Minstrels Healthcare Limited

The Gardens Residential Home

Inspection report

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Ratings

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

Overall summary

The Gardens Residential Home provides accommodation for up to 47 people who need support with their personal care. The service provides care for older people and people who are living with dementia. The accommodation is purpose built over two floors. Aspen Suite on the ground floor provides self-contained accommodation for 11 people who live with dementia and who need close support.

There were 41 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 17 November 2014. There was 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves or others. At the time of our inspection no people had had their freedom restricted.

We last inspected The Gardens Residential Home in May 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

People felt safe in the service. Staff knew how to keep people safe from harm. However, some parts of the recruitment and selection procedure were not robust. This was because some background checks on a new member of staff had not been completed.

People had received all of the care they needed. This included assistance with a wide range of personal care such as help with washing and dressing, using the bathroom and moving about safely.

People who lived in the service and their families had been included in planning and agreeing to the care provided. People had an individual care plan, detailing the assistance they needed and how they wanted this to be provided.

Staff knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People were treated with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the service. However, some of the support people received to dine at lunchtime and to access their bedrooms did not promote their dignity and privacy.

People were offered the opportunity to pursue their interests and hobbies.

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

This service was not consistently safe.

People had been helped to stay safe by managing risks to their wellbeing and avoiding accidents. There were enough staff on duty to give people the care they needed. Medicines were managed safely. However, some background checks had not been completed before a member of staff had been employed.

Staff knew how to recognise and report abuse.

Is the service effective?

Requires Improvement

The service was effective.

Staff knew the people they were supporting and the care they needed. However, some people who lived with dementia had not been effectively supported to be as independent as possible.

People were supported to receive all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Is the service caring?

Requires Improvement

This service was not consistently caring.

Staff were caring and kind. However, some people who lived with dementia had not been fully supported to maintain their dignity. This was because their experience of dining at lunchtime had not been relaxed.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes had been assessed.

People made choices about the care they received and about their lives in the service. They could pursue their hobbies and interests.

Is the service well-led?

Good

The service was well-led.

The provider had completed quality checks to help ensure that people reliably received appropriate and safe care. People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Summary of findings

There was a registered manager employed in the service. The staff were well supported by the registered manager and there were good systems in place for staff to discuss their practice and to speak out if they had concerns about other staff members.

The Gardens Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

We visited the service on 17 November 2014. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service. We focused on speaking with people who lived in the service and their visitors, speaking with staff and observing how people were cared for.

During the inspection we spoke with 15 people who lived in the service, four relatives, the provider, five care workers and the registered manager of the service. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people. We also looked at records that related to how the service was managed including staffing, training and health and safety.

We used 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 talk with us.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. In addition, we contacted local commissioners of the service who supported some people who lived at The Gardens Residential Home to obtain their views about it.

Good

Is the service safe?

Our findings

People said that they felt safe living in The Gardens Residential Home. A person said, "It is very nice here, the staff are good to me." Relatives were reassured that their parents were safe in the service. One of them said, "I think that the staff are wonderful towards my mother. When I leave here I never have to worry how she is. I'd know immediately if something was wrong." Another relative said, "My mother feels safe as staff are present when she wakes up at night."

The staff we spoke with told us that they had completed training to keep people safe. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff said that they had not witnessed any abuse of people in the service. They said they would challenge any poor practice and would not tolerate abuse. All the staff said they would be confident reporting any concerns to a senior person in the service or to an external agency such as CQC and the police.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

We saw that people who could not speak with us were comfortable and relaxed with the staff who were supporting them. Throughout our inspection we saw that the staff treated people with kindness and in a way that reassured them they were safe.

Staff had identified possible risks to each person's safety and had taken action to reduce the risk of them having accidents. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, they usually accompanied them when they were walking from room to room. Some people had rails fitted to the side of their bed. This had been done with the agreement of the people concerned so that they could be comfortable in bed and not have to worry about rolling out. When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and they correctly followed the provider's written guidance to make sure that people were given the right medicines at the right times. People were confident in the way staff managed their medicines.

We looked at the background checks that had been completed for two staff before they had been appointed. We found that in relation to one person the provider's records did not fully demonstrate that all the necessary checks had been completed. This was because they did not show that checks had been completed to establish why the person who had worked in a care setting had left this employment. This had reduced the provider's ability to establish the applicant's previous good conduct before they had been offered employment in the service. However, we were told that no concerns had been raised about the performance of the member of staff in question. In addition, the provider said that they would immediately strengthen this aspect of their recruitment and selection procedure to better ensure that only suitable and trustworthy people were employed.

