Care Quality Commission

Robert Pattinson

# Garden Lodge Care Home

**Inspection report**

Philipson Street, Walker
Newcastle upon Tyne
NE6 4EN
Tel: 0191 263 6398

Date of inspection visit: 21 and 23 January 2015
Date of publication: 11/03/2015

## Ratings

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

## Overall summary

This inspection took place on 21 January 2015. This was an unannounced inspection. This means the provider did not know we would be inspecting. A second, announced day of inspection took place on 23 January 2015. We last inspected Garden Lodge on 22 October 2013 where we found the provider to be meeting all the required standards.

Garden Lodge is a residential care home for up to 41 older people, some of whom may be living with dementia. At the time of the inspection 34 people were living at Garden Lodge. All bedrooms are located on the ground floor and the upstairs area is office space and a guest room. The ground floor has two units. 20 people live in the residential part and 14 people live in the part of the building described by the registered manager as for Elderly Mentally Infirm (EMI).

A registered manager was in post at the time of the inspection. 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.

# Summary of findings

Risks were managed and evaluated on a monthly basis as were care plans. We found that changes in care needs did not always lead to a new care plan or risk assessment being completed. This meant people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We found that people's consent had not always been recorded and where decisions had been made on people's behalf their capacity to consent had not always been assessed and recorded.

People and their relatives told us they felt safe living at Garden Lodge. Staff were appropriately trained and were knowledgeable about how to report any concerns. Supervisions were completed regularly with all staff and we saw that everyone had received an annual appraisal in the past 12 months. Supervisions and appraisals are used to assess staff competency to care and support for people.

Accidents and incidents were appropriately recorded and investigated and all necessary action had been taken. This included referring people for medical advice and the use of assistive technology such as sensor mat's to alert staff to when people were getting up so appropriate support could be provided.

People told us there were enough staff to meet people's needs and everyone we spoke with told us staff had time to support them and they were not rushed. The registered manager brought additional staff in as and when needed and was able to increase staffing levels if people's needs changed or as people moved in to Garden Lodge.

Recruitment procedures were robust and all staff had their Disclosure and Barring Check renewed every three years.

Medicines were managed safely and staff were well trained and supported in the safe administration of medicines.

People's nutritional needs were well catered for and people told us how lovely it was to have "proper, home cooking." Meal times were sociable events with lots of chatter and engagement. People received one to one support if they needed help with enjoying their meal.

Staff were observed to be knowledgeable about people's histories and preferences and were seen spending time with people engaging with them in a caring and respectful way. Staff were conscious of maintaining people's dignity and where support was needed they offered this in a discrete and private manner.

People told us they enjoyed the activities that were on offer, and were able to make suggestions about what they would like to do. There were lots of photos around the home of people enjoying themselves and socialising with each other.

Garden Lodge was well managed, and the registered manager was very active in supporting people and working alongside their team. This ensured a culture of good quality support. People told us the home was well managed and we saw that regular meetings were held with people, their families and staff to discuss any changes or suggestions for improvements.

There were audit processes in place to monitor and review the quality of the service and we saw that suggestions had been acted upon.

You can see what action we have 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?**

Good

The service is safe. People told us they felt safe and staff were knowledgeable about safeguarding and how to keep people safe from harm and abuse.

Risk assessments and emergency plans were in place for staffing contingencies and equipment and heating failures. Accident and incident reporting was appropriate and necessary actions taken to minimise risks.

People told us there were enough staff in place to meet people's needs and recruitment procedures were effective and robust.

Medicines were managed safely.

**Is the service effective?**

Requires Improvement

Most aspects of the service were effective. Staff were well trained and received regular support and supervision from the registered manager.

People told us they enjoyed the food and could have whatever they wanted to eat. People were assisted to follow the advice of professionals with regard to diet and nutrition.

We were told that people were included in decisions about their care and that consent was sought but we saw that the principles of the Mental Capacity Act (2005) Code of Conduct were not always followed.

