

Charis House Limited

# Gardenia Court Nursing Home

## Inspection report

21 Uphill Road North  
Weston Super Mare  
Somerset  
BS23 4NG

Tel: 01934632552  
Website: [www.gardeniacourt.co.uk](http://www.gardeniacourt.co.uk)

Date of inspection visit:  
17 April 2019  
18 April 2019

Date of publication:  
11 June 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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: Gardenia Court Nursing home is registered to provide up to 29 people who have nursing or personal care needs. At the time of the inspection 19 people were living at the service.

People's experience of using this service:

- Systems to monitor and audit the safety and quality of the service was not effective and had not identified the improvements that were required.
- Some risk assessments required additional information relating to how staff should use people's moving and handling equipment. Risk assessments were also required for people at risk of spilling hot or cold drinks.
- Some areas of the home required improvements such as carpets that needed straightening due to being lumpy and fraying. Thresholds were also fraying posing an additional trip hazard however the registered manager rectified this following the inspection. Water temperatures exceeded safety requirements and one person had a leaking toilet and broken toilet roll holder.
- Improvements were required in hand washing whilst administering medicines.
- People felt safe and able to summon help if required.
- People were supported by staff who had received training, supervision and an annual appraisal.
- People were supported to access health care professionals when required.
- Carers were kind and caring and people were supported with dignity and respect.
- Staff knew people well and encouraged independence.
- Care plans were personalised and individual. However, people who required support when they became anxious or upset required additional information on how staff should support them.
- Complaints were investigated, and outcomes recorded.
- Staff felt supported and that the service had a positive culture.

Rating at last inspection: Good (Published July 2017). At this inspection we found the service required improvement in Safe and Well-led and the overall rating had changed to Requires Improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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 always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Gardenia Court Nursing Home

## **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 was carried out by one adult social care inspector, an expert by experience, a specialist advisor and an assistant inspector on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people. The specialist advisor was a nurse. On the second day one adult social care inspector completed the inspection.

#### Service and service type:

Gardenia Court is a nursing home. People in nursing homes receive accommodation and nursing or personal care. 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 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:

The inspection was unannounced on the first day.

#### What we did:

We reviewed information we had received about the service since the last inspection in July 2017. This

included details about incidents the provider must notify us about. We also looked at information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Following the inspection, we contacted three health care professionals. We managed to gain feedback from one.

During the inspection we spoke with nine people living at the service, six relatives and six members of staff, including the registered manager. During the inspection we reviewed four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people relating to their nutrition and skin. Although staff were transferring and using equipment safely, the risk assessments for moving and handling did not reflect how the equipment needed to be used. For example, which hoop should be used for which transfer.
- We also found there was no risk assessment in place for people at risk of spilling hot or cold drinks. For example, we observed throughout the inspection people having drinks served to them in spouted beakers. People's care plans confirmed people's needs relating to having drinks served in this way however there was no risk assessment recording what the risks were and how these risks were reduced by using this type of beaker rather than a normal cup or glass.
- Environmental audits were not effective, and some areas of the home put people at risk. Equipment was stored in communal areas throughout the home. Some areas were cluttered due to hoists, wheelchairs and other equipment being stored outside people's rooms. This was unsightly and could mean the width of corridors were reduced potentially causing an exit issue in the event of an emergency.
- Some carpets posed a trip hazard to people due to being lumpy and fraying. Thresholds were also frayed and not wide enough to join flooring together. Following the inspection, the registered manager confirmed action had been taken to address the shortfalls with the carpets.
- People could be at risk of hot water temps that exceeded recommended guidelines. Maintenance records showed that 12 hot water taps on the 8 April 2019 were above the required temperatures and no action had been taken to rectify the issue which had been identified over previous hot water checks.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicine Administration Records (MAR's) were completed to document people received their medicines as prescribed.
- Staff administered people's medicines safely.
- Medicines were stored safely and as required.
- MARs contained accurate information about people's allergies and medicines they required as and when needed.
- People told us they were happy with how their medicines were managed. One person told us, "Staff make sure I get my medicines on time".

Staffing and recruitment

- The provider had checked new staff and their suitability to work with vulnerable adults through a full Disclosure and Barring Service check (DBS) and references.
- People were supported by enough staff to meet their needs.
- People and relatives felt staff came quickly if they needed them. People told us, "They come quickly if I buzz, they come at night too" and "They respond quickly to buzzers". Relatives told us, "I am happy with the home" and "I am happy with the way she is looked after".
- People had access to call bells should they need to summon assistance or help. During the inspection we observed these being answered without a delay.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe. People told us, "I feel safe, not worried about anything" and "I feel safe and looked after". One relative told us, "I feel she is safe".
- Staff had received training on safeguarding adults. Staff were knowledgeable about the types of abuse and who to go to if concerns arose. One member of staff told us, "Abuse can be physical, financial, verbal, emotional. I would go to my manager, CQC or the local authority if I needed to".

