

Wellburn Care Homes Limited

Garden House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Garden House is a care home which provides personal care and accommodation for up to 36 older people. At the time of the inspection, there were 35 people living at the home.

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

There were systems and procedures in place to help protect people from the risk of abuse. Checks were carried out to make sure the building and equipment were safe. The environment was clean and met people's needs. Further moving and handling equipment was purchased following our inspection, to ensure that people had their own equipment where required, to help reduce the risk of cross infection.

There were sufficient staff deployed to meet people's needs. We identified several shortfalls regarding the recording of medicines which the registered manager told us would be addressed. We have made a recommendation about this.

People were supported by staff who were trained to meet their needs. We observed that some staff were more skilled than others when communicating with people who had a dementia related condition. Staff were currently undertaking additional dementia care training at the time of our inspection. People were complimentary about the meals and the assistance provided. The provider used a specialist frozen food company to supply their main meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives spoke positively about the home and the care which was provided. One person told us, "I'm very happy here and would recommend it." People had a care plan which guided staff on how to deliver person centred care. There was an activities programme in place which met people's social needs.

There was a complaints procedure in place. A record of actions taken to address complaints and concerns was maintained.

During our inspection, several staff raised concerns about certain practices at the home which we passed to the registered manager. She carried out unannounced visits during the night/early morning, however, no concerns were identified. We have made a recommendation that the provider monitors the culture in the service.

A range of audits were carried out. During our inspection, we identified shortfalls with medicines recording which the provider's quality monitoring system had not identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Garden House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Garden House 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 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with five people who used the service, four relatives, a visitor, the registered manager, deputy manager, six day care staff, five night staff, the activities coordinator and the cook.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also spoke with a health professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and procedures were in place to help protect people from the risk of abuse. People told us they felt safe. One person said, "Very safe, yes. The whole atmosphere is lovely; everybody cares."

Assessing risk, safety monitoring and management

- Risks were assessed and monitored.
- Checks were carried out on the environment and equipment to make sure they were safe.
- Some staff were more skilled than others when dealing with people who displayed distressed behaviours. Staff were undertaking additional training in this area. They were also liaising with the behavioural support team for one person.

Staffing and recruitment

- Safe recruitment procedures were followed.
- There were sufficient staff deployed.

Using medicines safely

- Medicines were generally managed safely.
- We identified several shortfalls with the recording of medicines which the registered manager told us would be addressed.

We recommend that the provider follows best practice guidelines regarding the recording of medicines.

Preventing and controlling infection

- Systems were in place to help prevent cross infection.
- The home was clean and free from malodours.
- Staff had access to and used gloves and aprons to help prevent cross infection.
- We discussed with the registered manager about the use of hoist slings and moving and handling slide sheets which staff told us were sometimes shared between people. Following our inspection, the registered manager ensured that each person had their own hoist sling and moving and handling sheet where required, to reduce the risk of cross infection.

Learning lessons when things go wrong

- Accidents and incidents were monitored to help identify any trends. This meant action could be taken to reduce the risk of any reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care plans were formulated to document what actions staff needed to take to meet people's needs.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received training to meet their needs.
- People and relatives told us they considered staff were skilled. However, one relative said, "Some could do with more training especially in dementia." We noticed that some staff were more skilled in communicating with people living with dementia than others. Staff were undertaking additional dementia care training at the time of our inspection.
- There was a supervision and appraisal system in place.

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

- People were supported with their nutrition and hydration needs.
- One relative told us, "She's [person] always fed if I'm not here. They will encourage her to do some herself by guiding the spoon to her mouth."

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

- Staff supported people to access healthcare services and receive ongoing healthcare support. A healthcare professional spoke very positively about the care which was provided.
- One person told us they needed to see a podiatrist. The registered manager told us this would be addressed, although accessing podiatry had been difficult at times because of the availability of podiatrists.

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

- The design and décor of the home met people's needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and support was sought in line with legal requirements.
- The registered manager had submitted DoLS applications to the local authority to review/authorise.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people were treated with kindness and their dignity was promoted. One person told us, "Oh, they're nice and caring." A visitor said, "The way they speak to them and the way they handle them is with real care and dignity. They'll talk to her about things from her past."
- Several staff told us that some people ran short of toiletries. We spoke with the registered manager about this issue. Following our inspection, she introduced a new keyworker system to ensure toiletries were monitored.
- Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.
- Staff had completed training in equality and diversity.
- People told us their spiritual needs were met. One person said, "I have Communion here and if it was a special Holy day I could go out to it." Another person told us, "I'm a Quaker and I go to the meetings about every month."

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

- People were supported to express their views and were involved in their care. This was reflected in people's care plans.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs.
- People told us they could choose how they spent their day. One person told us, "Oh, there's no bossing around. I can do what I want."
- One person told us they would like more baths. We passed this feedback to the registered manager. She changed the bathing documentation to ensure it reflected the requests of people.
- Staff understood the positive effect which animals had on people's wellbeing. The home had their own dog called Chloe which people enjoyed seeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. The registered manager explained that information could be provided in a different format if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met.
- An activities coordinator was employed. People were supported to pursue their hobbies both inside and outside of the home. One person told us, "We have a great variety of things to do. We go shopping and out to events in the local town. We go out in the minibus."
- A Hawaiian themed barbecue was held and an Elvis entertainer visited during our inspection.
- The home had links with the local nursery and school. We heard how people appreciated seeing the children.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Records were kept of complaints which had been received. They detailed the actions taken to address the concerns raised.

End of life care and support

- A multi-disciplinary approach with health and social care professionals was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We received mixed feedback from staff about the culture at the service. Several staff raised concerns about staff practices and culture which we passed to the registered manager for their attention. The registered manager carried out unannounced visits to the home at night/early morning and no concerns were identified.

We recommend that the provider keeps the day-to-day culture at the home under review to check that this open, positive and person-centred and take action if any concerns are highlighted.

Following our inspection, the provider wrote to us and stated, that night time spot checks had been carried out both prior to, and following our inspection by the registered manager and regional manager and no concerns had been found.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A range of audits were carried out. We identified shortfalls with medicines recording which the provider's quality monitoring system had not identified. In addition, the registered manager had not been aware of some staff practices which staff told us about such as the sharing of moving and handling equipment.
- The registered manager had notified CQC of significant events at the home in line with legal requirements.
- Meetings were held for staff, people and relatives to involve them in the running of the home. Surveys were also carried out to obtain feedback.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had not carried out the correct procedure following a safeguarding incident. Lessons had been learned and the provider had changed their procedures relating to the investigation of safeguarding incidents.

Working in partnership with others

- Staff worked with health and social care professionals to make sure that people received joined up care.