**Is the service caring?**

Good

The service was caring. People and their relatives were very pleased with the care offered by the staff at Garden Lodge. Staff approach was warm and compassionate.

People were treated with dignity and respect and staff spent time with people engaging in social chatter.

**Is the service responsive?**

Requires Improvement

The service was not always responsive. Care plans and risk assessments were not always kept up to date following a change in circumstances or need.

Activities were well organised and people told us they were happy with social events that were organised.

People and their relatives told us they knew how to complain and would do so but they rarely needed to.

**Is the service well-led?**

Good

The service was well led. The culture was positive and there was an active management presence, where they were seen to be working alongside their team in providing care and support for people.

# Summary of findings

Everyone we spoke with was positive about the home and had no concerns.

Audits were completed regularly and identified any action that needed to be taken.

# 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.

The inspection took place on 21 January 2015 and was unannounced. A second day of inspection took place on 23 January 2015 and was announced. The inspection team included 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 service. Their area of expertise was dementia care.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider completed a Provider Information Return (PIR) which was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke to13 people who lived at Garden Lodge, seven relatives, 13 staff, including care staff and ancillary staff, and the registered manager. Ancillary staff were staff who worked in the kitchen or who provided domestic and hygiene support. We contacted three social workers during the inspection.

We used a Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at six peoples care and medicines records, and four staff files including recruitment processes. We reviewed the supervision and training reports as well as records relating to the management of the service. We looked around the building and spent time in the communal areas.

Good

# Is the service safe?

## Our findings

One relative told us, "I know [relative] is safe here, you hear such stories that's it's scary but I'm happy. I know [relative] is happy here and well looked after."

The staff we spoke with told us that they had completed safeguarding training and it was clear that they understood the procedure for reporting any concerns. This was true for all the staff we spoke with regardless of their role. Staff attended the local authority safeguarding training and the registered manager told us that the internal training had been approved by the local safeguarding team.

A safeguarding file was in place which included a log of alerts as well as guidance from the local authority. The last recorded alert was in May 2014 and all necessary detail had been recorded including actions taken and a summary of the outcome. All entries were signed and dated and the registered manager confirmed there had been no safeguarding concerns since. CQC records confirmed that we had been notified appropriately.

There was a protection of vulnerable adults policy in place however it was not dated and there was no system of version control. When asked the registered manager said, "We really need to review and update the policy." They took a note of this and said it would be raised with their manager for updating.

Risks were managed appropriately and records included the likelihood that it would happen, what the potential risks were, what action was needed to reduce the risks and the benefits and losses of action. One risk assessment for mobility stated that two staff were needed to use the hoist, that the benefits would be increased comfort and safety for the person, whilst the loss would be their independence and mobility. The risk assessment stated that the people involved had been the person, staff, family and the GP.

A general moving and handling risk assessment was in place which said the risk was controlled by training, policy and procedure and regular maintenance of equipment. We saw that all risk assessments were evaluated on a monthly basis.

There was an appropriate record of accidents and incidents. These had been fully investigated and responded to. The registered manager completed a monthly analysis report for people who were at risk of falls. Action taken included contacting the district nurse for one person and ordering a sensor mat for someone so staff would be alerted when the person was up and walking around.

The main contingency plan was kept on display in the reception area. This included contact details for head office and after hours maintenance. It detailed what to do if the kitchen and/or laundry could not be used; that portable heating units were available and the emergency lighting would last for three hours but an agreement was in place to hire a generator.

Regular fire checks and drills were completed and recorded and a fire risk assessment was in place that was reviewed on an annual basis. There was a record of staff completing six monthly fire safety training.

The local fire brigade completed inspections of the property and we saw that during the fire brigade strike extra staff had been brought in and emergency meetings held with staff to go through the evacuation procedures should a fire break out. There was a list of evacuation details for people which included their mobility and support needs.

