Mr & Mrs D Bolland

Garlands Residential Care Home Limited

Inspection report

27 Church Street
Heckmondwike
West Yorkshire
WF16 0AX
Tel: 01924 404122
Website:

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 24 October 2014. The Inspection was unannounced.

At the last inspection in May 2014 the provider was meeting the regulations we assessed.

Garlands Residential Care Home provides personal care for up to 20 elderly people, some of whom are living with dementia. On the day of our inspection there were 19 people living in the home. Accommodation is in single and double bedrooms.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

No-one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Some staff lacked understanding of, and had not been trained in, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, although training was planned for November 2014, to improve staff's knowledge.

People told us they felt at home and were happy and content. People said they felt safe and staffing levels were good enough to meet their needs. Relatives told us they were happy with the care provided for their family member.

Not all aspects of safety were sufficiently addressed. Policies and procedures for managing the home safely were out of date; records about staff training were not fully completed and parts of the premises had not been checked thoroughly for safety and cleanliness.

People had good relationships with staff, who were kind and caring in their approach. People were given choices in their daily routine and their privacy and dignity was respected in personal care given. However, we found where two people shared a bedroom, their privacy and dignity was not guaranteed. For example, their bed and commode were separated by only a portable screen which would not prevent sounds and odours affecting both people who occupied the room.

People's nutritional needs were met and they received the health care support they required. People told us they enjoyed the food and they had plenty to eat and drink.

The management team were visible in the service and they knew the people who lived there well. Staff said they felt supported by the manager in all aspects of their work. All staff we spoke with said they would be happy for themselves or their relatives to live in the home.

Systems to assess and monitor the quality of the service were not robust enough to ensure people received high enough standards of care.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Although people told us they felt safe, we found there were aspects within the environment that had not been checked and did not ensure people's safety. For example, first floor windows were not safely restricted in line with Health and Safety legislation.

Records, such as risk assessments, policies and procedures for safety, were out of date which meant staff did not have up to date information about safe working practices. There were strong odours in some people's bedrooms.

Records did not clearly show that staff had done recent training in safeguarding adults and there was no up to date safeguarding procedure to follow should staff need to refer to this promptly. The records shown to us at inspection did not give up to date information about staff training in administering medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Although staff had completed mandatory training, they did not have an understanding of the Mental Capacity Act 2005 of Deprivation of Liberty Safeguards (DoLS) to promote people's rights effectively.

People's health was monitored appropriately and they had access to other professionals where necessary.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were consistently kind and caring and were warm and patient in all interactions with people. People's end of life wishes had been sensitively discussed with them where appropriate.

However, people's privacy and dignity was not assured when sharing a room with someone else as although room dividers were in place, these were not adequate to ensure people could not be seen or heard when receiving personal care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff responded sensitively and promptly to people's needs although care plans contained conflicting information about how people's needs were to be met such as in their risk assessments.

Summary of findings

Activities were limited and this meant people were not always engaged in meaningful ways, particularly for people who were less able to do things for themselves.

Is the service well-led?

Requires Improvement

The service was not robustly well-led.

Quality assurance systems were weak and did not sufficiently assess and monitor the care that people received or identify areas to improve which were highlighted by the inspection process.

There were weaknesses in ensuring documentation was kept up to date to enable staff to work in line with current legislation.

Garlands Residential Care Home Limited

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 checked 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 24 October 2014 and was unannounced.

The inspection team consisted of two inspectors. We looked at routine notifications we had received about the service, which included information of concern about the quality of people's care. We brought forward this inspection as we had received information of concern which suggested people were receiving poor care. Prior to the inspection we contacted the local authority commissioning team and safeguarding adults team as well as local Healthwatch.

Inspectors spoke with nine people using the service, two relatives and three staff. We closely observed two people's care and reviewed records; we looked at four care records and other documentation relating to the running of the home. We looked round the building and saw people's bedrooms (with their permission), bathrooms and communal areas.

Is the service safe?

