

RV Care Homes Limited

The Gardens Residential Home

Inspection report

88 Sleaford Road
Boston
Lincolnshire
PE21 8EY

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

Date of inspection visit:
18 February 2020

Date of publication:
09 March 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Gardens Residential Home is a residential care home providing personal care to 39 people aged 65 and over at the time of the inspection. The service can support up to 47 people.

People's experience of using this service and what we found

There were systems in place to reduce the risk of harm to people. Accidents and incidents were monitored effectively. Risks to people had been identified and measures were in place to support people safely. Medicines were managed safely by trained staff. Infection control measures were used to reduce the risk of infection.

People's needs were assessed prior to admission. Staff received on-going training and support. People's dietary needs were met. The premises and design were fit for purpose and met people's needs. People's capacity had been assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff showed caring interactions with people and they were passionate about supporting people. People were involved in their care and active discussions around their experiences. Staff supported people to ensure their dignity was protected.

People had comprehensive care plans in place which considered their likes, dislikes and preferences. Information was accessible to people in different ways to enable them to make a decision. Activities were available to people and their life stories were sought. Complaints were managed in line with the registered providers policy. People's end of life wishes, and preferences were recorded.

There was an open culture in the service and, people and staff spoke highly of the registered manager. Robust quality assurance systems were in place to monitor quality of the service. The registered manager understood their legal responsibilities and continuously found ways to improve care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 March 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Gardens Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up from two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Gardens Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the area quality director, registered manager, deputy manager, senior care workers, care workers, the well-being co-ordinator, the maintenance operative and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibilities to reduce the risk of people experiencing avoidable harm.
- Safeguarding concerns had been identified and referrals were made to the relevant authorities. Investigations had taken place to establish facts and measures were put in place to reduce the risk of harm for people.
- People told us they felt safe using the service. One person said, "I feel safe here because of the staff"

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded and there was an effective systems in place to analyse themes and trends.
- Lessons had been learned following incidents to prevent reoccurrence. For example, meetings took place monthly with staff to discuss people who experienced falls and what measures could be implemented to prevent it from happening again.
- Risks associated with people's care had been identified, assessed and monitored to ensure people received safe support.

Staffing and recruitment

- Whilst some people felt there was not enough staff as sometimes they had to wait for support, records reviewed showed there was enough staff deployed in the service. We discussed this with registered manager who told us they would speak to people about this and review how staff were being deployed by other senior staff. Shortfalls on the rota were identified and covered with agency staff or members of the management team.
- During the inspection we observed call bells being answered in a timely manner and people's needs were met in line with their care plan.
- Safe staffing was calculated considering individual needs and people's dependency. This was reviewed monthly by the registered manager to ensure safe staffing levels.
- The registered provider carried out appropriate pre-employments checks on staff before they commenced employment in the service. This included obtaining references of character and checking their criminal record.

Using medicines safely

- People received their prescribed medicines by trained and competent staff. One person commented, "I take paracetamol and quite a few tablets in the morning. I can rely on the staff; they always bring my tablets

on time"

- Where people were prescribed 'as needed' medicine, there were detailed protocols in place to provide guidance to enable staff to administer this consistently to people.
- Risk assessments were in place for people who took medicine which could have significant side effects. For example, if someone had a fall or cut themselves whilst taking blood thinning medicines. This detailed how this could affect a person's health and guided staff on when to seek medical intervention.
- Regular stock checks were carried out to ensure any shortfalls were identified in a timely way and appropriate action had been taken.

Preventing and controlling infection

- Measures were in place to protect people from the spread of infection. The service was well maintained and people told us they felt it was clean.
- Staff received infection control training and protective equipment was available for use.
- There were hand washing facilities available to staff, visitors and people to reduce the risk of spread of infection. Laundry containers were colour coded and labelled to separate clothing, bed linen and potential infectious items.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as require improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to admission to the service, to make sure staff could meet their needs and care plans were developed to ensure staff supported them correctly.
- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example, people's religious and cultural needs and lifestyle preferences.
- Equipment was available to enhance people's care and promote their independence. For example, mobility aids, pressure relieving equipment and adapted cutlery.

Staff support: induction, training, skills and experience

- Staff received induction training which included online and face to face sessions, and shadow shifts with an experienced member of staff.
- Staff received ongoing training and regular updates. Where staff were out of date with their training, there were plans in place to bring them up to date.
- The registered provider had recently implemented a new training course which focused on high quality memory care. This supports staff to understand different memory care and how people living with dementia can be best supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary requirements had been assessed and staff supported them in line with this. For example, staff knew people's likes and dislikes.
- Where people had a swallowing difficulty, thickening agent was used in their drinks to reduce the risk of choking. Staff had a good understanding of how to achieve the correct consistency for different people.
- People we spoke with gave us mixed feedback about the food and some people told us they didn't like the menu. We discussed this with the registered manager who told us they would hold a menu consultation meeting. However, we observed when people did not want what was on the menu, staff offered alternative meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other healthcare providers to ensure timely care for people. One person told us, "They [the staff] are very good at getting a doctor out if I need one, they just ring straight away."
- Records showed staff followed up information with doctors and hospitals to ensure they had accurate

information about people.

- Other health services visited the service regularly, such as, opticians and a chiropodist.