Everyone we spoke with told us that there were enough staff to meet people's needs. One staff member said, "Yes there are." They also said, "We work across both units so we know everyone who lives here well." A senior staff member said, "Yes, there is enough staff. As people move in staffing's increased."

We saw that there were risk assessments in place for staff shortages which stated that the deputy and registered manager were on call to cover shifts if staff could not be found. The risk assessments also stated that agency staff should not be used. The registered manager said, "We don't use agency staff at all, there are three bank staff who we can use but the staff team cover for each others holidays and sickness."

The registered manager told us they did not use a formal tool for calculating staffing levels. They said it was reviewed on a weekly basis as they had "free rein" to bring in staff as and when needed dependant on the needs of the people at Garden Lodge. When asked about minimum levels of staff they told us, "It would be six care assistants and two

Good

# Is the service safe?

seniors plus the deputy during the day and at night it would be two seniors and four care staff." This was based on the current occupancy. Rotas confirmed that this level of staffing was provided as a minimum.

There was a risk assessment in place for staffing shortages which clearly stated that if people's needs increased staffing levels should be increased immediately. The manager told us, "I bring in extra staff for hospital appointments or things like the fire brigade strike. If someone had an accident I would call another staff member in and if peoples' needs change the staffing is changed." They told us, "Staff always go to hospital with people if they need to attend." Observations were that there were plenty of staff available to support people.

We saw that all staff had been interviewed appropriately and references and Disclosure and Barring Service checks were completed before people started their employment. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. We saw that these checks were renewed for every member of staff on a three yearly basis. A newly recruited member of staff said, "I put my application form in, had an interview and was offered the job after references and DBS check was completed."

Care staff told us they were trained in medicines but didn't administer as this was completed by the senior care staff, deputy or registered manager. At the front of the medicines file there was a list of staff who were trained and authorised to administer medicines along with their signature and initials. There was also a record of staff having completed six monthly competency checks.

Everyone who was supported with their medicine had their photograph with their Medicine Administration Record (MAR) this meant staff could check the photo against the person to ensure safe administration. We saw MAR's included all the detail necessary to ensure safe administration and all entries were signed appropriately. Where medicines had been recorded on the MAR's by hand these entries had been checked and counter signed by senior staff.

The MAR clearly stated if the person's medicine was kept in a monitored dosage system or whether it was in a medication box or bottle. MARs also contained highlighted detail if the medicine was as and when required or if it needed to be administered at a set time of day. We noted that people had completed a document giving staff permission to administer their medicines and to contact their GP if needed.

We observed lunch time medicines being administered and saw that this was completed in a safe manner. The senior told us, "I only sign when I know someone has taken their tablets." We saw that medicines were checked against the MAR and people were asked if they were ready for their medicines. The senior told us, "We have a controlled drugs book and drugs are logged in appropriately and checked." Controlled medicines are medicines which can be misused and therefore stricter legal controls apply to prevent them being obtained illegally, or causing harm. A risk assessment was in place for the recording and storing of controlled drugs which included a check at every shift change and a count of medicines with two senior staff signing to say the amount is correct. Records confirmed that this medicine was stored and administered safely.

When asked about protocols for as and when required medicines the registered manager said, "We ask people if they need it and follow the GP instructions. People are able to say if they need it as it's mainly pain relief."

There was a medication policy in place dated 2009, this included detail on training and the administration and dispensing of medicines. There was guidance on what action to take if someone refused their medicine and how to report and manage errors. The policy did not include detail the mental capacity act in relation to covert medicines. The registered manager said they would raise this with their manager.

Requires Improvement

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. These laws protect people who may lack the capacity to make specific decisions themselves. They ensure important decisions are made in the best interests of people and that unlawful restrictions are not placed upon people living in care homes.