Our findings

People told us they felt safe living at Garlands Residential Care Home. One person said: "Oh I'm safe and sound here." Another person said: "I'm safe as houses. I know there's someone there if I need anything." Relatives we spoke with said they were confident their family members were safe and said this was one of the reasons they had chosen the home. A questionnaire completed with residents showed all people who responded said they felt safe and secure.

We saw evidence that safeguarding concerns had been acted on appropriately. We found that although training for safeguarding adults was included within the staff induction programme as an introduction to safeguarding, records shown to us on the day of the inspection were not updated to show staff were informed of current guidance. The registered manager of the home was identified as the safeguarding lead, but there was no evidence from the records we were shown to suggest she had received recent training. We spoke with three staff, who told us they were confident to identify the signs of abuse and would not hesitate to report this appropriately. We saw the training matrix shown to us did not identify staff who had received this training, although the registered manager gave assurances this training was regularly refreshed

We found within the policies folder an 'abuse and protection' policy from the local authority and adult protection policies and procedures dated 2006/07. This meant staff did not have access to up to date information should they need to refer to this promptly. We found there was a flowchart that was kept in the owner's office, which the registered manager re-sited more prominently during our visit.

Policies and environment risk assessments used within the home were out of date; some policies had not been reviewed since 1996 and the most recent review of one policy we saw was 2007. There was an annual certificate of fire equipment maintenance in place, although the fire risk assessment was dated 2007. There was no current risk management policy in place. This meant staff did not have access to up to date legislation about safety matters affecting the home or their role in caring for people, to be able to support people effectively.

The service did not have a reliable system in place to ensure the premises and equipment were managed to keep people safe. We saw evidence of this during our tour of the premises with the manager and the provider. For example, we found taps were left running, some lights were not working and there was a loose toilet seat in one person's bedroom. We found the fire exit from the first floor was covered in moss which left the route slippery underfoot and a handrail was broken. One of the inspectors slipped on the steps as a result and we asked the provider to attend to this which they agreed to do with immediate effect. We noticed the first floor windows were restricted with short pieces of chain that were attached to the window and the frame. We discussed with the provider that they should refer to current health and safety regulations as the window restrictors may not sufficiently withstand pressure due to forces, such as windy weather, and therefore would not prevent a potential fall hazard. The provider agreed to consider a more suitable alternative. We looked at the faults record book but saw the last entry was recorded in July 2014.

This is a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises. We referred our concerns to the local authority health and safety team and the fire officer.

People told us they felt safe living at Garlands Residential Care Home. One person said: "Oh I'm safe and sound here." Another person said: "I'm safe as houses. I know there's someone there if I need anything." Relatives we spoke with said they were confident their family members were safe and said this was one of the reasons they had chosen the home. A questionnaire completed with residents showed all people who responded said they felt safe and secure.

We heard staff gave reassurance to people when helping them to mobilise. For example, when helping one person who was unsteady on their feet, a member of staff said: "It's ok, take your time. I'm here with you and you won't fall." The member of staff helped the person navigate their walking frame and patiently gave encouragement, without compromising the person's independence.

We saw accidents and incidents were recorded. The manager informed us there were monthly reviews of individual people's accidents and incidents, pressure care areas and safeguarding concerns. We saw these were evident in people's individual care records.

Is the service safe?

We found staffing levels were sufficient for people's needs to be met without people having to wait for assistance. Staff were observant of people's needs and gave prompt attention. We saw the registered manager and the owners supported the service and were very much part of the staff team in providing care for people.

We reviewed three staff personnel files and found these contained application forms, interview notes, references and Disclosure and Barring Service (DBS) checks, which showed recruitment procedures had been followed. We asked the registered manager how staff's ongoing suitability was monitored and she confirmed there was no system in place for this.

Staff we spoke with said they had received training in medicines management. However, records we looked at did not show staff had attended any recent training to this effect and there was no evidence available that staff had an annual review of their knowledge, skills and competencies relating to managing and administering medicines. There was no policy in place relating to procedures for administering medicines in line with the Mental Capacity Act 2005.

