

Woodland Healthcare 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?	Good ●

Summary of findings

Overall summary

About the service:

Garden House is a 'care home'. At the time of our inspection there were 21 people living in the home. Garden House provided care and support for people with different needs and backgrounds, including people living with dementia, mental health needs and physical disabilities.

People's experience of using this service:

People who lived in Garden House received person centred care and were supported by staff who knew them, their needs and their interests well. People received personalised support which met their needs and preferences.

Staff involved people in every aspect of their care where possible and enabled them to share their views and make choices. People's care plans contained highly personalised information which detailed how they wanted their care to be delivered.

Risks to people's health, safety and wellbeing were assessed and acted upon. People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. Staff were provided with the training, supervision and support they needed to care for people well.

People received their medicines safely and as prescribed. People had access to food and drinks that met their needs and preferences.

There was strong leadership at the service. External healthcare professionals and staff spoke highly of the management team and there was a positive culture at the service with people and staff feeling their voices were listened to.

Where necessary, specialist advice from healthcare professionals was sought. One healthcare professional said, "When I give advice it's always followed. They call us when they need us."

There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

More information is in the full report

Rating at last inspection: This service was last inspected on 22 and 27 September 2016 and was rated good overall and in every key question except Responsive which was rated requires improvement. The report was published 1 November 2016.

Why we inspected: This was a planned comprehensive inspection based on previous ratings.

Follow up: We will continue to monitor the intelligence we receive about the service and plan to inspect in line with our re-inspection schedule for those services rated good. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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. 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 team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who had first hand experience of care settings. On this occasion the expert by experience had experience of caring for a person with dementia.

Service and service type: This service is a care home. It provides accommodation and personal care to people living in the service on one site.

The service did not have a manager registered with the Care Quality Commission. A registered manager, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left and an acting manager was in place and working towards registration.

Notice of inspection:

We visited the service on 3 May 2019 and our inspection was unannounced.

What we did:

The acting manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

As part of the inspection we spent time with eight people who used the service. We conducted a 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 acting manager, the deputy

manager, two members of care staff, the support area manager, the cook, the maintenance worker and two external healthcare professionals. We looked at three people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People looked comfortable in staff presence and showed physical affection when with them.
- The service was managed in a way that protected people from abuse. Staff and the acting manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. The acting manager told us they were looking to recruit more staff to the service as new people had recently moved in. They told us this would enable people to have more one to one time with staff. People made comments including; "If I use my bell they always come. It's on my wall."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. For example, where one person was at risk of falls, clear risk assessments and plans had been put in place. This enabled staff to have information on what to do to protect this person from the risk of falling. The plans were very detailed and included information about how the person's mood could affect their mobility and the signs staff should look out for.
- Staff were knowledgeable about identifying risks to people and knew to raise this with the management and healthcare professionals.
- Where necessary, specialist advice from healthcare professionals was sought. One healthcare professional said, "When I give advice it's always followed. They call us when they need us."

Using medicines safely

- Where possible people were encouraged to participate in and take control of their medicine management.
- Medicines were managed safely and people received their medicines as prescribed. On the day of inspection we identified a discrepancy between one medicine amount in stock and the amount recorded. Following our inspection the deputy manager conducted a full medicine audit to assure themselves people's medicines were correct. This identified the cause of the discrepancy and systems were put in place to minimise reoccurrence.
- Staff conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.

Preventing and controlling infection

- Staff training and regular audits took place in relation to infection control.
- On the day of our inspection the home was clean and welcoming with no bad odours.
- We saw staff use personal protective equipment appropriately throughout the day.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, where one person had experienced a fall, staff had completed a body map, had involved the falls team and had implemented changes to minimise the risk of 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

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 care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. These plans were very detailed and took into account people's personalities, moods and the specific steps staff needed to take to be most effective in caring for people. Healthcare professionals were highly complimentary of the care delivered at Garden House. They made comments including; "I've seen people transform here. It's a really good home."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, one person's dietary needs were changed and updated following a speech and language assessment.
- People had been involved in the planning of their care and their wishes were respected. A healthcare professional said, "Staff listen to the residents and give choices as much as possible."
- Best practice was sought and communicated to staff in order to ensure people's care was high quality.

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for people who have not worked in care before. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. Staff made comments including, "The training's great. They got me onto my NVQ2 and they offered me meds training."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "The managers support us so much."

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

- People were supported to have enough to eat and drink in ways which met their needs and preferences.
- Where people had specific needs and preferences relating to food this was provided. For example, one person chose to have a soft diet even though they had no difficulties with swallowing and this was provided for them.
- Staff worked hard to provide varied, good quality food. One person had moved in to the service only eating a very limited variety of foods. Staff had worked with them to slowly introduce other foods and the person's diet was now much healthier and contained variety.
- There was a cold drink dispenser in the living room to encourage people to independently pour themselves

a drink and keep hydrated.