We saw that some people had mental capacity assessments which covered care and treatment and finances. These assessments were not decision specific and were therefore not in line with the Mental Capacity Act (2005) code of practice. Best interest decisions had been recorded with involvement from the person and their family but they were not all decision specific. When asked about this the registered manager told us "I am updating my training soon so I will be looking at them all again then."

We saw that the registered manager had been in communication with the local authority and had been advised to ensure care plans and risk assessments were in place alongside mental capacity assessments and best interest decisions and to begin to submit applications. We asked the registered manager whether anyone had an authorised DoLS in place. They told us, "No, I think there are nine people who need one. I've spoken to the local authority best interest assessor and they've advised us to start sending applications in."

We saw that one person had a risk assessment in place for falling out of bed. It was recorded that the family were aware and had requested bed sides be put in place which they now were. There was no record of the person being involved in this decision or of a mental capacity assessment or best interest decision being recorded. This could amount to a restriction under deprivation of liberty safeguards.

Another person had a risk assessment and care plan for the use of a profiling bed and cot sides. It showed how the person had been involved in the decision making and stated they had capacity and were happy with the plans. The documents had not been signed by the person. The registered manager was asked how people were involved in decision making about their care. They said people were involved in reviews and the annual social work review along with their family members. They explained that reviews were signed by family members. We asked why people had not signed their care plans and risk assessments. The manager instantly said "If they signed it would be indicator that they had been involved and agreed to the plan."

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We saw that a capacity assessment and best interest decision had been made for one person whose GP had advised that covert administration needed to be used. Medicines were either added to drinks or food as described by the GP. We saw that a best interest assessor had been involved as had the person concerned and their family and staff from Garden Lodge. A mental capacity assessment had been completed in relation to care and treatment, specifically with regard to cover administration of medicines. The best interest decision had been reviewed annually.

We saw that all staff had been booked on Mental Capacity Act and DoLS awareness training and the registered manager was due to attend training on MCA assessment.

Care staff told us, "Training is brilliant, yes it's good. I've done moving and handling, food hygiene, safeguarding, infection control, fire safety, end of life. We all get the same training regardless of role." Another staff member told us, "There's quite a bit of training, updates are regular. I've done safeguarding, moving and handling, nutrition and food, end of life, dementia, mental capacity, fire safety, medicines training but I don't administer."

We asked the registered manager about training and they told us, "All staff have the same training regardless of their role. Kitchen assistants and the cook will sit and socialise with residents. Residents have involvement from all the staff so they need the same training." One of the kitchen staff confirmed this and said, "I get the same training as everyone else, it's great."

The registered manager explained that as well as using an accredited training provider they also attended NHS infection control training and the primary care trust completed medicines training for senior staff. The suppliers of cleaning fluids completed training in the Control of Substances Hazardous to Health (COSHH). We reviewed the training spreadsheet and saw that staff had attended all relevant training including dementia and epilepsy.

Requires Improvement

# Is the service effective?

A newly recruited staff member told us, "It's lovely here, I've worked in care for 25 years and this seems the best." They added "I've been shown around, and know the routine, people have been really helpful. I haven't had any training yet but it's organised," they added that they have been shadowing other staff. Shadowing is where a new staff member observes and works alongside an experienced member of staff so they can get to know people and understand their needs and how to provide effective support.

We saw that induction included health and safety, moving and handling, infection control, accident and incident reporting, fire alarms and drills. It also included whistleblowing, equal opportunities and confidentiality. Newly appointed staff were completing a foundation course on the values of care; effective communication; developing as a worker; recognising and responding to abuse and the needs of people using the service.

Staff told us, "I have regular supervision; it's about how I'm getting on, if I have any problems. It's held with the manager." They went on to say, "Yes, I have an annual appraisal." Another staff member said, "I have regular one to one's and an appraisal. It's normally with the manager, but the odd one with the deputy." Another staff member said, "I'm fairly well supported, yes definitely supported." Another told us, "They were very supportive during my sickness, as were all the staff."