Staff we spoke with had an understanding of the medicines people needed and the reasons for the medication. We saw staff were methodical in administering medicines, wore a red apron to remind other staff not to disturb them and they recorded details of all medicines given on people's individual medicines administration records (MAR). Staff spoke with people about their medicines as they assisted with these and they asked people if they had any pain. Staff told us they were aware of the signs a person may be in pain when they may have difficulty communicating this by observing clues such as facial expressions and body language.

People we spoke with said staff were 'good like that' if they had any pain and staff 'sorted it out'. People told us if they needed a GP or a dentist this was arranged.

Although medicines were stored in locked trolleys within a locked cupboard or in the locked refrigerator, the keys were kept on a central bunch of keys for other locks within the premises. This meant that staff not authorised to handle medicines, may have access to the medicines store.

We found some areas of the premises, particularly some people's bedrooms had strong unpleasant odours and the registered manager explained this was where people may have had problems with continence. She said this was being addressed through ongoing refurbishment of the home and replacement floor surfaces. The registered manager told us there was a cleaning regime, although we noted there were no up to date cleaning records. In some bathroom areas we saw there was no liquid soap for people to wash their hands effectively and staff had limited access to hand sanitising gel to minimise the spread of infection. We saw the last visit from the local infection control team was December 2013 and we referred our concerns to them following this visit. This is a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control and we have referred our concerns to the Infection Control Team.

Requires Improvement

Is the service effective?

Our findings

People we spoke with said staff knew them well and were 'a good bunch, they know their stuff'. One person said: "I wouldn't be in here if staff didn't know what they were doing, I'd go somewhere else." One of the relatives we spoke with said they thought staff had a good understanding of their family member's dementia.

We looked at the staff training matrix and found care staff had completed most relevant training unless there had been a reason not to, such as staff on long term leave. We saw there was training available to staff in dementia, assessing capacity, challenging behaviour and skin and pressure ulcers, although few staff had completed this. We noted no member of staff working in the kitchen had undertaken recent food safety training to keep them up to date with current guidance.

Staff we spoke with told us they felt very well supported by the provider and manager to carry out their duties effectively. Staff said they had regular supervision and we saw evidence in staff files this had taken place every three months. We found no evidence that staff had an annual review or appraisal of their work to help them identify areas for professional development. Staff told us they had access to regular training and this supported their work in caring for people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw staff involved people in decision making and sought their consent before providing care and support. However, our discussions with staff showed they had differing levels of understanding of the Mental Capacity Act (MCA) 2005 and there was some confusion between the definition of mental capacity and mental illness. The registered manager told us training in the MCA and Deprivation of Liberty Safeguards (DoLS) was scheduled for all staff to undertake and we saw a notice about this on the staff notice board. We saw there was no policy relating to MCA 2005.The manager and the provider had some understanding of the legislation as they had attended an awareness session.

People told us they enjoyed the meals and they looked forward to them. People said if they felt hungry or thirsty they could have whatever they wanted. We saw staff facilitated people's personal preferences for their mealtimes; people who chose to get up later, had a later breakfast. Staff said if people did not feel hungry at mealtimes, alternative choices were available outside of these times.

We saw people were supported effectively to eat and drink and maintain a balanced diet. Care staff were knowledgeable about people's individual nutritional needs and risks. For example, one person was at high risk of choking and staff knew they needed a soft diet with thickener in their fluids in line with their speech and language therapist (SALT) assessment. We saw this information was clearly reflected in the person's care records. However, another person's care records stated they had special diet related health needs, yet the chef told us no special meals were prepared for this person. We saw this person ate very little at lunchtime and we discussed this with staff. Staff said this person had a small appetite and made their own choices about what to eat and drink. However, this was not reflected in their care record.

We looked at four people's care records and saw staff identified where there were concerns about their nutrition and monitored their weight. We saw evidence of other health professionals' involvement in people's care, recorded in their care files.

We saw staff were observant of people's general health and sought medical advice when they had concerns. For example, staff considered one person did not look well and phoned their GP who advised a trip to hospital. Staff facilitated this and although there was an initial lack of clarity as to whether the person needed to go by car or ambulance staff were prompt in their seeking of medical attention.

