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# Gardeners Close

## Inspection report

45 Gardners Close  
Ash  
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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 21 January 2016 and it was unannounced.

Gardeners Close is a care home providing personal care and accommodation for up to three adults with learning disabilities. The home had been set up as three separate self-contained flats and is set next door to the provider's largest home, The Old Rectory. People living at Gardeners Close, accessed support, activities and meals from The Old Rectory. There were two people living at Gardeners Close.

Management of the home was overseen by a deputy manager and the provider. The service did not have a registered manager, because the registered provider was in day to day control of the service. Registered providers 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.

People were relaxed around the staff and in their own home. People gave us positive feedback about the service they received.

Medicines were not always appropriately managed to ensure that people received their medicines as prescribed and records did not always document that people had received their medicines.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

The fire alarm system had not been checked regularly to ensure it was working correctly, which put people and staff at risk of harm.

Risk assessments had not always been updated to reflect changes. One person smoked, their risk assessments and care records did not evidence what had been put in place to mitigate increased risks the person. We made a recommendation about this.

The kitchen was not clean, recommendations from the local council had not been followed regarding food safety. Food had not been appropriately stored.

Systems to monitor the quality of the service were not in place.

There were suitable numbers of staff on shift to meet people's needs.

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there

were effective procedures in place to keep people safe from abuse and mistreatment.

Staff received regular support and supervision from the management team; they received training and guidance relevant to their roles.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one living in the home was subject to DoLS.

People had choices of food at each meal time which met their likes, needs and expectations.

People were supported and helped to maintain their health and to access health services when they needed them.

People told us that staff were kind, caring and communicated well with them. People were supported by staff who understood their needs.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect. People were supported to be as independent as possible.

People's information was treated confidentially and personal records were stored securely.

People's view and experiences were sought during review meetings and by completing questionnaires. Relatives and professionals were also encouraged to feedback.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community.

People and staff told us that the home was well run. Staff were positive about the support they received from the management team and provider. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 not safe.

Effective recruitment procedures were not always in place. There were enough staff deployed in the home to meet people's needs.

People's medicines were not always well managed and recorded.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm. No systems were in place to test the fire alarm system.

People were protected from abuse or the risk of abuse. The manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Food had not been stored appropriately. Some areas of the kitchen were visibly dirty. People had choices of food at each meal time which met their likes, needs and expectations.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with dignity and respect.

People's confidential information was respected and locked

**Good** ●

away to prevent unauthorised access.

People were involved with their care. Peoples care and treatment was person centred.

### **Is the service responsive?**

**Requires Improvement** ●

The service was not consistently responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People were encouraged to give their views and feedback about the service.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

The provider had not assessed the quality of the service and therefore failed to identify where improvements could be made.

Staff told us they were well supported by the manager and they had confidence in how the home was run.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

# Gardeners Close

## **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 took place on 21 January 2016 and was unannounced. The inspection was carried out by one inspector.

Before the visit we contacted healthcare professionals to obtain feedback about the service.

During the inspection we spoke with two people, five staff, the deputy manager and the provider. We received feedback from health and social care professionals during the inspection.

We looked at two people's care documentation in depth; obtained their views on their experiences of living in the home and carried out discreet observations of the support they were given. We looked through management records including three staff files.

We asked the deputy manager to send us information after the inspection. We asked for the staff training matrix, activity timetable, statement of purpose and action plans. These were not received within the agreed timescale of 25 January 2016, we chased the deputy manager who sent them on the 28 January 2016.

This was the services first inspection since it registered with us in October 2014.

# Is the service safe?

## Our findings

People told us they felt safe and happy. One person said, "I like living in my flat, I don't like noise". Another person said, "The best thing is the people, I like the company"

People told us their medicines were kept at The Old Rectory. They explained that they went to The Old Rectory to have their medicines, when they needed them. We observed a trained staff member administering people's medicines during the home's lunchtime medicines round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The medicines trolley was locked when the staff left it to administer medicine to someone. Medicines were given safely.