We looked at the supervision and appraisal log for five staff and saw that they had all received six supervisions and an appraisal in the past 12 months. Supervision included discussions around care practice, any problems or concerns and training. An annual appraisal assessed people's leadership, use of initiative, judgement, decision making, customer awareness, technical knowledge and attributes, quality of work, diligence and appearance.

The registered manager told us that seven people had Do Not Attempt Cardio Pulmonary Resuscitation orders (DNACPR) in place. Staff confirmed that they knew about this and one staff member said, "It means don't resuscitate, I didn't know about them until I started here but it was all explained to me."

We saw that one person had a DNACPR that had been completed by a responsible clinician and an emergency health action plan was in place. It was noted that the review date had been missed and when asked about it the registered manager said "Yes, we are dealing with it and going through them all to ensure they are in date." We saw that other DNACPR orders had been reviewed recently with the full involvement of the person, their family and their GP.

Care records included nutrition assessments, food allergies and people's likes and dislikes as well as any support needs with regards to dietary requirements. We saw that people's weight was monitored and generally people had put weight on since moving into Garden Lodge. This was put down to "The lovely food – you can have anything you want" one person told us. A relative said, "My [relative] has been nursed back to health here. The food is good; they were down to seven stone when they came here. They have put on two stone and are very well now. Nothing's a problem to the staff here." Another person said, "The grub here is very good. Plenty of choice. I get all I want."

Tables were set nicely, and we saw that people could choose what they wanted to eat. In one unit it was noted that there were no menu's on display. When asked the registered manger said "That's unusual they are usually on the door and we use chalkboards. Staff go around in the morning to see what people want to choose so they have the menu as well." We saw that a menu was on display in the residential unit.

We observed that people were supported to the dining room about half an hour before lunch but there was lots of friendly chatter and socialising whilst people waited for their meal. There were plenty of staff supporting including the registered manager, deputy manager and the activities coordinator as well as the care staff.

One to one support was provided for people who needed physical support with eating their meals. Care staff were patient and provided people with a great deal of care and attention. Staff explained what was for lunch and offered alternatives or extra portions to people. Staff asked people if they were happy throughout lunch and offered reassurances; gently encouraging people to eat. Staff were heard to comment, "As long as you're happy we're happy."

We saw that some people were wearing plastic disposable aprons. When this was mentioned to the registered manager they said, "Yes, we could get nicer ones and personalise it more."

Requires Improvement

# Is the service effective?

Staff told us, "We do support people who have diabetes or who need a soft diet. The kitchen does special meals for people." They went on to say, "The food here is lovely, people can really have whatever they want."

We saw one person's care records written in October 2014 stated that the person had Type II Diabetes. Kitchen staff monitored their sugar intake and nutrition had been assessed by Speech and Language Therapy (SALT). The person needed to have a soft diet with the use of thickener in drinks. A choking risk assessment was in place which referred to the advice given by SALT. The care plan gave details on what to look for if the person was becoming unwell due to their diabetes and gave instructions to ring 999 and check blood sugar levels.

Medical services sheets were used to record any contact with health professionals such as the GP or the district nurse. The majority of people had had a medicine review within the past 12 months and this was fully recorded as was any hospital or outpatient appointments.

Good

# Is the service caring?

## Our findings

People told us they were very pleased and contented with the care they were receiving. One person said, "If I need anything, I ask the staff and they get it for me". Another said, "It's perfect here."

We observed warm, caring and respectful relationships. One person told us, "The staff are gorgeous to me. I have no complaints." One staff member said "You treat people how you would want your own family to be treated; I only hope there's someone like that there for me."

Visitors told us they regularly visited their relative and were able to do so at times that suited them. The registered manager told us that relatives of staff also visited people who lived at Garden Lodge. They said they often brought in items of interest for people and got involved in planning activities and social events. One staff member said, "We get on really well with families, it's a nice feeling."

