manager. Registered nursing staff at the home were able to undertake additional training to meet people's needs. For example, nursing staff had undertaken additional training specific to their role such as wound care, syringe drivers and catheter care.

Regular performance supervision was completed to support staff and review their work with them. Staff told us they received regular supervision and described the sessions as useful. The supporting supervision records supported the information given to us by staff and showed that staff supervision was held approximately every three months. The records showed the reason the supervision was being held, for example if it was scheduled or as a result of a performance matter, and the record of the matters discussed. Staff said they felt they could raise matters if they had any concerns at work or any concerns that may affect their performance.

An induction was completed following a new staff member starting work. The induction training schedule showed the subjects and training undertaken by new staff. The induction was completed between the new staff member who was assigned a senior member of staff as a mentor through the process. The new staff member would complete an induction booklet to demonstrate they understood matters such as their role and responsibilities

in relation to safeguarding people, communication and confidentiality. A member of staff told us they had completed the induction training when they commenced their employment.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The registered manager advised us they were in communication with the local authority about applications for an assessment to be completed where people may require a DoLS authorisation. At the time of our inspection one person living in the home had been subject to DoLS. The supporting records showed the authorisation had expired and the registered manager had taken the correct steps under the direction of the local authority to obtain a continued authorisation.

Staff were aware of the Mental Capacity Act 2005 (MCA) and told us how the MCA had an impact on their work. They told us their role involved them supporting people in making decisions about their daily lives. They gave examples of how they involved and empowered people in decisions about their care. Examples were given of how staff offered a choice of clothing to people when assisting them to dress, and we made observations of people being offered a choice of meals and drinks throughout the day, or if they wished to participate in activities.

The provider did not act in accordance with the principles of the MCA. The registered manager produced records that showed the service had completed mental capacity assessments for each person in the home regardless of their individual circumstances. This did not demonstrate a clear understanding of the principles of the MCA. For example, an assessment of people's capacity should only be done in relation to a specific issue to establish if a person has capacity at that time to reach that decision independently.

We recommend the provider follows the guidance contained within the Mental Capacity Act 2005 and the Mental Capacity Act 2005 Code of Practice to ensure an assessment of people's capacity is only undertaken when required.

We spoke with people about the quality of the meals they received at the home and made observations within

Is the service effective?

people's rooms and communal areas over the lunch period. People said the food in the home was good and told us there was a choice offered daily. The home operated a four week rotational menu with choices for people daily. There was a minimum of two choices over the lunch period and a selection of choices of an evening. We observed during the lunch period that people were eating items of their preference not on the menu for that day, for example sandwiches and scrambled egg.

We observed that when people required support from staff to eat and drink received the care they needed. Most people in the home were able to eat and drink independently and required no intervention or support by staff. Where people required the assistance of staff to eat their meals, this was provided. A senior staff member told us that no person in the home was currently assessed at being of risk of malnutrition. One person in the home was currently unwell and records were being maintained to

monitor their food and drink intake and appropriate records were maintained. People had access to drinks within their rooms and in shared areas throughout the day. A trolley with hot drinks was taken around the home at regular intervals throughout the day and people could also obtain drinks and snacks at their request including late at night.

People were supported to use healthcare services when required. Most people within the home were registered with a local GP practices. The GP completing scheduled visits periodically and also as necessary to meet people's needs. During our inspection a visiting healthcare professional told us they had no concerns about the care provided at the home. We saw that referrals had been made when the home had concerns for a person's welfare. For example, we saw that referrals to dieticians and the falls team had been made to ensure people were assessed by the correct healthcare professional when required.

Is the service caring?

Our findings

People and the relative we spoke with said they felt the staff were caring and said they had a good relationship with the staff. One person we spoke with told us, "I'm happy here. The staff are good." Another person said, "They [staff] look after me here." The person's relative we spoke with said, "They [staff] do everything they possibly can."

Within recently completed surveys from people and their relatives there was a positive theme about people's experiences within the home. From the sample of 16 surveys we looked at that had been completed since June 2014, we saw that people were asked for their opinions on the level of care they received and the staff. All of the surveys gave the home an overall rating of either 'Excellent' or 'Good' and two comments about staff were noted. One from a person who lived at the home who said, "Yes, I feel like the staff help me" and a person's relative commented the staff were "Exceptionally good."