#### Preventing and controlling infection

- The service was clean and tidy.
- The medicines trolley had no hand gel available, so staff could use in between administering medicines. We fed this back to the registered manager for them to take action.
- Visitors had access to antibacterial hand gel throughout the home.
- People's rooms and communal bathrooms had liquid hand wash, paper towels and bins although an additional clinical bin could be beneficial, so staff were not accessing the communal bathroom whilst in use. The registered manager actioned this during the inspection.
- Staff wore personal protective equipment such as gloves and aprons.
- Systems were in place for laundry to ensure infection control risks were minimised.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded confirming any actions taken to prevent similar incidents from occurring.



## 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.

Staff support: induction, training, skills and experience

- New staff received a two-day induction, records confirmed this.
- Staff received training to ensure they were competent in their role. Training included food hygiene, fire training, infection control, Moving and handling and safeguarding. A Care certificate was also in place for staff. This is a recognised set of standards to ensure staff have the competency within their role.
- Staff received supervision every three months and an annual performance and development review.
- Nurses had their registration details reviewed by the registered manager and they monitored when nurses required their re-validation.

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

- People and relatives spoke positively about the food provided by the service and there was plenty of choice. One person said, "The food is fine, there is a choice at lunchtime". Another person told us, "The food is quite good". One person said the food could be hotter. They told us, "The food is good but the plates are always cold. Food is not therefore always hot. We have a choice of two things at lunch and tea but if don't like them, they will do other things". One relative said, "She is eating well and enjoying the food".
- Lunch times were quiet, and people could enjoy their meals in a relaxed environment speaking with one another and staff if they wished.
- People could help themselves to drinks, such as water and squash and people confirmed this was replenished regularly.
- Where people were on food and fluid charts these recorded the amounts, people had taken. However, one person's fluid chart confirmed their assessed need was lower than another record within the fluid chart folder. Their total amount each day was lower than their assessed need. It was unclear from their assessment if this was something to be concerned about. The registered manager reviewed their assessment and updated their care plan to confirm the persons average daily intake.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 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. The registered manager made applications when required and kept a record of those still pending and authorised.

- Assessments had been undertaken for those who lacked capacity and best interest decisions were in place. However, there was no best interest decision recorded for people who were receiving a modified diet and who had been involved in this decision.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health conditions as required. Care plans confirmed what support people required. Where people required specialist support care plans confirmed this arrangement. For example, where people had visits from a chiropodist or specialist nurse advisor care plans confirmed these arrangements. One health care professional told us, "They make referrals when required and are very easy and good to work with. We have a very good relationship with the home and people are well cared for".

Staff working with other agencies to provide consistent, effective, timely care

- The service sought advice and support from an advanced nurse practitioner and GP when required, records confirmed this.

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

- People's rooms were personalised and individual.
- People could come and go throughout the home as they wished.
- Some cosmetic and building improvements were being made. For example, some fire doors had been replaced, fire escape routes improved, new flooring had been laid and paint had been taken off to expose the natural wood underneath. However, we found areas throughout the home that required fixing and maintenance. For example, one person had a leaking toilet and broken toilet roll holder. The registered manager confirmed some improvements were still required. This included replacing the main carpet up the stair case and undertaking some building work to some rooms. Following the inspection the registered manager confirmed they had addressed the toilet that was leaking.

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

- Care plans confirmed people were part of their assessment and ongoing care planning. Records confirmed this.
- People's protected characteristics under the Equalities Act 2010 were identified and recorded in people's individual care plans.

# 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.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to demonstrate how to respect people's privacy and dignity however on one occasion we did observe one person have their bathroom door opened out into the corridor whilst being supported with personal care by staff.
- Visitors were able to visit throughout the day and people were supported to maintain relationships that were important to them. For example, we observed one spouse visit during lunch time they spent time talking and supporting the person with their lunch. Staff offered the visitor a drink and pudding and they willingly accepted.
- People felt staff respected their personal space. People told us, "Staff knock before they come in" (this person had chosen a room where the bed was not visible from the door, so it looked more like a sitting room as you enter). Another person told us, "The staff always knock on the door".
- People were encouraged and supported to remain independent and staff were able to demonstrate how they encouraged people to with this.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. People told us, "They are very caring and communicate well. They are very, very good" and "Staff are very nice, if I ask for things they try and get them. I feel lucky to be here they are all so pleasant. I am very lucky the staff are nice and get to know you, they will do it how I want". Relatives told us, "Care is brilliant". and "They are very caring and communicate well. They are very, very good".
- People's personal preference was respected when they make choices on the gender of the member of staff who supported them. This was recorded in people's care plan.
- People had developed positive relationships with people and staff knew people well.