Staff told us, "We work in both sides of the home, it's good I enjoy working with everyone." Another staff member said, "You should come on an evening, supper is at eight. People start singing 'Polly put the kettle on' at about half seven for their supper. There's some proper characters live here!"

Another staff member told us, "X asks for bread and milk, they say can you sell me some. We all say the same thing. That we keep it in the kitchen and they can have it whenever they like. With my rice crispies at breakfast they always say."

We saw that staff were very attentive with people, spending time chatting with people in a relaxed and unhurried way, asking people about their family members or interest. Staff clearly knew people well. Staff always referred to people by their name and were very discrete and respectful when offering support to people.

One staff member told us that a relative of theirs had lived at Garden Lodge before they were employed there. They told us, "I have been here three years and I came here because my relative had been cared for so well. They died here and my family are so appreciative of the love the staff showed, right up to the end". They added, "Some of the staff who cared for my relative are still here."

A visitor told us, "The staff here saved my [relative's] life. They were taken to hospital and we were told by the hospital staff they had been placed on the Liverpool Care Pathway and would die in a short time. We brought them back here and the staff were fantastic. They cared for them night and day and in seven days; they were back to eating full meals. They had been dehydrated and the staff here cared so well. Nothings a bother for them."

We observed many examples of people receiving individual caring actions from members of the staff. People often held the hand of the staff member they were sitting with and engaged in appropriate personal contact. It was particularly noticeable that it was not only the care staff who showed care and concern, but the kitchen staff and domestic staff were often speaking to people and helping in small ways to make life more comfortable for people.

We saw that people's needs were met in very compassionate and caring ways by the staff. One staff member said, "There is a great togetherness here in this home and that is what I like about this place".

Requires Improvement

# Is the service responsive?

## Our findings

A staff member told us, "My relative was here, you can't get a better recommendation than that can you – we treat people how we would want to be treated."

We saw that everyone had designed a name plate for their room. This had their name and a picture or photograph of something or someone significant in their lives. One person had a photograph of them with their grandchildren. Another person had a boat as they enjoyed making model boats. Staff explained that this meant they instantly had a topic of conversation with someone as they could talk about the picture on their door.

We saw that some people's care records included one page profiles and a photograph. One page profiles give a summary of the key things that are important to people and how best to support someone. One person's profile stated, 'Give me time, I use a beaker as it's difficult for me to hold a cup.' It also said, 'I don't like hot drinks, I prefer pop' and 'move me gently as I ache.' Another person's included that it was important for them to have a cuddle when they were feeling lonely and to spend time looking through family photographs. Not all files contained one page profiles but it could be seen from minutes of team meetings that this was an ongoing piece of work and staff were reminded of the need to complete them on a regular basis.

Care staff told us, "We don't have any involvement in writing care plans as the seniors do it." When asked what would happen if they noticed a change in someone's needs they said "I'd report the changes to a senior or the manager and they would change the paperwork." When asked how they knew about changes to care plans they told us, "The senior would tell us."

Monthly evaluations of care plans were completed by the registered manager and notes gave a summary of how the care was still working for people or if there had been any changes to people's needs. We saw that not all care plans were updated when there changes in people's needs. This meant some care plans were dated 2011. For example we saw a risk assessment about a person's mobility needs which had been evaluated on a monthly basis. The review notes stated that the person was no longer able to weight bear on their left foot but this had not led to a new risk assessment or care plan being written. This meant there was a risk of people receiving unsafe care as vital information about may be missed if staff did not read every monthly evaluation.

We saw a risk management plan for violence and potentially aggressive behaviour which was dated November 2009. This had been evaluated on a monthly basis but the management plan had not been updated to reflect any change in people's needs.

We saw that care record contained care plans that were written in 2012; again these had been evaluated on a monthly basis but the actual care plan had not been re-written in response to any changes in need or circumstance. We spoke to the registered manager about this. They told us, "We are in the process of updating them all and have gone through files so some care plans have been re-written." The registered manager acknowledged concern that unless staff read every monthly evaluation they may miss vital information about a person's care needs. The registered manager's response was "I understand what you are saying."

