Residential Community Care Limited

The Walled Garden

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 15 September 2017.

The Walled Garden is a residential care home which is registered to provide a service for up to ten people with learning disabilities. Nine people were resident in the service on the day of the inspection. People had other associated difficulties such as behaviours that may cause distress to themselves and/or others.

At the last inspection, in September 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:
There is a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, staff and visitors continued to be protected from harm and the registered manager ensured the service remained as safe as possible. Safety was maintained by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff fully understood how to protect the people in their care and knew who to contact if they had any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them, as far as possible.

People benefitted from unusually high staffing ratios which ensured there were always enough staff on duty to meet people's diverse, complex, individual needs safely. Recruitment systems were in place to make sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff.

People continued to be assisted by well-trained staff who were properly supported to make sure they could meet people's varied well-being and highly complex needs. Staff dealt very effectively with people's current and quickly changing needs. The service worked closely with health and other professionals to ensure they were able to meet people's often, very special needs.

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

People continued to be supported by an exceptionally caring staff team who were committed to meeting people's needs with patience and kindness. The service was extraordinarily person centred and had made very positive impacts on people's feelings of well-being. The staff team were attentive and were able to communicate with people by using detailed individual communication systems.

The service remained very responsive to people's needs. Support planning was highly individualised which ensured people's equality and diversity was respected. People were provided with activities to enable them to lead as fulfilling a lifestyle as possible.

The registered manager was respected and ensured the service was well-led. She was described as open, approachable and supportive. The quality of care the service provided continued to be assessed, reviewed and improved, as necessary.

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 remains good.	**Good** ●
Is the service effective? The service remains good.	**Good** ●
Is the service caring? The service remains outstanding.	**Outstanding** ☆
Is the service responsive? The service remains good.	**Good** ●
Is the service well-led? The service remains good.	**Good** ●

The Walled Garden

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 was unannounced and took place on 15 September 2017. It was completed by one inspector.

Before the inspection the provider sent us information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for four people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with the people who live in the home. Some people were able to talk with us whilst others had very limited verbal communication but were able to show their feelings by facial expression and body language. Some people were not able to express their specific views to us. We spoke with four people who live in the service and specifically interacted with two others. We spoke with seven (five in depth) staff members and the registered manager. On the day of the inspection we spent time with some relatives of people who live in the service. We requested information from 13 other social care and health professionals and received five responses, all of which were positive.

Good

Is the service safe?

Our findings

People remained safe and continued to be protected, as far as possible, from any form of abuse. Staff continued to receive appropriate,up-dated training and were able to clearly explain how they would deal with any safeguarding issues. They told us they were confident people were safe and the management team would take any necessary action to keep people safe. People told us or indicated they felt safe living in the home. One person said, "I'm safe here, staff keep me safe and I can go to my room if someone else is upset." Another said, "Yes I'm very safe, there's always staff around to keep us safe and give us support." One relative said, "We have absolutely no concerns about [name's] safety and we keep a close eye because of a previous placement." Professional's comments included, "… I have no concerns regarding this home and the care of our resident there." "From the review of my service user, it is my belief his placement is a safe environment and that he is well treated." The local safeguarding authority told us they had received no referrals from or about the service in the previous nine months.

The provider took responsibility for seven of the nine people's money. There was a system in place to ensure people's finances were protected and this was audited monthly to highlight any accounting errors. However, we examined one set of accounts, in detail, which contained an error. The registered manager undertook to review the accounting system which appeared to be complex and made it difficult to 'track' individual's income and expenditure. The two most recent residents had family support to safeguard their finances. People's plans of care contained information about income, expenditure and other financial details.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Health and safety training was provided regularly and maintenance checks were completed at the required intervals. There was a robust fire safety policy and procedure in place and a fire precautions log book which recorded prevention, protection and response. Fire maintenance checks and drills were completed regularly and were up-to-date.

Safety was further addressed by generic health and safety and individual risk assessments such as expectant mothers and aggressive behaviour. People had individual risk assessments which were incorporated into care plans. These included areas such as clothes shopping, behaviours and use of mobility equipment. Personal emergency and evacuation plans were tailored to people's particular needs and behaviours. Both personal and generic evacuation plans were laminated, displayed or stored in appropriate places and produced in user friendly communication formats.

People continued to be given their medicines safely by two staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. The service continued to use an on -line ordering system for regular medicines but could use a local pharmacy if urgent medicine was required. There were detailed guidelines to identify when people should be given medicines prescribed to be taken when needed. These included gaining the permission of the on call member of staff prior to administration. No medication administration errors had been reported in the previous 12 months.

People's diverse and complex needs continued to be met safely by high staffing ratios. There were a

minimum of nine care staff during the morning and eight care staff during the afternoon/evening with two waking night staff and a sleeping in colleague. Care staff were supported by administration and management staff during the day time. The service continued to check the safety and suitability of staff prior to their employment.

Good

Is the service effective?

