Leonard Cheshire Disability

Garden House - Care Home Learning Disabilities

Inspection report

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Date of inspection visit:
25 April 2018

Date of publication:
28 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 25 April 2018 and was unannounced.

Garden House is a 10 bedded care home for people with learning disabilities located in the London Borough of Southwark. 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. At the time of the inspection there were nine people living at the service.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service did not have a registered manager. '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.' An interim manager was responsible for the day to day running of this service and two other services operated by the same provider.

At our previous inspection of Garden House on 28 January and 1 February 2016 we rated the service 'good' overall. You can read the report from our last inspection, by selecting the 'all reports' link for Garden House - Care Home Learning Disabilities on our website at www.cqc.org.uk.

At this inspection we found several breaches of the regulations and as a result rated the service 'inadequate' in Well Led and 'requires improvement' overall.

People's individual needs were not always being met by the adaptation of the premises.

Risks in relation to people's safety were not always being addressed through the implementation of a robust risk assessment process. Risk assessments were not always being reviewed in line with the provider's policies and procedures.

Where appropriate, people, relatives and healthcare professionals contributed to the care planning process. However, care plans were not being regularly reviewed to reflect people's changing needs.

Staff were not always receiving appropriate support and training to enable them to carry out the duties they were employed to perform.

People using the service were not always being protected from improper treatment. Staff were not always requesting people's consent before offering them support.

People were not always being treated with dignity and respect. Some staff members lacked the understanding required to support people in a kind and compassionate manner.

The provider had safeguarding policies and procedures in place. Staff cited physical and verbal aggression as forms of abuse. However, staff were unfamiliar with the concept of institutional abuse. Where we identified concerns in this area, staff demonstrated a lack of understanding and awareness.

Not everyone using the service knew how to make a complaint.

Staff were employed following a thorough recruitment process. However, some DBS checks dated back to 2003 and had not been renewed since.

Staff were not always supervised on a regular basis and annual appraisals were behind schedule. Training was not always effective, updated or refreshed to ensure people were receiving care and support in line with evidence-based best practice guidelines.

Audits were carried out to ensure the environment and people were safe. However, systems designed to regularly assess, monitor and improve the quality of the service were not always effective.

People were supported to have sufficient amounts of nutritious food and drink to meet their needs. Mealtimes were not always organised in a way that promoted people's choices and preferences.

Sufficient numbers of staff were deployed to the service in order to meet people's needs.

People received their medicines safely and in line with their prescriptions.

People received access to healthcare professionals to monitor and maintain their health care needs. Staff supported people to attend medical appointments.

The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

Staff were following correct infection control procedures.

We have made two recommendations in relation to staff training and employment checks. We found breaches of regulation in relation to safe care and treatment, dignity and respect, safeguarding, person-centred care, premises and good governance. You can see what action we have told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

Aspects of the service were not safe.

People using the service were not always being protected from improper treatment.

Risk assessments were not routinely reviewed by staff to make sure they still met people's needs.

The provider had systems in place for the safe management of medicines.

Staff were employed following a thorough recruitment process and enough staff were deployed to the service to meet people's needs.

Is the service effective?

Requires Improvement

Aspects of the service were ineffective.

People received care and support from staff that had undergone an induction. Not all training was effective, updated and refreshed in line with current good practice.

Staff were not being supervised on a regular basis and staff appraisals were behind schedule.

Mealtimes were not always organised in a way that promoted people's choices and preferences.

People's health needs were documented in their care plans along with a record of medical appointments and related correspondence.

Is the service caring?

Requires Improvement

Aspects of the service were not caring.

Staff were not always respecting people's dignity.

People's care records identified their likes and dislikes and what

was important to them in their lives.

Personal information was stored securely meaning people could be assured their sensitive information was treated confidentially.

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive.

People's care was not always being reviewed on a regular basis.

Not everyone using the service knew how to make a complaint.

People were supported to attend leisure, social and learning activities.

Is the service well-led?

Inadequate

The service was not well-led.

The service did not have a registered manager in post.

Staff were not always providing support to people that was empowering, inclusive, empathic and person-centred.