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

- People were involved in their care and support and received care in line with their wishes. People told us, "If I like things done in a particular way I talk to them and they will do it", "They look after me well" and "I have to have help washing and dressing, they are very considerate of me. I have a shower on Wednesday".

# 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.

At our last inspection in April 2017 we rated the service as Requires Improvement due to care plans not containing important information. At this inspection we found improvements had been made however some care plans required some additional information relating to how to support people who could become anxious and upset.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were personalised and individual. They included important information relating to people's behaviours should they become upset or anxious. However, there was little information on what strategies staff could use to support with any triggers that could lead to them becoming anxious and upset. On one occasion we observed a person who become upset. We raised this with a member of staff who confirmed the person could at times present in this way and that they may benefit from some pain relief. Their care plan did not contain any details or guidelines about what staff should do when this occurred. We fed this back to the registered manager.
- Care plans described people's care needs, such as if people wore glasses or hearing aids and the support people required with their oral mouth care. They also confirmed if people had hobbies and interests and if they liked to watch and TV or listen to music.
- People chose how they spent their time and were free to spend time in their rooms or the communal areas of the home.
- The service had an activities co-ordinator however people felt the quality and choice of activities was variable and could improve. Activities included quiz's, day trips, music and exercise. People told us, "Staff tell you what is going on" "We mostly sit around, chatting", "I stay in my room, I might go down for entertainment" and "They are not my sort of activities, I like different music. I did go down to see a singer but by the time they got me there I only heard half of it". One relative told us, "We do jigsaws with her, one day we came in and someone had helped her do a jigsaw".
- The service was responsive to people's changing needs and there was a fortnightly nurse practitioner who visited to discuss any changes to people's health or referrals required.
- The service identified people's information and communication needs this was recorded within their care plan. Staff demonstrated a good understanding of Accessible Information Standard and gave examples of how they offered people choice and control whilst providing care and support.

Improving care quality in response to complaints or concerns

- The service had received five complaints since the last inspection.
- All complaints were logged including actions taken.
- Various written compliments had been received. These included, 'Thank you so much for the expert care and support, you are one in a million' and 'Thank you for the high level of care and support, you are a fantastic team'. One relative wrote, 'Please accept my sincere appreciation for the care and kindness you

gave [Name]. When we visited her you and your staff always made us feel so welcome, it was a pleasure to see [Name] in such pleasant surroundings'.

#### End of life care and support

- One person at the time of the inspection was receiving end of life care. Their care plan confirmed their wishes and those involved with their care and treatment.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care. Some regulations had not been met.

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

- As mentioned previously in this report systems in place to assess the safety and quality of the service were not effective and had failed to identify that improvements were required. This included the environment, and where one person's care plan required additional information relating to them becoming anxious and upset.
- We looked at records and found they didn't provide enough detail and guidance to staff. This related to risk assessments as mentioned previously in the report.
- No action had been taken to rectify hot water temperatures that were above the recommended guidelines and could pose a risk to people.

The failure to assess and monitor the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Equipment was checked however the environment and people's rooms were not being checked. We found areas throughout the home that required fixing and maintenance. For example, one person had a leaking toilet and broken toilet roll holder.

- The provider had displayed their assessment rating at the service along with the providers registration certificates.
- Notifications were submitted as required.

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

- Resident's views were sought. People felt able to raise concerns with the management of the home.
- Questionnaires' were sent to gain feedback from people about their care experience. Feedback received was positive.
- Staff had meetings with the registered manager.
- The registered manager also held meetings with people and relatives to get their view on improvements that could be made to the care provided.

Continuous learning and improving care

- People were asked for their feedback yearly. Feedback received showed people's experience of the care they experienced had improved. Where comments had raised areas for improvement we observed actions

were being taken to improve people's care and dining experience.

- There was a positive atmosphere and culture in the service. Staff felt it was a nice place to work. One member of staff told us, "[Name of manager] is a very excellent manager. She will help you".

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

- People and relatives spoke positively about how approachable staff and the registered manager were. One person told us, "The management is very good, [Name] very good". Relatives told us, "The manager is lovely, she communicates well with the family" and "We have met the owner a few times, who usually comes on a Wednesday".

Working in partnership with others

- The service had a good working relationship with the local GP practice and referrals were made when required to health care professionals such as, dietitians, Mental health teams, social workers.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People could be at risk of hot water temps that exceeded recommended guidelines.  12 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not identified shortfalls relating to environmental risks, risk assessments required additional details, actions had not been taken to prevent people from the risk of burns and records required improving.  17 (2) (b) (c)