Whilst staff knew people's current care and support needs well and people's care plans and risk assessments were evaluated regularly the care plans were not updated regularly. This meant there was a risk that care records did not reflect people's current needs. This put people at risk of receiving inconsistent care.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that one person's care plans had been updated recently. They were individual to that person and focussed on their specific needs and ensured staff gave the person plenty of time and reassurance when supporting them.

Care plans included information on mobilising, sleeping, eating and drinking, communication, personal care and socialising as well as peoples spiritual needs and how they expressed their sexuality, for example through the clothes they chose to wear.

Records included the number of staff that were needed for personal care and mobility support as well as the specific equipment that was needed and the person's preferences in relation to the care and support they received.

Requires Improvement

# Is the service responsive?

Social assessments included information on people's family history, their personality, religion, hobbies, interests, employment and important life events. One person had recorded that there preferred bed time drink was a whisky and ginger and staff were knowledgeable about this.

We saw that care reviews were held with the person and their family members four weeks after moving into Garden Lodge and they were routinely held on a six monthly basis, with an annual review with social services.

One person told us that they preferred to stay in their room. They showed us several craft models that they had built and said, "The staff are very encouraging. I love my hobby". We were told that people were supported to go on shopping trips or to the local car boot sale. People were also supported to attend the Church of their choice if they wanted to and for other people staff arranged visits from the local Priest or Father if people wanted this.

The home employed an activities coordinator who told us, "All staff do activities and bring things in for people. We all understand that it isn't just my job. I do support work and they all do activities." They added, "We do lots of singing, people love it, we use sensory objects such as hats, cushions, pictures, we all made place mats at Christmas. We play skittles and staff and their family bring things in." One person told us, "We do all sorts, puzzles, jigsaws, colouring in, skittles, singing, making cards. Everyone made their own placemats for Christmas." They added, "We do chair exercises. There's a day centre that people can go to if they want to, lots of people enjoy it they pay for the day and get a nice meal out, it's really good and very reasonable."

We saw that regular residents and relatives meetings were held and were well attended. Social activities were regularly discussed and minutes stated that people enjoyed social evenings, arts and crafts, hair and beauty and reminiscence. The registered manger explained that a Mexican night had been arranged by a staff member's relative as a person had told them that they had always wanted to go to Mexico but were too old. The response from the relative was 'If they cannot go to Mexico let's bring Mexico to them.' The registered manager told us that's what they did. They had also done this with the seaside and we saw photographs of these events around the home.

Feedback had also been sought about the staff and the food. Comments included 'staff are wonderful and we loved the food.' 'It's nice to have home-made old fashioned cooking.' Relatives had said they were happy with staff and couldn't think of any improvements.

People and their relatives were asked if they knew how to complain which they did. People said they rarely had complaints but would tell staff as "Nothing is a bother to them" one person said.

We saw a comments and complaints book which detailed that the policy had been sent out to all relatives. We saw that many compliments had been recorded, such as 'home from home,' and 'it's the happiest they've ever been in the last seven months.' Concerns and complaints were also recorded and investigated and it was noted that these were mainly in relation to laundry. For example clothes having bleach marks on them. An investigation had been completed and it was recorded that the laundry did not use bleach but it had been identified that the laundry basket the person used was plastic and vented. It was thought that when the floor was mopped bleach was getting through the vents. The action taken was to replace the persons laundry basket and the organisation paid to replace the clothing. Another entry was about two jumpers being shrunk in the wash. Again this was investigated and the jumpers were replaced at the company's expense. Entries included the signature of the complainant and often a comment that they were happy with the outcome.

There was a complaints policy and procedure in place dated 2009 which required updating.