Adapting service, design, decoration to meet people's needs

- The premises and design met the needs of people with a variety of needs. For example, wide corridors and wheelchair access to outdoor areas.
- People were able to personalise their bedroom with photographs, furniture and memorabilia.
- Where people had a cognitive impairment, they had memory boxes outside their bedroom which contained items which were important to them. This prompted people to recognise their own room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People's capacity had been assessed and DoLS had been applied for where there was reason to believe someone lacked capacity.
- The service had information about people's legal representatives where they lacked capacity.
- Staff had good understanding of MCA and a member of staff told us, "The act is to protect individuals who lack mental capacity. It protects them to make choices. We have to continue to give them choices and there are times that they can still decide."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated and supported them well.
- We observed caring interactions between staff and people. One person was becoming upset, a member of staff stroked their hair and calmly spoke to them. This appeared to reassure the person.
- Staff knew people they supported well and spoke passionately about meeting their needs. Staff described their approach as 'person centred' and 'loving'.
- Relatives commended the staff and one relative described the staff and service and said, "The carers without exception are marvellous. All of the staff have a really nice attitude and there is just a nice, friendly atmosphere."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and had regular reviews where they could express their views along with family or friends. This covered reviewing their care needs in line with their care plan. One person told us, "The carers write my care plan and often come and talk to me about it. They reviewed it recently, it has details about my medication and how to look after me."
- People were offered a choice in their daily activities. For example, whether to have a bath or a shower, where to eat their meal and whether they wanted to join in activities.
- Staff supported people to talk about their life history and this was recorded in a 'remembering together' booklet. Some of this information was used to encourage conversations and engagement between staff and people.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on people's bedroom and gained their consent before entering.
- To protect people's dignity at lunch time, some were offered a clothes protector. This was for people who were prone to spilling their food and to ensure their clothes remained cleaned.
- People told us staff encouraged them to be as independent as possible. One person commented, "The staff come in to help me to wash and dress in the morning. They really do encourage me to do as much as I can for myself, which is good, but help me when I need it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had comprehensive care plans in place, detailing individual needs and preferences.
- One person's care plan stated they required assistance from staff when eating their modified diet using a tea spoon to enable them to swallow it safely. We observed this support being delivered during inspection.
- Where people were at risk of skin damage from pressure, they were prescribed specialist equipment to prevent sores and we observed this being used.
- Cultural preferences had been considered and the service supported people to worship their chosen faith with religious leaders visiting the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was accessible and presented to people in different ways. For example, a picture board of staff working in the service and pictures of the senior management team.
- In the part of the service where people living with a cognitive impairment were supported, there was an orientation board detailing the day, date in large print and the weather with picture cards.
- At lunch time people were offered a choice of meals. There was a written menu, however, for people who required further assistance on their decision, staff used two alternative meals to show them the choice to enable them to decide.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and were encouraged to join in activities. One person told us, "The staff do organise a lot for us. Last week we went over to the nursing home as a group of singers came in. Some school children recently visited, and we all did colouring together; it was good, I got my hands working."
- Activities were available to people in groups and one to one basis. People's hobbies and interests were sought, including their life story. For example, one person told us how they used to be a lorry driver and enjoyed watching lorries on the road nearby. The well-being coordinator regularly took the person down to the road to watch the lorries pass by.

Improving care quality in response to complaints or concerns

- The registered provider had a procedure called 'a complaint is a gift'. This gave structured guidance for the registered manager to follow, on receipt of a formal complaint, to ensure complaints were dealt with appropriately. We observed this had been followed.
- People told us they knew how to raise a complaint and one person commented, "I know how to complain and have done so twice since I have been here. Both times I complained to the manager, she listened, and she put things right."

End of life care and support

- Staff received end of life care training and were passionate about providing people with quality end of life care.
- People's end of life care wishes had been assessed prior to admission and care plans were developed with detail about what was important to that person.
- Where people were reaching the end of their life, staff had worked with healthcare professionals to ensure medicine was in place to ensure they had a comfortable, pain free support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found systems and processes had not been established and operated effectively to ensure compliance and risks relating to the health, safety and welfare of service users and others who may be at risk had not been effectively monitored and mitigated. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were robust quality assurance systems in place to effectively identify shortfalls of quality in the service. These shortfalls were prioritised and were recorded on the home improvement plan. There was a clear management structure in the home and a plan was to determine who led on different themed audits.
- Risks relating to health, safety and welfare of the people using the service had been identified, assessed and were regularly monitored. This made sure staff could reduce the risk of avoidable harm and gave them good knowledge and oversight relating to risks to people.
- The registered manager understood their legal responsibilities and notified the commission of events which took place in the service. For example, safeguarding concerns. The ratings from the last inspection report was displayed in the entrance of the service and website.
- The registered provider was committed to improving learning and care for the service. They had implemented a diary to support registered managers, which detailed daily, weekly and mid-monthly checklists to prompt them on quality checks and to keep up to date with their duties.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture in the service, where staff only wanted people to receive the best outcomes in their care. Relatives told us, "Staff don't just look after their loved one" and one relative described their experience as, "It's a lovely home and I really think that they couldn't do any better. The staff are considerate of me as a husband and they look after me too"
- Staff, people and relatives highly commended the registered manager and who was described as 'lovely', 'supportive' and 'helpful'. One person told us, "The manager is brilliant, you couldn't wish for anyone better, she is so kind."
- People and relatives were engaged in using the service. They told us that regular meetings were held, and surveys were distributed to enable them to give their feedback.

- Staff meetings took place regularly to discuss achievements and challenges. To improve communication a 'flash meeting' took place every morning with all heads of department. This was to ensure all staff had an overview of people and what was happening in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager and provider understood their responsibility to be open and honest when something goes wrong.
- There was a record of conversations and meetings which had taken place following incidents in the service. This included action taken to reduce the risk of reoccurrence and an apology.
- The service worked in partnership with others to enhance the quality of care people received. This included; doctors, community nurses and other health care services. There was also community links which had been developed. For example, with religious leaders, local schools and other local community groups.