Robert Pattinson

Garden Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 November 2018 and was unannounced.

Garden Lodge is a care home that provides accommodation and personal care for a maximum of 42 people who live with dementia or a dementia related condition. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. 35 people were accommodated at the service at the time of inspection.

At our last comprehensive inspection in June 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People said they felt safe and they could speak to staff as they were approachable. One relative commented, "Since [Name] came to live in the home we feel confident that the care and support they receive is excellent and we can now go away on holiday, something we were unable to do before." People and staff told us they thought there were enough staff on duty to provide safe care to people. Staff knew about and followed safeguarding procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were safe.

Risk assessments were in place and they identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. One person commented, "Staff help me with things when I need it but they always encourage me to do things myself." Activities and entertainment were available to keep people engaged and stimulated.

There was a good standard of hygiene. The environment promoted the orientation and independence of people who lived with dementia.

Appropriate training was provided and staff were supervised and supported. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. 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 practice

Detailed records reflected the care provided by staff. Care was provided with kindness and people's privacy and dignity were respected. A relative told us, "[Name] is a new person since they came to live here."

Communication was effective to ensure people, staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

People had access to health care professionals to help make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received a varied and balanced diet to meet their nutritional needs.

Robust auditing and governance systems were in place to check the quality of care and to keep people safe. People were encouraged and supported to give their views about the service. People were very positive about the changes being introduced by the new manager into the home.

There were effective systems to enable people to raise complaints, and to assess and monitor the quality of the service. People told us they would feel confident to speak to staff about any concerns if they needed to. People had access to an advocate if required.

Further information is in the detailed findings below.

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 good.

Good

Is the service responsive?

The service remains good.

Good

Is the service well-led?

The service remains good.

Good

Garden Lodge Care 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 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 27 November 2018 and was unannounced.

The inspection team consisted of one adult social care 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 for older people.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with 11 people who lived at Garden Lodge Care Home, six relatives, the registered manager, the deputy manager, the cook, kitchen assistant, five support workers, one domestic, the activities co-ordinators and two visiting professionals. We looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for three staff, five people's medicines records, staffing rosters,

staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People were positive about the care they received and told us they were safe with staff support. Staff also said they felt safe working at the service. People's comments included, "Staff are very good, I do feel safe living here" and "Staff are around when I need them."

There were sufficient numbers of staff available to keep people safe over the 24-hour period. Staffing levels were determined by the number of people using the service and their needs. Managers were able to be contacted outside of office hours should staff require advice or support.

Staff had receiving training about safeguarding and understood how to report any concerns. They were able to describe various types of abuse and tell us how they would respond to any allegations or incidents of abuse. They told us they would report any concerns to the registered manager or senior person on duty.

Medicines were managed safely. This included safe storage of medicines and appropriate arrangements for controlled drugs which are liable to misuse. Medicine Administration Records (MARs) were accurate, and treatment rooms and medicine trolleys were appropriately maintained.

People's individual risk assessments were in place with a system of review to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as for moving and assisting, choking and nutrition. A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. We discussed with the registered manager that it should be reviewed monthly to ensure it was up-to-date. This was for if the building needed to be evacuated in an emergency. The registered manager told us this would be addressed immediately.

Regular analysis of incidents and accidents took place. Accidents and incidents were monitored and a monthly analysis was carried out to look for any trends. Learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to falls or behaviour management.

There was a very good standard of hygiene around the home. Staff received training in infection control and protective equipment was available for use by staff as required.

Arrangements were in place for the on-going maintenance of the buildings. Routine safety checks and repairs were carried out. External contractors carried out regular inspections and servicing, for example, of fire safety equipment, electrical installations and gas appliances.

Recruitment of staff was thorough. Appropriate checks had been undertaken before staff began working for the service, including written references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

Staff received training to meet people's care and treatment needs and they kept up-to-date with safe working practices. There were increased opportunities for staff personal development and staff received supervision and support to carry out their role. Staff comments included, "There are opportunities for progression", "I supervise some staff every six weeks", "There are lots of training opportunities", "My training is up-to-date, the office will remind you about training" and "We do face-to-face training as well as e-learning." There was an on-going training programme in place to make sure all staff had the skills and knowledge to support people.

Staff completed an induction programme and had the opportunity to shadow a more experienced member of staff when they started to work at the service. This ensured they had the basic knowledge needed to begin work. Staff undertook the Skills for Care, Care Certificate to further increase their skills and knowledge in how to support people with their care needs.(The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care).

People's needs were assessed before they started to use the service. Assessments were carried out to identify people's support needs and included information about their medical conditions, dietary requirements and their daily lives.

People were supported, where required, to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. One relative told us, "If [Name] is unwell, staff call the doctor straightaway."

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 Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that DoLS applications were clearly documented and where people were being restricted then this was done in their best interests and the least restrictive option was always considered.

People enjoyed a varied diet and a positive dining experience. Their comments included, "There is plenty to eat, we are spoilt", "I enjoy the food", "Breakfast is cooked to order", "smaller portions are available" and "If I don't like the meal I can have something else." Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. People were offered a choice of meal and drinks verbally but they were not all shown two plates of food to assist them to make a choice, we discussed this with the registered manager who told us it would be addressed. Pictorial menus were displayed to help people make a choice if they no longer understood the written word. People sat at well-set tables and staff were supportive to people and offered full assistance as required.