The provider had assessed how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection because people received the care they needed. Records showed that the number of staff on duty during the two weeks preceding our inspection matched the level of staff cover which the provider said was necessary.

Staff said that there were enough staff on duty to meet people's care needs. People who lived in the service and their relatives said that the service was well staffed. A relative said, 'Whenever I call there seem to be plenty of staff around. They're always buzzing around."

Requires Improvement

Is the service effective?

Our findings

People said that they were well cared for in the service. A person said, “The staff help me with just about everything I need." A relative said, “At first I used to watch like a hawk because I wanted to see my mother was well cared for. After a few weeks in the service I realised that I didn’t need to be so vigilant because the staff were as keen as me to see my mother well cared for.”

During our inspection we saw that people were provided with enough to eat and drink. Some people required special assistance to make sure that were eating and drinking enough. We saw that these people received the support they needed. This included being assisted by staff to use cutlery, having their food softened so it was easier to swallow and having drinks thickened so there was less risk of them choking.

People said that they received the support they required to see their doctor. Some people who lived in the service had more complex needs and required support from specialist health services. Care records showed that some people had received support from a range of specialist services such as mental health and occupational therapy teams. We contacted a representative of a district nursing team that was local to the service before our inspection. They did not raise any concerns about how people who lived in the service were supported to maintain their health.

Staff had periodically met with a senior member of staff to review their work and to plan for their professional development. We saw that care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who lived with dementia or who needed extra help to eat and drink enough. The provider said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed.

Staff said that they were confident about supporting people who lived with dementia. We saw that when a person became distressed, staff followed the guidance described in the person’s care plan and reassured them. They recognised that the person was too warm and wanted to take off their cardigan. After this had been done the person was seen to be calm, comforted and reassured. The staff member knew how to identify that the person required support and they provided this in a way that was respectful and effective. However, the nature of the accommodation in Aspen Suite did not fully contribute to people experiencing an effective response to their special needs in that the accommodation did not fully support people to find their bedrooms. This was because all of the doors were the same colour and most did not have anything that indicated clearly who was in residence. A relative said, “I think that more could be done to help people find their bedroom. I have seen people getting confused and going into the wrong room.” In addition, the main hallways in the unit were painted a uniform colour that did not assist people to identify where they were.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 (MCA). This had enabled them to protect the rights of people who were not able to make or to communicate their own decisions. Care records showed that the principles of the MCA had been used when assessing people’s ability to make particular decisions. For example, the manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia.

Where people had someone to support them in relation to important decisions this was recorded in their care plans. Records we saw showed that peoples’ ability to make decisions had been assessed. They showed the steps which had been taken to make sure people who knew the person and their circumstances well had been consulted to ensure decisions were made in their best interests.

There were arrangements to ensure that if people did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate (IMCA). IMCA’s support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they had taken appropriate advice about a number of people who lived in the service to ensure they did not place unlawful restrictions on them. This had resulted in applications being made for authorisations to be granted under the

Requires Improvement

Is the service effective?

Deprivation of Liberty Safeguards. These authorisations were necessary because their care involved a level of supervision and control that may amount to a deprivation of their liberty.

Requires Improvement

Is the service caring?

Our findings

People made many positive comments about the care provided at The Gardens Residential Home. None of the people who lived in the service, their visitors or the staff we spoke with raised any concerns about the quality of the care. A person who we met in the main lounge said, "I like the staff because they're nice to me. It's like they're family even though they're not."

Relatives said that they had observed staff to be courteous and respectful in their approach. One of them said, "I want to emphasise how genuinely kind the staff are. I haven't seen a bad one yet. They all care about the residents and really can't do enough for them."

We saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. Staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. For example, we saw a person who had special communication needs smile and tug the sleeve of a member of staff. The member of staff then quietly waited while the person helped them to arrange some drinking glasses on a side table. After this event the person smiled and gave a thumbs-up sign before moving on to arrange another side table again with staff assistance.

However, some aspects of the catering arrangements did not fully promote people's dignity. For example, at lunch time we noted that some people were annoyed that they had to wait for 20 minutes for their meal to be served. In addition, meals were not always served to people at the same time. This resulted in one person having to eat their meal while the three other people sitting at the same table did not have anything to do. We also noted that some people were only given serviettes halfway through their meal rather than at the start of it.

Staff protected people's privacy. For example, they knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. People who lived in the service and their relatives confirmed that the staff knew the support people needed and their preferences about their care. A relative said, "I have noticed how my mother always wears coordinated skirts and tops. She would hate to not be neatly dressed and I know staff must be helping her to get the match right. I think this speaks volumes about this place."