Good

# Is the service well-led?

## Our findings

There was a well-established registered manager in post who had managed Garden Lodge since it first registered. They told us they were well supported by senior managers and worked closely with the registered manager of another home that was close by. We were told that they often supported each other and shared ideas and suggestions for improvements.

Staff told us "We are well supported by management." A new member of staff said, "I'm very well supported by the manager. It's a lovely little friendly home." Another told us, "Management listen to suggestions, they are a good manager, very helpful."

We saw that the registered manager had a hands-on approach and worked alongside care staff to support people, especially at busy times of the day. This encouraged and supported all the staff to be active and created a positive team culture by leading by example. All the staff we spoke with said they were happy in their work and gained a great deal of satisfaction from it. Staff said they were very content with the current way of working and had no complaints about their manager or their employer. Staff told us they thought it was a very good home which was well managed.

People and their relatives were very pleased and happy with the care they received and the facilities they were provided with.

No one we spoke with could think of anything they would change or any improvements they would suggest, one member of staff told us, "No, nothing it's lovely here."

We saw that there were regular staff meetings. Staff told us, "Team meetings are about once a month with the whole staff team, night staff come as well. You are even asked to come in if you're on a day off and we do. It's important to get an update. Different staff do nights so we get to meet up as well." Team meetings included discussions around personal profiles and training. Staff who had attended meaningful activities training had been asked to share their learning and explain how it was being put into practice.

Senior care staff had attended a meeting with the registered manager and deputy to discuss the induction programme, medicines management and the completion of personal profiles for people. The renewal of DBS checks for staff was discussed and the team were asked if they had any concerns. Staff had sought clarity about the use of personal phones whilst at work and it was recorded that they 'had no concerns but we know your door [management] is always open'.

We saw that the registered manager attended Newcastle Council Care Home Manager Quality Group Meetings and minutes were filed in the office.

Monthly audits were completed by the organisations auditor who spoke to people about any concerns or suggestions they may have as well as completing an audit of systems and processes. They looked at a variety of documents including the accident book, accident analysis, incident book, complaints file and the fire log book. Risk assessments had been audited and it was recorded that they had been evaluated on a monthly basis or as needed. It was recorded that reviews had been completed on a six monthly basis.

Staff training, supervisions, appraisals and vacancies had been audited. There was space to record any actions required but the latest audits had not identified any action as being needed.

An audit of the premises was completed for cleanliness and decoration as well as any health and safety hazards such as the tidiness and condition of flooring. It had been noted that ongoing roof repairs were being completed in the last audit and these had been finished by the time of our inspection.

Questionnaires called 'Have your say' were sent out on an annual basis to relatives, people and professionals. Feedback was sought about the manager, complaints, menu choices, respect, access, involvement, independence, choice, support, responsiveness, communication, facilities, confidentiality and activities. We saw that comments were generally positive with professionals stating staff approach to care was good. They were positive about information sharing, people's social needs being met and the quality of monitoring and review. These surveys included comments that people felt their privacy and dignity was being respected. It was particularly noted that professionals had commented that people's needs were managed well and care plans were followed. Relatives had commented that they were always involved in people's care and reviews.

Good

# Is the service well-led?

A quality assurance tool kit was in place and had been used to generate a training needs analysis. This identified all the training courses that were needed and when they should be delivered by. It had also been used to develop a refurbishment plan which identified a programme for delivering new furniture and fixings, replacement of carpets and redecoration.

A health and safety risk assessment and audit was completed on an annual basis. This assessed fire safety, the environment, lighting, equipment and the external environment. In terms of housekeeping it audited repair and redecoration, ventilation, cleanliness and amenities. The kitchen was audited as were all the rooms.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment<br><br>Suitable arrangements for obtaining and acting in accordance with the consent of service users in relation to the care provided for them in accordance with the Mental Capacity Action (2005) and the Deprivation of Liberty Safeguards were not in place. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records<br><br>People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. |