We checked the medicines records for both people who lived at Gardeners Close. These showed that one person's medicines had not been signed for as being administered on the 18 January 2016. The stock balance evidenced that the medicine had been given but had not been recorded. One person's medicines had been inconsistently given due to issues with supply from the pharmacy and communication difficulties between the person's GP and the pharmacy. Staff explained that they had chased the pharmacy and GP to get this sorted to ensure that the person received medicines they had been prescribed. The temperature of the room where medicines were stored had not been checked or recorded. Staff explained that they checked the temperature of the medicines trolley whilst it was in use on a medicines round but had not done so as they needed a new book to record this in. The staff recognised that the temperature of the trolley when in use would be very different to the temperature of the medicines storage room. Medicines stored over a certain temperature for a long period of time may lose their efficacy and cause people harm.

This failure to manage medicines effectively was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The fire alarm system of the home had not been checked regularly to ensure it was working correctly. There was no record of fire tests and drills for the home. The deputy manager and a member of staff told us that the fire alarm was a separate system from the main fire alarm system at The Old Rectory and therefore did not sound when The Old Rectory's alarm was tested weekly. This put people at risk, because suitable checks had not carried out to see if the alarms were working.

This was a breach of Regulation 12 (1)(2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records were kept in the office area of The Old Rectory as the office area of Gardeners Close had not been set up. Recruitment practices were not always safe. The deputy manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps

prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. All three staff files checked did not show a full employment history. One staff member had a gap of four years, one staff member had a gap of 35 years and one staff file did not contain an application form, therefore it was impossible to check the staff member's work history. Interview records did not evidence that these had been investigated by the provider. The deputy manager immediately developed a form, which was given to all staff so that the provider could obtain a full employment history.

The examples above was a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk assessments were in place to provide staff guidance with managing people's health, mobility, relationships, use of kitchen and small electrical appliances. Risk assessments gave clear guidance to staff about safe working practices. Risk assessments had been reviewed regularly, however we found that one person's risk assessments had not been updated with important information. The daily records showed that one person smoked, there was no evidence within the person's risk assessments that the risks of smoking had been identified and systems put in place to minimise the risks to the person and others. Risk assessments included safe evacuation of the home in case of an emergency, such as fire.

We recommend that the provider reviews risk assessments to ensure that people and staff are safe.

The home had been suitably maintained and was clean, tidy and free from offensive odours. The provider explained they were in the process of setting up an office area on the ground floor of the home. Checks of the water, electricity and gas supply had been carried out by qualified contractors. A Local authority commissioning officer told us "The refurbishment work within the flats [Gardeners Close] has now been completed to a high standard, with all flats now being self-contained".

It was difficult to ascertain if there was enough staff on duty at Gardeners Close because the staff were shared with The Old Rectory, which was situated next door. Staff accessed Gardeners Close through the garden of The Old Rectory. People told us that staff provided them with support to meet their care needs. One member of staff lived at Gardeners Close in the vacant flat. This enabled people to gain access to staff during the night if they needed help and support. Records evidenced that staff visited people in their flats to provide them with the care and support they needed.

Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy which detailed that staff should follow the local authorities safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. This meant that effective procedures were in place to keep people safe from abuse and mistreatment.



## Is the service effective?

### Our findings

People told us they liked the food. One person said the cook, "Makes my favourite dinner". Another person told us they took their dinner back to their flat as they liked peace and quiet. People told us that their healthcare needs were well met. One person said, "I saw the Doctor and nurse and I had antibiotics".

People had access to nutritious food that met their needs. Food was supplied by The Old Rectory. There was a rolling menu plan in place. The cook explained this was in the process of being reviewed with the provider. People were encouraged to drink cold and hot drinks when they wanted them. One person told us that they made their own drinks in their flat when they wanted them. One person had been assessed by a dietician. The dietician had provided written advice about the types and amounts of food that the person should be given. This advice had not been shared with the cook or staff supporting the person, so it was not being followed.

