

Minstrels Healthcare Limited

The Gardens Residential Home

Inspection report

88 Sleaford Road
Boston
Lincolnshire
PE21 8EY

Tel: 01205359797
Website: www.retirementvillages.co.uk

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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

This was an unannounced inspection carried out on 19 April 2016.

The Gardens Residential Home can provide accommodation and personal care for 47 older people and people who live with dementia. There were 40 people living in the service at the time of our inspection most of whom were older people. The accommodation is a purpose built, two storey property. The service is divided into two units. On the ground floor the unit is called Aspen which is reserved for 11 people who live with dementia. On the first floor the unit is called Gardenside where 36 people can live.

There was a registered manager in post. 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including financial mistreatment. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way including making sure that people were supported to promote their continence. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed including people who could become distressed. Some people wanted more opportunities to pursue their hobbies and interests. There was a system for resolving complaints.

Quality checks had been completed to ensure that people received the facilities and services they needed. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice

guidance.

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.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to support people in the right way.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed.

Some people wanted more opportunities to pursue their hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Good ●

The service was well led.

Quality checks had been completed to ensure that people received the facilities and care they needed.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

The Gardens Residential Home

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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 19 April 2016. The inspection was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with 12 people who lived in the service and two relatives. We also spoke with two senior care workers, four care workers, the laundry manager and administrator. In addition, we spoke with the registered manager and with the regional manager. We observed care that was provided in communal areas and looked at the care records for four of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

We also used the 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.

After the inspection visit we spoke by telephone with three relatives and we corresponded with a health and

social care professional. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. One of them said, "I really like it here and it's a nice place to be. I feel safe because of the staff." Another person who we saw during our SOFI exercise had special communication needs and held the hand of a member of staff and smiled to show their approval. We witnessed a number of occasions when people went out of their way to be close to staff including a person walking beside a member of staff as they were dusting in one of the corridors. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I'm very pleased I chose the service. I knew straight away it was the right place for my family member because it was both professional and friendly. I'm confident that my family member is safe and well. I'd be able to tell right away if something wasn't right."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We saw that there were robust arrangements to protect people from the risk of financial mistreatment. This included the administrator carefully assisting people to manage their personal spending money by securely holding money for them, recording each time it was spent on their behalf and checking that the remaining cash balances were correct.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. However, we noted that the service only had one mobile hoist even though 10 people experienced reduced mobility and needed to be supported by the use of this equipment. Staff said that this situation had sometimes resulted in difficulties when a person had wanted to be assisted to move while the hoist was in use elsewhere in the service. This was because people had not wished to wait and had attempted to move on their own when it was not safe for them to do so. We raised this matter with the regional manager who immediately asked the registered manager to purchase a second hoist.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager and the regional manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved a person being

referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the person concerned so that it was less likely that they would experience falls in the future.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the two weeks preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. We noted that in the 12 months preceding our inspection there had been an incident when a person's medicines had not been correctly administered. Records showed that the person concerned had not experienced any direct harm as a result of the mistake. They also showed that the registered manager had quickly established how the mistake had occurred and had taken effective action to reduce the likelihood of it re-occurring.

People who lived in the service said that there were enough staff on duty to meet their needs. One of them commented, "I'm looked after very well indeed and only have to ask if I want something. The staff here pop in and out of my bedroom all the time to see if I need a drink or anything else." Relatives also told us that the service had enough staff and one of them said, "I do think that the service is quite well staffed. I call a lot and I've never seen people having to wait unduly when they ask for help. The call bells aren't forever ringing."

Documents showed that the registered persons had reviewed the care each person needed and had calculated how many staff were needed. We noted that arrangements had been made for there always to be a senior care worker on duty who was supported by a number of care workers. We saw that there were enough staff on duty at the time of our inspection because people promptly received all of the care and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "The staff have got wise heads on them, even the younger ones. They know me and what help I need and they're happy to take care of me." A relative spoke about their confidence in staff saying, "The staff seem to know what they're doing. No matter which member of staff it is they always seem to know what help my family member needs which is good because it means my family member gets a consistent response and doesn't have to explain what they want again and again."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that most of the care workers had obtained a nationally recognised qualification in the provision of care in residential settings.

Records showed that new staff had undertaken introductory training before working without direct supervision. In addition, we noted that established staff had completed refresher training in key subjects such as first aid, infection control and fire safety. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. Records showed that as a result of this several people had been prescribed high calorie food supplements to help them to stabilise their weight. We saw that staff were checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition.

We were present when people dined at lunchtime and we saw that when necessary staff gave people individual assistance when eating and drinking so that they could enjoy their meal in safety and comfort. We noted that staff had arranged for some people who were at risk of choking to be seen by a speech and language therapist. As a result of this, staff had been advised how to specially prepare these people's meals and drinks so that they were easier to swallow.

We saw that there was a written menu which provided people with a choice between different dishes at

each meal time. People were generally positive about the quality of their meals and one of them said, "There is always plenty to eat and drink." However, another person said, "Some of the food I leave and nobody asks me why."