Families we spoke with told us that they were able to visit their relatives whenever they wanted to do so. Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People who could speak with us told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made.

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. This included support with a wide range of everyday tasks such as washing and dressing and using the bathroom. People also said that they were reassured that staff checked how they were at night. A person said, "I can't find any reason to complain. At night staff visit my room as I see signatures every hour."

We saw that each person's care plan was regularly reviewed to make sure that it accurately described the care to be provided. However, the care plans were not written in a user- friendly way and so people were not fully supported to access the information they contained. A person said, "I know about my care plan but don't know what is inside it."

Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. A relative said, "I really appreciate the way staff keep in touch with me if there are any changes with my father. I want to be involved in decisions made about his care and I am."

The staff we spoke with showed that they were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families, their jobs or where they used to live.

We saw that staff respected people's individual routines and so people who wanted to use their bedrooms were left without too many interruptions. Another example was staff acknowledging that some people liked to be addressed using shortened versions of their first name while others preferred to be addressed more formally. Staff were happy to do extra things for people that responded sensitively to their individual needs. For example, we saw that a person was unwell with a suspected chest infection and was due to see their doctor. They were sitting in one of the lounges but could not be raised from their sleep to see the doctor. The staff member then sang some lines from the person's favourite song and this helped them to wake up so they could be assisted to their bedroom.

We observed how care was provided for a number of people who were using the lounge in Aspen Suite. Staff was present and on each occasion when someone asked for assistance this was provided promptly. For example, a person said that they needed to use the bathroom as matter of urgency. A member of staff who was about to do something else quickly assisted the person to go to the bathroom.

People were supported to pursue their interests and hobbies. During our inspection, we saw six people being supported to play dominos. The game was lively with one person helping others to keep to their turn. Staff said that a person who had a lifelong interest in numbers and words was often assisted to play a type of word search game. Another person we met had been supported to pursue their interest in electronic games. They were playing a card game on a laptop in their bedroom. A family member told us that the provider had arranged for their relative to receive audio books so that they could continue to enjoy novels as they had always done.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. A person said, "I don't have any complaints at all but if I did I'd tell the staff and they'd help me." The provider had a formal procedure for receiving and handling concerns. Each person and their relatives had received a copy of procedure when they moved into the service. Complaints could be made to the registered manager of the service or to the provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

The provider had not received any formal complaints since our last inspection. The registered manager said that a small number of minor concerns had been raised and that these had been quickly resolved on an informal basis. Doing this had helped to reassure people that their voice would be heard if they had any concerns. A relative said "I've never had to make a complaint. If there's the occasional thing that needs sorting out I just mention it to the staff and it gets done."

Good

Is the service well-led?

Our findings

The provider had regularly checked the quality of the service provided. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed. These checks included making sure that people's care plans were accurate and that medicines were well managed. In addition, the provider had completed checks to make sure that people were protected from the risk of fire and that equipment such as the passenger lift remained safe to use.

People who lived in the service told us that they were asked for their views about their home. A person said, "I like having a chat with staff as I go along. I don't really have anything new to suggest at the moment." We saw that each person and their relatives were invited to meet with a senior member of staff every six months to review the care provided and more generally to give feedback on the service.

In addition, there were residents' meetings when people could give their views about how well the service was meeting their needs. People's views had been taken into account. For example, changes had been made to the menu so that it better reflected people's preferences.

People said that they knew who the registered manager was and that they were helpful. When asked if they knew the registered manager a person with special communication needs pointed towards her office and then used her fingers to indicate that the registered manager walked around the service and was a presence in everyday life. During our inspection visit we saw the registered manager talking with people who used the service and with staff in two lounges and in other public areas. She had a good knowledge of the care each person was receiving and about points of detail such as which members of staff were on duty on any particular day.

Good team work was promoted so that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were periodic staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had had the knowledge and systems they needed to care for people in a responsive and effective way.

The atmosphere was open and inclusive. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. A staff member said, "This is a happy place to work, we're very busy but not rushed off our feet and there is very good team work. The manager here will speak to you and if you have a problem she's interested and wants to help." Another member of staff said, "When I started here the first thing the manager told me was that I had to speak out if I saw anything at all that wasn't right. It made me feel confident that I would be supported." Staff said that positive leadership in the service reassured them that action would be taken if they raised any concerns.

Incidents and near misses had been analysed so that action could be taken to help prevent accidents from happening in the future. For example, the registered manager had identified that some people with reduced mobility had an increased risk of falling. We saw that staff were providing these people with individual assistance by walking alongside them so that they could stay safe.