People we spoke with felt their privacy and dignity was respected by the staff and that if they wished they could have their privacy. During our observations we saw that most people who chose to stay in in their bed or were unwell had their doors open. People told us this was their choice and that they preferred to have their door open. We also observed that some people had their door closed throughout the day. Staff demonstrated they understood the importance of respecting people and helping them to preserve and maintain their dignity. The staff gave examples of how they helped to promote people's dignity. They told us how they would help somebody to wash in stages so as to allow them to remain clothed where appropriate and that, where safe, people were encouraged to be independent using the toilet.

Staff communicated in a friendly way and demonstrated they had an understanding of people as an individual. Staff interacted continuously throughout the day and acknowledged people when entering a room. This was sometimes verbal or through hand or facial gestures and it often promoted a response from the person they were communicating with. Staff engaged in humour with some people and it was evident the person enjoyed this type of communication with the staff. Staff engaged with other people in a more subtle tone and this put the person at ease. This demonstrated that staff were aware of people's different communication preferences. Staff were continually communicating in a caring manner, reassuring people and providing verbal and physical assistance where appropriate.

People's relatives were welcomed to the home and visited during our inspection. We saw that people's relatives were welcomed into the home by the staff and staff clearly had a good relationship with the visitors we observed. Some people's relatives and visitors spent time with people in their own bedroom and assisted them over the lunch period, whilst others were in the shared areas of the home. During the afternoon we saw that people's relatives also joined in with the singing activity in the conservatory communal area.

People were involved in decisions about their care and treatment. People told us they felt they could make decisions within the home and that staff respected their decisions. We saw people being given choices about their care and treatment during our observations. For example, people were offered choices of drinks, meals, where they wished to sit at their meals and if they wished to be involved in the activities.

Is the service responsive?

Our findings

People said they felt their needs were met and that staff were responsive to their needs and that their care needs were being met. Positive information was also received from one person's relative and a visiting healthcare professional about people's care needs being met. The person's relative we spoke with told us, "I can say that [service user] has improved in health since they've been here."

We saw examples of how staff responded to meet people's care needs, in the lounge people received assistance when they needed it with their meals. The staff member observed the person discreetly to allow them to be as independent as possible before offering to help. Where people required a pressure relieving mattress on their bed they were in place. This reduced the risk of people receiving skin damage. People told us that they received external healthcare when they asked. One person told us they had been unwell and that the home had arranged for the nurse to visit.

The provider had responded to the needs of people's relatives and visitors. The home had a survey available for people in the entrance foyer and people's relatives were encouraged to comment on the home. Within a sample of resident and relative surveys, we saw that a person's relative had recently highlighted it would be nice if an area of the home could be made a communal area to allow families to make hot drinks. As a result of this request, the registered manager had modified a room that was previously used by staff to allow people's relatives and visitors to make their own drinks.

Staff demonstrated they understood people's individual needs and staff told us how some people preferred to be cared for. They knew people in the home well and most people had a preferred routine of how they liked to be cared for and how they spent their time. People we spoke with indicated they received things in accordance with their wishes and that their care delivery was how they wished it to be. Staff demonstrated they were aware of the importance of personalised care and training records showed that person centred care planning had been undertaken by most staff at the home to help staff understand the importance of this.

Staff demonstrated an awareness of people's life histories. Staff were able to tell us about certain people's lives and the history the person had. This can be significant in an environment with people who have dementia as it can aid staff in communicating with the person. We were shown a document that had been produced for new staff to help them understand people. The document showed the person's medical history and any current medical diagnosis. It also showed the person's mobility needs and if they demonstrate any behaviour that may be challenging. It highlights who the person's relatives are and where known, the person's main occupation during their life.

The registered manager told us they were currently completing "Personal Profile" documents for people to record personal and life history for people. This was being done with people and their families and recording significant information about people including their life stories, significant life events and their preferences for activities. In addition the registered manager had asked people's relatives and visitors for photographs to put into these profiles. This information will help staff to understand the person better and may enable them to communicate and meet the person's needs in a more personalised way. Some of these profile's had been completed for people and the registered manager told us they would be placed within people's rooms.