Our findings

People's individual identified needs continued to be met by an effective staff team. The good quality support plans provided staff with all the necessary information to meet people's needs. Information was up-to-date and relevant.

People's health care and well-being needs were met effectively. Support plans included all aspects of healthcare and well –being needs. We saw that people were supported to have regular health and well-being reviews by appropriate professionals. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. A health professional who knew the home well told us staff reported any health issues in a timely manner and commented, "Yes staff work co-operatively with us for the best interest of our patients who live in their home." Another (when asked if health issues were addressed in a timely manner) said, "Yes very much so. Staff are proactive in achieving this."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made seven DoLS referrals which had been authorised by the local authority (the supervisory body). Best interests meetings were held, as necessary, for decisions such as medical treatment and detailed records were kept of the decision making process.

Staff continued to encourage people to make as many decisions and choices as they could. However, we discussed the practice of keeping people's money communally rather than individually. This meant that people didn't generally see their money or know how much they had. This did not support people to make decisions about purchases or expenditure. The registered manager agreed to review this practice.

The service continued to support people with behaviours which may cause distress or harm to themselves or others exceptionally well. They used specific techniques for individuals including reward and positive behaviour re-enforcement systems. The service continued to work closely with behavioural specialists and other relevant professionals. Detailed behaviour plans were developed by the staff team and other behavioural specialists to inform staff how to support individuals, most effectively, with this area of their care. Care staff used non-violent crisis intervention and continued to be regularly trained in the management of actual and potential aggression. This was a recognised way of intervening early in situations to try to avoid and de-escalate distressing behaviours. Physical intervention, including medicinal support was only used as a last resort and as described in individual plans of care. Any physical interventions were recorded in detail, staff were de-briefed and incidents were used as a learning tool.

People were encouraged to be involved in making food choices and developing appropriate menus. Any specific needs or risks related to nutrition or eating and drinking were included in support plans and support

was sought from relevant professionals as necessary. We had been given information that the service did not have adequate stores of food and people were not receiving enough sustenance. However, we did not find any evidence of this on the day of the inspection. Cupboards were full, nobody was under or losing weight and people told us the food was good and they could make choices. Staff told us there was always enough food and people ate well.

People were supported effectively by staff who continued to be properly trained and who were encouraged to develop the skills, knowledge and understanding needed to carry out their roles. Nineteen of the thirty staff had attained a health or social care qualification. A core set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. Newer staff felt the induction equipped them to care for people safely.

Staff received regular supervision and guidance to ensure they continued to fulfil their roles and provide appropriate care to individuals. Staff felt they were very well supported by the registered manager and management team but had some issues with the support offered by the administrative team. The registered manager told us she had begun to and would continue to review this relationship and develop measures to resolve the differences within the staff team. Staff members and the management team assured us that the relationship difficulties had no impact on the people who lived in the service.

Outstanding ☆

Is the service caring?

Our findings

People continued to be supported by staff who remained highly motivated, kind and caring. People and families told us that the staff were kind to them. One person said, "They seem to care about all of us." A person who had been in hospital for an extended stay told us staff had been with them most of the time and they had felt comforted by that. A family member told us they felt the staff team were, "Very caring." A professional commented, "In terms of the service user we support, I find the Walled Garden to be a caring, knowledgeable service which I believe continues to support the needs of my service user working for his best interests.

The service remained extremely person-centred. For example staff continued to make outstanding efforts to support people to keep in contact with their family and friends and to maintain important relationships. Staff remained highly committed to ensuring people felt part of their family and attached to their culture which gave them a real sense of belonging and confidence. Examples included staff continuing to support an individual to meet with their extended family members. The organisation and preparation for overseas trips remained complex and lengthy. They remained extraordinarily important to the individual and had improved their behaviour control and consequently lifestyle throughout the year, not just on the trips. Another person's behavioural issues has been addressed with them, their family and other professionals and resulted in a 50% decrease in distressing behaviour incidents. This meant that the person could access the community more often and enjoy visits to relatives. The person told us, "I am happy now and I like living here."

People continued to have highly detailed communication plans tailored to their individual needs. People's identified methods of communication were used so that staff could attempt to interpret how people felt about the care they were receiving and the service, in general. Information continued to be presented to people in a way which gave them the best opportunity to understand it. People's written communication was provided in different formats as described in their plans. The various formats included pictures, photographs, symbols and simple English.

Care plans included information about how people wanted to be supported to control their lives and to maintain or increase their independence. Information provided to people included explanations of the key worker system, different people's responsibilities and people's support agreement. Plans continued to include areas such as, ''what I really want to change'' and, ''support issues getting in the way of achieving change''. People were provided with a, "service user charter" which described how individuals maintained their independence and how people were safeguarded from discrimination of any sort.