Requires Improvement

Is the service caring?

Our findings

People told us they thought the staff were very caring. One person said: "Staff really care about us. Whatever we ask for they'll do it, they're good that way." Another person told us the newspapers were delivered every day. They said when they first moved in, staff asked them what newspaper they preferred to read and they made sure it was delivered daily. People said they were pleased with the refurbishment of the lounge and told us they had been asked about the colours they would like.

We found Garlands Residential Care home was very friendly and homely. People were at ease and content and we saw they were supported well by kind and caring staff. Staff made good eye contact when speaking with people and enabled them to have conversations and support at their own pace, without being rushed or hurried.

We saw staff spoke respectfully with people and there was a clear emphasis from the observations made at inspection that staff appreciated that this was the residents' home. We saw staff chatted with people about what they wanted to do; one person said they would like to read and we saw staff help them choose a book and a comfortable chair. Staff were aware when people were hard of hearing and they positioned themselves face to face when talking. We saw staff smiled often and acknowledged people frequently.

Relatives we spoke with told us: "We are really pleased with the way they care; staff are caring and it can't be an easy job sometimes." Relatives told us they could visit whenever they wanted to and they were made to feel welcome at all times.

Our discussions with staff showed they had a good knowledge of people's individual needs, personalities and preferences. Staff told us they knew people's social histories and this helped them have meaningful conversations with people. We saw care records reflected people interests and discussions about people's end of life care had been held where appropriate. We saw people's rooms contained memorabilia that was personally meaningful.

We saw people were supported to be independent. Staff made every effort to ensure people's privacy and dignity was respected and promoted and we saw people looked well cared for. People wore clean, co-ordinated clothing and were well presented. One person told us they enjoyed the visit from the hairdresser as it made them 'feel good' and we saw the hairdresser visited during our inspection.

However, although staff showed regard for people's privacy and dignity in their daily interactions. We were told the cleaning regime meant the vacuum cleaners were used at night time which disturbed some people's privacy. We saw the configuration of some of the bedrooms meant it would be difficult to ensure people had dignity and privacy when sharing a room with another person. We saw double rooms were separated by a curtain screen with a bed and commode on either side. There was no information on people's care records to show how the decision to share bedrooms had been agreed upon. The provider told us one person who had been living in the home for eight months had requested a room change and they were hopeful this could be arranged once the extension work was done. However, this could not be facilitated in the very near future as the provider anticipated work beginning in summer 2015.

Requires Improvement

Is the service responsive?

Our findings

People told us they received the support they needed from staff and had choices in their daily routine such as when they got up and went to bed, what they had to eat and drink and what to watch on the television.

We saw people's key information was summarised on a white board in each person's room for staff to be aware of 'at a glance' to help them deliver personalised care. Staff told us they found this information useful. This white board rotated to face the wall so confidential information was not displayed, but discreetly available to staff.

We saw some people, particularly those who had difficulties communicating verbally, were not purposefully engaged and spent their time asleep or just sitting in their chairs. We saw a list of activities and entertainment and although there was something listed every day, this was not always relevant for some people. For example, some people may not be able or wish to take part in what was offered. In some people's care records we saw 'visits from family' and 'hair brushed' were listed as activities.

One person we observed had difficulty in communicating verbally. Staff told us this person had previously spoken another language and this language was the one they understood mostly. We heard staff used key words in the person's language to assist them with their care. Staff told us they had access to a phrase book, but this could not be located at the inspection. Staff said they also had a mobile phone 'app' which helped them with relevant words and phrases.

We looked at four care records in detail. We saw these were updated with current information about people's individual needs. Staff we spoke with all knew to find crucial information in the short term care plans, which they said they referred to. We found although people's short term plans were recently updated, there was some conflicting information within care records. For example, one person's record showed they were high risk of falls in one section, yet in another section it stated they were low risk of falls. We saw the person's moving and handling plan had not been updated since April, when it stated staff assistance was not required. However, staff told us of deterioration in the person's physical needs which now meant two staff were required to assist. Although staff understood the person's needs, this change was not documented. On another person's care records it was stated they no longer required thickener in their drink, yet discussions with staff and our observations showed the person was still given thickened drinks. This is a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records.