Activities were available for people to participate in. The home had a dedicated activities co-ordinator and activities were provided seven days a week. People said activities were available daily with either the co-ordinator or staff at the weekend. The activities listed within the home in the communal area showed that activities such as arts, crafts, quizzes and movement and aromatherapy were held. This did not demonstrate the provider had explored different possibilities of activities to possibly stimulate and meet the needs of people living with dementia. Some of the staff told us it would be nice if more activities were done or different activities were provided. Most of the people we observed in the conservatory area living with dementia spent periods of the day asleep, however there were periods when people were sat quietly with no stimulation. Records had not identified if the listed activities were what people wanted to do, and there was no evidence in care records of whether these activities were relevant to people's needs.

Is the service responsive?

We recommend that the home consider the research of current best practice around social and therapeutic activities that benefit people with dementia.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure displayed in the entrance foyer. People and the

relative we spoke with told us they had not had any reason to complain. The registered manager told us the service had not received a complaint for a long period of time. The supporting complaints log produced to us showed the last complaint the home received was in 2012.

Is the service well-led?

Our findings

The provider had failed to notify the Commission of an event which may have prevented the home from providing care to people safely. During our inspection, we reviewed a record that showed the home had suffered a boiler failure on 30 December 2014. The registered manager told us that as a result of the boiler failure, the home had no hot water to the entire first floor of the building or the kitchen. The boiler repair was not completed until 15 January 2015. A notification was required by law to be sent to the Commission to advise us of this and to provide us with a contingency plan to demonstrate how the needs of people would be met safely. The notification had not been sent as required.

The provider had failed to notify the Commission of a Deprivation of Liberty Safeguards (DoLS) authorisation as required. During our inspection, we found a record that showed the home had submitted a DoLS application to the local authority and notice that the application had been authorised was received by the home on 13 January 2015. A notification was required by law to be sent to the Commission to advise us of this and this had not been sent as required.

The failure to send these notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People were aware of the management arrangements within the home and knew who the registered manager was. People told us they felt comfortable they could speak with any member of staff at the home but knew who to speak with if they needed to speak with the registered manager. Staff spoke very positively about the registered manager and all said they felt the service was led. Staff told us that although they received supervision, they felt they could approach the registered manager or senior staff at any time for help or guidance. Staff told us they were able to make suggestions within the home and felt their opinions would be listened to.

The registered manager communicated with staff about the service. Staff meetings were held at the service

approximately every three months. Staff told us the meetings were held and we saw minutes to demonstrate what was discussed at the meetings. The meeting minutes showed that matters such as timekeeping, delivering high standards of care, record keeping and training were discussed.

The provider had a programme of regular audits which included a medicines and infection control audit. We saw evidence that these audits had been completed timely every month and that no matters of concern had been identified. Monthly audits and monitoring of people's care records were undertaken by the registered manager. We saw evidence that these audits had been effective as minor recording errors and risk assessments requiring updates had been identified and addressed by staff. Care record audits also included a clinical auditing process to monitor the treatment in relation to pressure ulcers and identify if people were at risk of malnutrition using a nationally recognised tool.

The provider had a continual quality monitoring system. A survey was available to people within the home and their relatives and visitors. People and their relatives were encouraged to complete the surveys continually throughout the year and we saw that 16 surveys had been completed since July 2014. The registered manager told us the next survey was due to be sent out in March 2015 and the results would be collated soon after. The results of the survey were positive with positive feedback shown about matters such as the staff in the home, the cleanliness of the home and people and their relatives were asked to give an overall rating of the home.

The registered manager undertook additional training to learn more about the needs of people within the home they were currently undertaking a year's course with the local authority entitled "A Change in Culture" and that this course was about dementia awareness. The registered manager told us the course was very interesting and that information in dementia care and good practice was disseminated to staff. In addition to this, the registered manager had already attended a presentation by the Commission and was fully aware of the changes being implemented in our inspection process.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
Treatment of disease, disorder or injury	The provider had failed to notify the Commission, as required, of an authorisation to deprive a person of their liberty and an event that had a significant impact on service provision. Regulation 18(1)(2)(d) and Regulation 18(1)(2)(g)(ii)