People's extremely diverse physical, emotional and spiritual needs were met by staff who knew, understood and responded to each individual. The service continued to have a strong culture of recognising equality and diversity of both people and staff. Staff remained committed to supporting people to meet any specific needs in this area and continued to received equality and diversity training. Individual care plans noted, for example people's religious beliefs and how they chose to pursue them, any family cultural beliefs and if the individual adhered to any special practices.

People's privacy and dignity continued to be promoted by staff who understood how they supported and assisted people with personal care tasks as sensitively as possible. Staff were able to describe how they supported people with personal and intimate care whilst ensuring their privacy and dignity. Some people, for example, only received same gender care or received care only from staff they were most comfortable with. Staff interacted positively with people, communicating with them at all times and involving them in all interactions and conversations. Support plans and daily notes were written with individuals in a respectful way. Professionals told us, "Patients are treated with respect and their dignity preserved at all encounters." Another, when asked if people were treated with respect and dignity, replied, "Yes always."

People benefitted because the staff team continued to develop strong relationships with individuals, as quickly as possible. For example, when one person moved into the service they appeared withdrawn and chose to spend time in their bedroom. Through staff encouragement and interaction they began socialising with other people and staff. They had developed good relationships with both staff and people and chose to relax in the communal areas with others. Another person has been to build relationships with staff and relatives. They now visit the family home, telephone their relatives and are overall much happier. This is demonstrated by the reduction in distressing behaviours.

People's records continued to be kept securely and the staff team understood the importance of confidentiality which was included in the provider's code of conduct and the induction.

Good

Is the service responsive?

Our findings

The service continued to respond quickly to people's needs. People's methods of communication were recognised and staff were able to respond immediately to people's body language and behaviour. Many of the nine people who live in the service had one to one staffing which ensured a fast response to people's needs, requests and choices. Additionally staff were trained to intervene quickly if people were showing signs of anxiety or becoming distressed.

The service assessed people's needs regularly. Formal annual reviews took place. However, there were monthly key worker reviews and other reviews in response to people's complex and quickly changing needs. Support plans showed how quickly staff responded to people's changing emotional and well-being needs. The service continued to present examples of excellent responsive work. These included, supporting people to reduce distressing behaviours. For example since October 2016 one person had learnt to communicate their anxieties to staff rather than present risk behaviours. This was as a result of continual reviews and the use of supporting guidelines. The individual had gained much confidence in themselves and others were now enjoying interacting and socialising with them. The individual told us they were, "Much happier, it feels like home." Another person was supported with depression and harmful behaviours. Assistance was sought from external professionals, which included additional funding to increase staffing ratios. After additional staffing and new guidelines were put into place their well-being improved significantly. The individual currently participated in activities, their physical well-being had improved as had their mood state.

Generally, people's care remained exceptionally person centred with highly personalised care plans which ensured care was tailored to meet individual needs. However, people did not have access to their money. This was held centrally and people did not always have the opportunity to see what their income and outgoings were and how much money they had to spend. For example one person had spent sums of money on 'luxuries' they may not be able to afford. There was no evidence to show this had been discussed with them or that they had been supported to make an informed choice. The manager agreed to review the system used to support people with their finances and how to ensure a more person centred approach was used.

People continued to be provided with individualised, flexible activities on a daily basis. Some activities were planned but many were completed according to people's requests, mood and well-being. Detailed risk assessments were in place to support the activity programme, as necessary. People were also encouraged to increase their independent living skills as part of their activities programme. For example, one person prepares their own breakfast, clears up after themselves at meal times and assists with lunch/dinner preparation. People also participate in physical activities such as swimming, walking and exercise to improve their emotional as well as physical well-being.

The service retained their complaints procedure which was produced in a user friendly format and displayed in relevant areas in the home. The service had received no complaints and four compliments about the service since 2015. The Care Quality Commission had received two complaints relating to a variety areas of the home. These were appropriately investigated and responded to by the service.

Good

Is the service well-led?

Our findings

People continued to benefit from good quality care provided by a well-led staff team. The registered manager was appointed in June 2016. She was supported by a deputy manager and team leaders. Staff told us the registered manager was, "Open and approachable" and they felt well-supported by the senior management team. There were some issues around the relationships between care and administrative staff. However, the registered manager was aware of the issues and identifying ways to improve them. People and relatives told us that the service was well managed and the, "Manager is great."

People benefitted from a good quality service which was monitored and assessed by the registered manager, staff team and provider to ensure the standard of care offered was maintained and improved. A relative commented, "This is an excellent place and the care is really good." There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. Additional audits were completed by the local authority and the food standards agency. Checks completed by external audits were competed in July 2016, May and August 2017 and all had positive results.

The views and opinions of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in their reviews, at monthly key worker meetings and at resident meetings. Staff meetings were held regularly and minutes were kept. A questionnaire was sent every year to all relevant people, the most recent was completed in August 2017.

The quality of people's records had been maintained, they continued to be detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records continued to be of good quality. The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent in the correct timescales. We discussed the duty of candour with the registered manager who agreed to review the policy with regard to CQC guidance.