The kitchen of The Old Rectory was well stocked and included a variety of fresh fruit and vegetables. The kitchen was not always clean, which meant that food was not always prepared in a suitably hygienic environment. Some of the kitchen cupboards were scuffed and marked and the kitchen floor was not clean. Food was not always appropriately stored. Jars and bottles of food had not been dated when they had been opened. Foods that should have been refrigerated after opening had been inappropriately stored in the store room. Dover District Council awarded the kitchen at The Old Rectory a rating of '3 Generally satisfactory' on the 30 April 2015. We looked at the recommendations and requirements made by the council and found that they had identified similar concerns to us. The provider had told the Council in May 2015 that they had made improvements to the kitchen however, these improvements had not been sustained.

These examples were a breach of Regulation 12 (1) (2) (a) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated their knowledge of people's needs. Staff described how one person's needs had changed and how they now supported this person to maintain independence whilst increasing the level of care and support.

All staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider's mandatory training such as health and safety training, first aid and food hygiene training. Staff had good knowledge and understanding of their role and how to support people effectively.

Staff received regular supervision from their line manager. Supervision records evidenced that staff had observational supervisions of their practice. For example, staff had been observed undertaking personal care, meal time support and medication. Staff also received an annual appraisal. Regular staff meetings were held to ensure that staff were kept up to date concerning any information they needed to know.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA)

that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The provider had not needed to submit any DoLS applications because people had the capacity to consent to the care they received, and the support provided for them was the least restrictive option. People could access all areas freely and leave the service when they chose to.

People told us that they went out of the service when they chose to. One person told us they sometimes went out by themselves, they explained how they went to the local shops. Staff evidenced that they had a good understanding of the MCA and DoLS by detailing how they enabled and encouraged people to make choices.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had an annual health check up with their GP. Records evidenced that staff had contacted the GP, district nurses, dietician, podiatrist, optician, social services, and relatives when necessary. People received effective, timely and responsive medical treatment when their health needs changed.

## Is the service caring?

### Our findings

People told us that they liked living in the home and staff were kind and caring. One person told us they liked their staff because, "She does a lot for me and makes sure I'm happy". Another person said, "Staff are nice, all of them".

People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Both people had lived at The Old Rectory prior to moving to Gardeners Close. One person had been supported and cared for by the provider for over 30 years. The provider, deputy manager and staff knew people well and had a good understanding of how to encourage, motivate and support people to do things for themselves where possible.

Interactions between people and staff was positive and caring. People responded well to staff and engaged with them in activities. We heard staff talk to people about what they had done that day and what they would like to do.

People had been involved with planning their own care. There was evidence of this within care plans, through signatures. People had personalised their rooms and flats to their own tastes, with pictures, furniture and photographs. One person told us that they had got their flat just how they wanted it. They were particularly happy because they had access to more TV channels through satellite networks.

Staff treated people with dignity and respect. Privacy was observed. For example, staff knocked on people's door before entering. Staff detailed how people required physical support at bath and shower time. Staff told us they would "Close doors and curtains when doing personal care". One staff member explained how they made personal care time fun and used the time to talk with people. Another member of staff explained how they waited outside the bathroom door whilst the person was bathing. Staff told us they only went into the bathroom when assistance was required.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the locked office at The Old Rectory to make sure they were accessible to staff.

People told us that they could have visitors at any reasonable time. We observed that one person's friends visited them during the inspection. Records showed that family members had visited one person at Christmas. Because the home was set out as self-contained flats, people were able to meet their friends and relatives in private.

## Is the service responsive?

### Our findings

People told us they were happy living in the home. We observed people were able to participate in activities at The Old Rectory when they wanted to. One person told us they preferred to be alone and filled their time with watching television, puzzle books, puzzles and going to the shops. One person told us they knew who to talk to if they had a problem.