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and said, "The staff are certainly on their toes and they're straight onto the doctor if I'm not well." Relatives also commented on this matter with one of them saying, "I am confident that my family member gets the right healthcare. The staff take a personal interest in the people living in the service and make sure that they get all of the medical attention they need."

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to attend a hospital outpatient appointment so that they could have a medical condition checked by a doctor.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's relative and care manager (social worker). This was because additional steps needed to be taken to provide the person with the assistance they needed when they became distressed.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had ensured that people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to 11 people who lived in the service. This was because they lacked mental capacity and it was likely that they might need to be deprived of their liberty in order to keep them safe. The registered manager said that the people concerned could place themselves at risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

Is the service caring?

Our findings

People were positive about the quality of care that was provided. One of them said, "I'm looked after very well indeed and I only have to ask and the staff do it for me. The staff here are marvellous in my opinion." Another person who lived with dementia and who had special communication needs was seen patting the shoulder of a nearby member of staff, smiling and touching the watch they were wearing. The member of staff then pointed to a large clock on the wall and reminded the person that it would soon be time to enjoy a cup of tea. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "I'm completely confident that the staff are very kind and caring. I've never seen anything other than that in all of my visits there."

During our inspection we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their respective grandchildren. They both laughed when they spoke about all of the presents they had to buy at Christmas time and the cost of their purchases.

We observed an occasion when a member of staff who was helping someone to find a pair of spectacles in one of the lounges was called away to answer the front door. We noted that before they left the person, the member of staff explained why they were leaving the room and assured them that they would return as soon as possible. A few minutes later we saw the member of staff go back to the lounge where the spectacles still could not be found. The member of staff asked the person to try to recall when they last saw them after which the spectacles were located on the person's bed side table. Later on we spoke with the person concerned and they said, "The staff are just so helpful which is good isn't it."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of working on the land and bringing up their children.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We also noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "It's up to me where I see my family member. We usually spend time in their bedroom because it's quieter and the staff see that as being entirely normal."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. Examples of this included people being helped to reposition themselves when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. A person spoke about this and said, "I sleep a bit better knowing that the staff will come to check on me and in between times I can always ring the call bell if I need help."

We noted that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person who was sitting in one of the lounges was becoming upset because they had forgotten the name of one of their grandchildren. The member of staff quietly reminded the person about the names in question and then went on to look forward to when their grandchildren were next likely to visit the service. After this we saw the person relaxed and smiling. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator who supported people to pursue their interests and hobbies. Records showed that people were supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. We also noted that the activities coordinator called to see people who spent a lot of time in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. In addition, there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes. However, three of the seven people we asked about this aspect of the service said that they would like to be offered more opportunities for social activities. One of these people said, "It can be a long day here and although there is an activities person there's only so much they can do." Another person said, "I have to admit to often looking out of the window on the lovely gardens they have here and wishing that I could be helped to go outside and sit in the sun. I'd love that but the staff are just too busy." A third person said, "I'm very lucky because I have family to take me out, but otherwise there isn't a lot to do." We raised this matter with the regional manager and registered manager. They said that they would immediately consult with all of the people who used the service about this matter and assured us that any suggested improvements would be introduced as soon as possible.

We noted that there were arrangements to support people to express their individuality. The registered manager said that people would be assisted to meet their spiritual needs by attending a religious service if they wished. We also noted that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Although no one living in the service at the time of our inspection had requested special meals, the registered manager said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A person spoke about this and said, "You see the manager around the place all the time. She's not hiding away in her office and she's a very nice person to have a chat with." A relative also remarked on this saying, "I've never felt the need to complain really but it's a very professional set up in the service and I'm sure that anything I raised would be dealt with quickly."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had not received any complaints in the 12 months preceding our inspection.

Is the service well-led?

Our findings

Records showed that the registered manager and regional manager had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

We noted that checks were also being made of the accommodation and included making sure that the fire safety equipment remained in good working order. In addition, the registered manager had identified the need to have a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

People who lived in the service said that they were asked for their views about their home as part of everyday life. In addition, we noted that people had been invited to attend residents' meetings at which they could discuss with staff any improvements they wanted to see introduced. Records showed that the registered manager had acted upon people's suggestions. An example of this involved improvements being made to the way in which laundry was managed so that there was less chance of garments being lost or misplaced. Speaking about their involvement in the running of the service a person said, "I do go along to the residents' meetings and they're just a very informal chance to have a chat and come up with suggestions about the place. The manager is usually there and she's very easy to talk to."

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager and the regional manager talking with people who lived in the service and with staff. The registered manager knew about the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care they needed. There was a senior care worker in charge of each shift and during out of office hours there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be

listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager contributing to a local scheme that was designed to promote good standards of hygiene in residential care settings. We saw that as a result of this the registered manager had completed a detailed check to ensure that the right steps were being taken to promote a high level of hygiene in the service. We saw that this commitment was reflected in the way that people were protected from the risk of acquiring infections by the accommodation and equipment being kept in a clean and hygienic condition.