There was appropriate signage around the building to help maintain people's orientation. The registered manager was introducing changes to the environment for people who lived with dementia to make it "enabling" to promote people's independence and involvement.

Good

Is the service caring?

Our findings

During the inspection there was a relaxed, pleasant and welcoming atmosphere in the home. People were positive about staff support and told us they felt valued by staff. Their comments included, "Staff are very kind and patient, "Staff are very, very kind", "The staff and manager treat me as if I was their mother or nana", "This is the best home in the area" and "Staff are very friendly." A professional told us, "There is very good staff interaction with people."

Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner. There was a stable staff team with some staff having worked at the service for several years. Staff were given training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. A visiting professional commented, "Staff know people very well." People's care records were up-to-date and personal to the individual. They contained information about people's likes, dislikes and preferred routines.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication.

People told us they were supported to express their views and to be involved in making decisions about their care and support. One person told us, "I like to go to bed after the news." Support staff were able to explain how they supported people to express their views and to make decisions about their day-to-day care.

People were supported to maintain their independence whenever possible and personal preferences were respected. Staff understood the importance of people maintaining their independence and the benefits it had for their well-being. One person who was partially sighted told us the registered manager had got them red-handled cutlery. They said, "Having this cutlery has made a huge difference to me, it gives me independence." Another person said, "I was in a wheelchair when I came here but I now use a walking frame."

People were encouraged and supported to maintain and build relationships with their friends and family. People's privacy and dignity were respected. People told us staff were respectful. People looked clean, tidy and well presented. We observed staff knocked on people's doors before entering their rooms, including

those who had open doors.

The registered manager told us advocates were involved if needed. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Good

Is the service responsive?

Our findings

People and relatives confirmed they had a choice about getting involved in a variety of activities. An activities programme was advertised along with available and forthcoming entertainment. Two activities co-ordinators, staff and volunteers arranged activities and engaged with people to keep them stimulated and involved. An activities room had been created. Entertainment and concerts also took place. Topical events included Armistice Day commemorations and plans were being made for forthcoming seasonal entertainment and parties. A pantomime and buffet was taking place on the evening of the inspection. The hairdresser visited weekly and local members of the clergy visited. People had opportunities to go out on trips and individually into the local community. People's comments included, "I go to church on Sunday", "I love to paint", "I like doing activities here", "We made some poppies and made a skirt with them", "The choir come and sing", "We play bingo and win sweets" and "The activities ladies come every day to talk to us and ask us what we would like to do." A relative commented, "[Name] is very motivated and enjoys activities and a sing-a-long."

The registered manager told us there were good links with the local community. Relatives and people also stated the service was involved and was part of the local community.

Care plans were developed from assessments that outlined how people's needs were to be met. For example, with regard to nutrition, personal care, communication and moving and assisting needs. Care plans provided some detail of what the person could do to be involved and to maintain some independence. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations included information about people's progress and well-being. Records accurately reflected people's care and support requirements. Records were not all dated and signed to show who and when the documentation had been completed. We discussed this with the registered manager who told us it would be addressed.

Staff completed a daily accountability record for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans.

Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people with regard to their health care needs. However, information was not available about the end-of-life wishes of people, as they approached death. This included people's spiritual requirements and funeral arrangements and who they wanted to be involved in their care at this time. We discussed this with the registered manager who told us it would be addressed.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. People had the opportunity to give their views about the service. There was regular consultation with people and family members and their views were used to improve the service. All

people were complimentary about the changes that had taken place in the home.

Good

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in June 2018. 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.

The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary. We viewed the safeguarding records and found concerns had been logged appropriately. They had been investigated by the provider where required and the necessary action had been taken by the provider to address the concerns.

The registered manager was enthusiastic and had introduced many ideas to promote the well-being of people who used the service and opportunities for staff development. They promoted amongst staff an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person-centred care, for each individual to receive care in the way they wanted. Staff and people we spoke with were all very positive about their management and had respect for them. Comments included "The manager is very, very approachable", "I do feel listened to", "You can ask the manager anything", "It's brilliant working here", "The manager here is lovely with everyone" and "I love coming to work."

The atmosphere in the service was warm, welcoming and open. A variety of information with regard to the running of the service was displayed to keep people informed and aware and this included the complaints procedure, newsletters, safeguarding, advocacy and forthcoming events.

People and their relatives were kept involved and consulted about the running of the service. Regular meetings took place with relatives and people who used the service and minutes were available for people who were unable to attend.

Staff told us and meeting minutes showed staff meetings took place to keep staff updated with any changes in the service and to allow them to discuss any issues. One staff member commented, "Everyone attends staff meetings." Staff said communication was effective. A handover session took place, between staff, to discuss people's needs when staff changed duty, at the beginning and end of each shift.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of daily, weekly, monthly, quarterly and annual checks. They included the environment, health and safety, medicines, infection control, finances,

safeguarding, complaints, personnel documentation and care documentation.

The registered provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service, staff and relatives.