People using the service and staff were not being provided with regular opportunities to discuss how the service was run and/or make suggestions about how the service could improve.

People were not always protected against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to regularly assess and monitor the quality of the service.

Garden House - Care Home Learning Disabilities

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.

We inspected this service as it was 24 months since it was rated 'Good'. During this period we have received six notifications relating to safeguarding concerns from the provider and other agencies and one complaint from a member of the public. The provider has investigated these concerns although robust action taken to prevent similar occurrences was not always evident.

This unannounced comprehensive inspection took place on 25 April 2018 and was carried out by one adult social care inspector.

Before the inspection took place we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We received and reviewed a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with four people living in the home, an interim manager and three members of support staff. We looked at six records relating to staff recruitment, staff training and supervision, auditing systems and service quality monitoring. We looked at six people's care records and risk assessments, policies and procedures relating to the service and other relevant information.

Following our inspection we contacted three relatives and three healthcare professionals to gain their feedback about the service.

Requires Improvement

Is the service safe?

Our findings

People using the service were not always being protected from improper treatment. Staff had some understanding of safeguarding and cited physical and verbal aggression as examples of abuse. Staff told us they would report any concerns they may have to a manager. However, throughout our visit we heard staff instructing people to "sit down", "come here", "wait a minute" and "stop it." Staff appeared unaware that these commands, when used to control and restrict people are a form of abuse. We noted that according to the provider's training matrix only two staff members had officially completed a safeguarding e-learning module. These concerns constitute a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staff completed a range of risk assessments in relation to people's nutrition and hydration, personal care support needs, behaviours that challenge, level of mobility and risk of falls. Risk assessments specific to people's individual health conditions were also in place, for example, where people required special diets, aids, equipment and/or adaptations. We found that risk assessments were not routinely reviewed by staff to make sure they still met people's needs. For example; risk assessments for one person in relation to epilepsy, falls and challenging behaviour hadn't been reviewed or updated since September 2016. Three people's medication support plans dated back to 2015 and had not been reviewed since.

CQC received notification of a serious medicines error in November 2017. This matter was investigated and a plan of action stated, 'Discuss at team meeting. Arrange staff training or guidance. We checked the training matrix to see what additional training staff had received following the incident. We noted that six out of seven staff members had last completed 'an introduction to safer medicines' over eighteen months ago. We expect provider's to learn lessons from mistakes and ensure staff receive appropriate support and training to enable them to carry out the duties they are employed to perform.

People's medicines were stored safely and securely in a locked medicines trolley. Medicines classified as controlled drugs were stored separately in a cupboard kept locked and where access was restricted to authorised staff. Guidance was in place for people who took medicines as required (PRN) so they were administered according to people's individual needs. We sampled medicines administration records (MARs) and found these were completed in full with no evident errors or inaccuracies. The manager told us that staff completed daily and weekly medicines checks to ensure any errors were identified quickly and immediate action taken to reduce the risks to people. However, we noted that the last weekly check was dated 12 March 2018 and the last monthly check, February 2018.

Issues identified in the above three paragraphs constitute a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staff were employed following a thorough recruitment process. Criminal records checks had been carried out for staff before they started work at the service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. We noted that where original DBS checks had not been renewed for over 14

years, the provider had obtained signed declarations from two members of staff stating there were no changes in their suitability to work.

We recommend the provider revises its policy in respect to DBS checks and updates to ensure suitable staff continue to be employed at the service.

The home was clean and tidy. Staff completed infection control training to ensure they followed good infection control principles. We observed staff using disposable gloves and aprons and saw that hand gels and paper towels were freely available throughout the home.

Requires Improvement

Is the service effective?

Our findings

People's individual needs were not always being met by the adaptation of the premises. The home was set out over two floors of three adjoining Georgian properties. During the inspection we saw all communal parts of the home and one person's bedroom, with their permission. The home did not have lift access. The home environment presented challenges for people with poor mobility and for those using a wheelchair. For example; we observed one person in a wheelchair encountering repeated difficulties negotiating their way through doorways leading to communal areas. On one occasion we heard this person requesting assistance, stating "I'm stuck." A staff member responded, "You're always stuck." Staff informed us, "The premises aren't adapted, there's no room for a hoist and it's awkward because of the space."