We saw people's pressure care areas were being monitored and staff understood the need to help people change position frequently in line with their care plan. Staff completed people's repositioning charts and made regular checks of people who were in bed. One person we spoke with showed us their call bell on a wrist band. However they said they were unable to make this work as they lacked strength to push the button and so had to rely on staff to check on them. Staff were unaware this system could not be used by the person and the registered manager agreed to consider what alternatives could be made.

Staff we spoke with told us they listened to people and would try to sort out any minor complaints if they could. Staff said they would enable people to make a formal complaint if they wished to. We saw minor complaints were resolved to people's satisfaction. For example, we observed one person was unhappy with their lunch and did not feel their choice had been explained in sufficient detail. Staff apologised for this and brought the person an agreed alternative meal.

People we spoke with said the registered manager and the owners were very approachable and if they had a complaint they would tell them. People said they were confident their complaint would be listened to and acted upon. Relatives we spoke with also said the registered manager was always available to raise matters with, but they were very satisfied with the care their family members received.

We reviewed the complaints policy and found this had last been updated in 2007 and referred to Commission for Social Care Inspection (CSCI), a predecessor organisation to the CQC and was therefore out of date. We reviewed the complaints file and noted that complaints had been investigated, but we did not see the provider had written to the complainant with the outcome.

Is the service well-led?

Our findings

We saw the registered manager and the provider actively supported staff in their day to day work. We saw there were good relationships evident between staff and the registered manager, with close communication throughout the day.

Both the registered manager and the provider told us they aimed to keep the home a friendly homely place for people to live in and this was evident in the relaxed atmosphere throughout. People were included in conversations and staff were respectful and professional in their approach.

Staff told us they had opportunities for staff meetings and supervisions with the registered manager and they considered the home was run well. The registered manager told us she was aware of staff working practices through being available and involved. She told us she also made unannounced visits out of hours to make sure the home was running as it should be.

We found through our discussions with staff they were clearly focused on caring for people. Staff comments included: "They [the people] come first always", "We are here for them" and "This is people's home". Staff told us they would be happy to live in the home and for their own relatives to live there.

We found there was no robust quality assurance and governance system in place used to drive continuous improvement. Although the provider had clear plans for future extension work, there was no evidence of consistent auditing or monitoring of the quality of the provision. This meant matters such as those identified through this inspection were not picked up and acted upon by the registered manager or the provider to ensure people had quality care. For example, although accidents were individually recorded on people's care plans, there was no system in place for incidents and accidents to be analysed in order for the provider to recognise any trends and patterns occurring within the home and quality assurance audits for safety were not carried out. This is a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.

Policies and procedures to underpin the practice were significantly out of date and there was no system in place to review these. Most of the policies were updated in 2007 but we found some were dated 1996. There was limited evidence of audits carried out for health and safety, records relating to people's care or infection control. The registered manager told us she was up to date with what took place in the home, but did not document anything to evidence checks had been made.

We did see results of quality assurance questionnaires sent to residents, relatives and professionals in April 2014, all of which had resulted in positive feedback about the home.

We found the provider and the registered manager were enthusiastic and had a willingness to bring about any necessary improvements to the systems and processes that supported the running of the home. They acknowledged the issues identified at inspection and were hopeful an increase to the size of the premises would improve some aspects, such as shortage of space.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control There were insufficient measures in place for the maintenance of appropriate standards of cleanliness and hygiene in relation to premises. Regulation 12 (2) (c)

Regulated activity	Regulation
	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider did not keep accurate up to date records in respect of people's care Regulation 20 (1) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision There was no system to regularly assess and monitor the quality of services provided in carrying on of the regulated activity. There was no system to identify, assess and manage risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 10 (1) (a) (b).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.