The providers complaints policy was not available to people that lived in the home. It was not in display in the home and they did not have a copy within their self-contained flats. The deputy manager confirmed that people living at Gardeners Close had not received pictorial complaints leaflets. This meant that people may not have all the information they needed to make a complaint if they needed to. There had not been any formal complaints or compliments about the home.

We recommend that the complaints policy and procedures are made available to people that live in the home in a format they can understand.

People took part in a number of activities based on their individual preferences. Both people regularly chose not to participate in some activities; this had been documented when they had declined. The deputy manager told us that activities don't normally take place at the weekend unless it has been pre-arranged. People's daily records showed that they participated in group and individual activities such as watching films, shopping, relaxing with friends. The provider told us that people were encouraged to be more mobile and keep active, especially in the summer months when the garden was more accessible.

Staff documented people's care and support within their daily records. Any changes to people's health or care was documented in the daily records and within the handover records. These captured important events such as one person moving from The Old Rectory to Gardeners Close and health appointments. This ensured that changes were highlighted to staff coming on shift.

People were encouraged to provide feedback in reviews and in regular 'Service User Meetings'. These meetings took place monthly and they gave people an opportunity to feedback about their home and the service they received. The meetings were held at The Old Rectory and people that lived at Gardeners Close were able to attend when they wanted. Surveys were given to people annually, we viewed one completed survey, and this showed that the person was happy with the care and support they received.

People had been involved in developing their care plans. One of the two care plans we viewed had been signed by the person to show that they been involved. Records showed that people's care packages had been reviewed regularly. Review records evidenced that relevant people had attended the reviews including relatives, staff and local authority care managers. All of the records had been updated accordingly so that staff were able to be responsive to the person's needs.

## Is the service well-led?

### Our findings

People knew the management team. People were positive about the care and support from all staff. We observed the deputy manager explaining to people why we were inspecting the service to reassure people.

The provider did not have adequate quality monitoring systems in place to monitor the home. Quality checks had been carried out at The Old Rectory but had not included Gardeners Close. For example, no health and safety, infection control and fire audits had been carried out. The provider had failed to monitor the cleanliness of the kitchen to ensure it was meeting Food safety standards. The deputy manager and provider told us that they were putting systems in place to ensure that Gardeners Close was audited and checked weekly and monthly in line with The Old Rectory.

This failure to monitor and improve the quality of the service was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and deputy manager explained the support and joint working they did with social care professionals. There was evidence of this within people's records. One person received additional support from the 'Pathways to independence team' which was set up by the local authority. The team visited on a fortnightly basis to work with a person to teach them to become more independent with their daily living skills. Records did not detail if staff supported people to continue these skills in between the visits.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to. One member of staff told us that the provider was "approachable" and described the provider as a "Very busy man". Another staff member said that the provider was "Here [the home] daily from 07:00".

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. One member of staff told us, "I feel confident that whistleblowing would be dealt with". Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us they felt valued, one staff member said they had "Good support to do my job". They felt there was an open culture at the home and they could ask for support when they needed it. One staff member said there was a "No blame culture, it's a less sort it culture".

Staff told us that communication between staff within the home was good and they were made aware of significant events. Essential information was passed on between staff through handover records, memos, the appointment diary and through regular staff meetings.

The provider demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and safeguarding concerns. The provider and deputy manager explained that they attended conferences, provider forums, read care sector publications and had signed up to CQC newsletters to keep themselves updated with changes in practice, legislation and

to gather useful information.

Policies and procedures were in place to support the staff to carry out their roles effectively, these were located in the main office at The Old Rectory. Records completed by staff were clear, although they were not always easy to find. People's care records contained up to date and relevant information about their care.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured care and treatment had been provided in a safe way. Regulation 12(1)(2)(a)(b)(d)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality of the service Regulation 17 (1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not established and operated effective recruitment procedures. Regulation 19 (2)(a)(3)(a)