The above paragraph constitutes a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People's day to day health needs were managed by the staff team with support from a range of healthcare professionals such as GPs, speech and language therapists (SaLTs) and social workers. People's health needs were documented in their care plans along with a record of medical appointments and related correspondence. Guidance from healthcare professionals was followed and support delivered to achieve effective outcomes. For example, one person at risk of developing a pressure sore was encouraged to spend time resting on their bed in different positions to reduce this risk. Another person had recently attended a GP appointment complaining of shortness of breath. Staff had supported this person to stop smoking. However, we noted that in this person's care plan, staff had written, 'PRN inhaler – doesn't know how to use.' We saw no further evidence to demonstrate this issue had been followed up appropriately.

People were encouraged to make healthy choices about what they wanted to eat and drink. People were able to access the kitchen at any time and could help themselves to drinks and prepare a snack should they wish to. At lunchtime we observed staff informing people what meal choices were available and assisting people where this was required. Where guidance from speech and language therapists and/or dietitians had been provided this was being followed. People ate their evening meal together at one table. However, from our observations, people were restricted unnecessarily during this occasion. We heard staff telling people to "sit back down at the table", when they had finished their meal and "no-one sits there [name of person]" when one person wanted to sit down. We also noted that when one person attempted to do something for themselves, a staff member told them, "Sit down, I'll do it."

People received care and support from staff that had undergone an induction. Staff told us they had completed an induction course at the start of their employment. This covered subjects such as the provider's working policies and procedures, first aid and fire safety, mental health legislation and the management of medicines. Staff told us they had been provided with opportunities to shadow more experienced staff before working on their own with people using the service. Some staff members had completed courses in dementia awareness and epilepsy.

The manager told us he had recently completed supervision for all staff as he was aware that there had been

some significant gaps in this process. Records confirmed that these sessions had taken place within the past month and staff told us they felt supported by the manager and "he's doing well." The manager was aware that staff appraisals were behind schedule and informed us via email that he had begun this task.

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 lacked 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). 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 were being met. The provider had submitted three DoLS applications to the relevant local authority in relation to 24 hour supervision and tenancy agreements. However, two of these applications had now expired. Following our inspection, we asked the manager to send us copies of all approved DoLs applications. We have received one approved copy of a DoLs application and are awaiting further information at the time of writing this report.

Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. In cases where people lacked the capacity to make decisions about their own care, best interests meetings were held with people's family members, staff and healthcare professionals to discuss and determine the most appropriate course of action. We saw some evidence of these discussions having taken place in people's care records.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us they liked the staff and were happy living at Garden House. However, we noted that staff were not always respecting people's dignity. For example; on one occasion, we observed a member of staff abruptly adjusting a person's clothing without first informing them of what they were going to do or asking permission to do so. Whilst we acknowledge this member of staff may have had good intentions, these actions lacked an understanding of the principles of consent, dignity and respect. In addition, throughout our inspection we observed staff speaking to people in an abrupt manner which was not respectful.

This constitutes a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We saw that staff knocked and asked permission to enter people's rooms before doing so and kept doors shut when supporting people with their personal care needs. However, the layout of the premises made it difficult for people with poor mobility to access toilet facilities when needed. In addition, on the day of our visit there were issues with the hot water supply meaning two out of the three communal bathrooms were locked shut and out of use. There was no visible signage to explain why these facilities were out of order and the manager was unable to tell us how long bathrooms had been out of use. We heard one person informing staff that they would like to have a shower. This request was met with indifference by staff present and we heard the request repeated several times during our visit. This meant people's personal care needs were not always being adequately addressed or met. This constitutes a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People had their own bedrooms which they were encouraged to decorate according to their own tastes and preferences. People had access to a large kitchen, three sitting rooms and a landscaped garden area. They could, if they chose to, spend their time in the privacy of their own room or with each other and staff members in the communal areas.