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

- Steps had been taken since the previous inspection to update the décor of the home.
- Garden House was comfortable and decorated in a way that encouraged people's independence and met the needs of people living with dementia.
- Efforts had been made to enable people with dementia to be less likely to get confused or disoriented. There was some signage available to help people find their way around.
- Risks in relation to premises and equipment were identified, assessed and well managed.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details were evidenced.
- People had been fully involved in completing their care plans where possible and where people had an interest in doing so.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible. One member of staff said; "It's all their choice."
- Where people required applications to be made under the Deprivation of Liberty Safeguards these were completed in good time. When these were granted they were followed by staff.

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

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

Ensuring people are well treated and supported

- People were supported by staff who knew people's needs, personalities, likes and dislikes well.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and personality. Comments from staff we heard included; "He's a lovely, lovely man" and "I love her."
- Staff and the acting manager were passionate about people's happiness and wellbeing. One healthcare professional said, "The staff are really caring and do the best they can for the residents. They get people really relaxed and happy here."
- During our inspection we heard lots of laughter and positive interactions. Staff joked and chatted to people who were enjoying these interactions.

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

- People were fully involved in their care where they were able to.
- Where people had difficulties with verbal communication they were provided with alternative methods of communication in order to gain their views and involve them in decision making. For example, picture boards were available for some people.
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- One person exhibited behaviours which may be challenging to others. A category had been created in their behaviour monitoring form to highlight racial slurs and comments. Staff told us they saw this as a behaviour which was unacceptable and went against theirs and the home's values. They therefore ensured each incident was recorded and acted upon to educate and minimise these views.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People were treated with dignity and respect. All interactions we saw were respectful, patient and kind. For example, one person became agitated and refused to let others pass. A member of staff spoke calmly and respectfully with this person. This approach worked and the situation was resolved.
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Where people undertook tasks staff praised them for their achievements. For example, during our inspection we saw one person struggling to drink from their cup.

Staff approached them and asked them if they would like a straw to make drinking easier. When the person had a straw and was able to drink, staff praised them for this which made the person smile.

Is the service responsive?

Our findings

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

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

- People received care and support in a way that was flexible and responsive to their needs. One healthcare professional said, "If I highlight something they respond quickly." Another healthcare professional said, "They deal really really well with non-compliant people. I really like this home. I don't think they could make it much better."
- People's care plans contained detailed routines for staff to follow in order to ensure people had the personalised support they needed. Care plans contained detailed information about people's moods and how these could impact on the care they needed at certain times.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People were supported to take part in a range of activities to provide them with stimulation, entertainment and socialisation. During our inspection we saw people reading newspapers, catching television and listening to music. An activities coordinator worked in the service three days a week and provided group activities for people. On the day of our inspection people took part in a game of bingo and completed puzzles. People enjoyed these activities.
- During our inspection we asked one person who was younger than the majority of people living in the home whether he liked the music playing. We asked because old war time songs were playing in the living room. This person replied, "Oh yes. I prefer the old ones."

Improving care quality in response to complaints or concerns

- People were encouraged and enabled to share their views where possible in order to improve on their care. Regular meetings took place where people were asked for their opinions.
- Systems were in place to address any concerns raised. The service had acted to address any concerns. Learning took place as a result to avoid any repetition.
- The home had also held an open surgery for relatives to come and share their views in order to encourage engagement.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files.
- Staff received training on how to support people at the end of their lives.

- The acting manager told us that when a person had sadly passed away in the recent months they had created a picture board with pictures of the person in order to celebrate their life and enable people and staff to mourn their loss.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Healthcare professionals told us the service was well managed and spoke highly of the registered manager. Comments included; "The management is very good. (Name of acting manager) and (Name of deputy manager) are doing brilliantly. They're so approachable and willing to learn."
- The service informed relatives of any concerns if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people, and people were very much at the heart of the service. Staff told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. They also spoke highly of the management team, with comments including, "We can go to them with anything. They're always there."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Garden House did not have a registered manager at the time of our inspection. The previous registered manager had left and an acting manager was in post and looking to start the application process.
- The management team was made up of the acting manager and the deputy manager. The provider was heavily involved in the service and the support area manager was regularly in the home providing support and conducting checks.
- Quality assurance processes, such as audits, were in place and ensured the acting manager had the information they needed to monitor the safety and quality of the care provided.
- The acting manager was aware of their responsibilities to provided CQC with important information.

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

- Staff said the service's management were caring and supportive and that everyone worked well as a team.
- The acting manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the management, and had an input into the service. Comments included, "They always ask us for our opinions. If we get new clients in they ask us for our

opinions and show us assessments before accepting them. That's really good."

Continuous learning and improving care

- The acting manager and the deputy manager were keen to learn and improve. They were currently undertaking a management course and being supported with this by the provider.