People's care records identified their likes and dislikes and what was important to them in their lives. This included preferences relating to meal choices, how people liked to dress, what they liked to do and where they liked to go. One person had stated in their care plan that they liked 'shopping, new magazines, jigsaws, old movies, good food and sometimes a drink." We observed this person flicking through magazines and laughing out loud when watching an old black and white film on the television.

Staff kept each other updated at handovers and throughout the shift about any changes to people's health and the support they required. Personal information was stored securely meaning people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Requires Improvement

Is the service responsive?

Our findings

People were encouraged to participate in the development of their care plan where possible and records documented people's decisions and preferences. Care and support plans were available in accessible formats. Staff confirmed they read people's care plans and were familiar with people's support needs. However, people's care was not always being reviewed on a regular basis. We also noted that people's health action plans had not always been reviewed on an annual basis and that one person's hospital passport dated back to 2015.

Where care plans had been reviewed, there was little evidence as to exactly who had been involved, what had been discussed and what actions if any had been agreed. Therefore, we can not be assured that staff and visiting healthcare professionals had access to the most up to date and relevant information about people's individual needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Nobody at the service was currently receiving palliative care. However, staff told us about a person living at the service who had been diagnosed with a life limiting illness and been in hospital for several months. We were told that this person would soon be returning to the home. A member of staff told us, "I'm not sure how we'll care for [them]….towards the end…. I assume we'll have training. That would be helpful."

We recommend the provider reviews its current training schedule to ensure staff are equipped with the knowledge and skills required to support people with palliative care needs.

Staff told us people attended leisure, social and learning activities. On the day of our inspection people were participating in activities that were based in the local community. One person had been out for a walk and another person was supported to attend a medical appointment. Some people were watching television, talking to each other and staff, knitting and looking at magazines. We were told people attended groups and classes and went on holidays. In the resident's survey, people had stated that they wanted more holidays.

The service had a complaints procedure in place which was available in an easy read format. Records showed that one complaint had been logged and investigated since our last inspection took place on 28 January and 1 February 2016. Not everyone using the service knew how to make a complaint.

Staff maintained daily records about people's care and relatives were provided with feedback about their loved ones where this was appropriate.

Inadequate

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of our inspection. An interim manager was deployed to the service in March 2018 and was responsible for the day to day running of the service and two other services operated by the same provider. The manager was not particularly visible during our visit and spent most of his time in his office answering phone calls and completing paperwork. He told us, "Things have gone downhill since the last inspection, so much needs catching up on."

A relative told us, "Everything was wonderful before. It doesn't feel the same anymore. You knew what was going on, it was more organised. Now I don't know who to speak to." Following the inspection another relative contacted us with concerns about the management structure of the home and the effect this was having on the welfare of their family member.

The manager told us, "Residents meetings haven' been happening for some time." We reviewed a resident's survey, completed in July 2017. 50% of respondents stated that they would like more choice and control over their lives, 40% of respondents felt there were few opportunities to influence the way the service was run and 20% of respondents said that they didn't know how to make a complaint or raise a concern. The manager also told us that staff meetings hadn't taken place for several months. This meant that people using the service and staff were not being provided with regular opportunities to discuss how the service was run and/or make suggestions about how the service could improve.

People were not always protected against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to regularly assess and monitor the quality of the service. We identified shortfalls during our visit relating to person-centred care, dignity and respect, safe care and treatment, safeguarding, staff training, and safe premises. The manager had an action plan in place which identified some of these shortfalls, however, plans lacked clear vision and improvements were slow to be implemented.

In addition, there was a culture within the service that meant not all staff were providing support to people that was empowering, inclusive, empathic and person-centred. The manager was failing to address these issues and the provider had no credible strategy in place as to how it intended to deliver high quality care to people using the service. The most recent internal quality monitoring audit report dated March 2018 rated the service inadequate overall.

The issues above relate to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care needs were not always being met appropriately or reviewed in line with the provider's policies and procedures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Staff were not always treating people with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not always being reviewed in line with the provider's polices and procedures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People using the service were not always being protected from abuse and improper treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment

People's individual needs were not always being met by the adaptation of the premises.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place to assess, monitor and improve the quality of the service were inadequate.

The enforcement action we took:

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