

DHCH14

Garden Lodge Care Home

Inspection report

Middlemass Hey
Liverpool
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Garden Lodge is a residential care service that provides accommodation and personal care for up to up to 48 people. It accommodates people across 2 units, each of which has separate facilities. At the time of our inspection, there were 47 people living at the home.

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

Staff could clearly describe the course of action they would take if they felt someone was being harmed or abused. Safety checks on the environment were in place and robust. Everyone we spoke with said they felt safe living at the home. There were enough staff to ensure people were kept safe, and call bells were answered in a timely manner. Risks to people's health and well-being were assessed and reviewed appropriately. Staff were recruited and selected safely, and medicines were appropriately managed. Incidents and accidents were appropriately recorded and analysed for patterns and trends.

People were supported to have maximum choice and control over 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 were appropriately trained and supervised to enable them to carry out their roles. People were supported to eat a balanced diet. We did receive some mixed feedback regarding the food which we fed back to the registered manager.

People said the staff were kind and caring, and we observed warm and familiar caring interactions between staff and people throughout the duration of our inspection. People said staff were "Exceptional" and provided "Really good care". Staff spoke about people with genuine warmth and consideration, and we heard staff asking people if they wanted or needed any help or support during our inspection. There was a warm, welcoming, friendly, homely atmosphere throughout the home. People were very at home in the service and their dignity was promoted well. Staff in all roles were passionate about the people living at Garden Lodge and were highly committed to ensuring the best outcomes for people. Staff took time to understand and encourage the unique and individual needs of the people they supported.

People and most relatives told us how they were supported by staff to follow their interests and engage in relevant and meaningful activities which gave them purpose. There was particular emphasis on tasks people could do for themselves, such as washing, dressing and choosing what they wore, how they spent their day, and what time they wanted to get up and go to bed.

Care plans were person centred and reviewed regularly to ensure any changing needs were taken into account. There was a complaints policy in place, which was made available in different formats to support people's understanding. We reviewed some recent complaints and saw they had been responded to in line with policy and procedure.

The registered manager was well known. Staff told us the registered manager led by example and was 'always visible and putting people first.' The registered manager welcomed feedback and was clearly proud

of the home and the staff team. All notifications had been sent to CQC, and the registered manager understood what was expected of them. Staff told us they enjoyed working at the home, and they felt they could approach the registered manager to help them develop further in their roles or if they had any concerns.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 07 August 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

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 (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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors and an Expert by Experience who made phone calls to people's relatives. 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

Garden Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Garden Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 October 2022 when we visited the home and ended on 1 November 2022. We made phone calls to relatives on 28 October 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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 3 people who used the service and 11 relatives about their experience of the care provided. We spoke with 7 staff including the registered manager, service administrator, and other support staff and senior managers.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 4 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.

Is the service safe?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place at the home to ensure people were protected from harm and abuse.
- Staff had completed training in safeguarding and could describe the course of action they would take if they felt someone was being harmed or abused.
- One staff member told us, "If I thought someone was mistreating residents, I would tell my manager."

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

- Incidents and accidents were reviewed by the registered manager to identify any themes and trends. Mitigation was put in place in response to incidents to ensure they did not happen again. These were discussed at team meetings to ensure staff had knowledge of these changes.
- Risks to people's wellbeing and safety were routinely assessed and reviewed.
- All people we spoke with told us they felt safe living at the home.
- Systems were in place for checking the safety of the environment and equipment.

Staffing and recruitment

- We observed there were enough staff on duty to make sure people's needs were met, most relatives told us there was enough staff. One relative said "There seem to be enough carers around during the day. There is always a member of staff in the lounge or coming and going."
- Recruitment procedures were safe. New staff were only offered positions in the home after checks were undertaken on their character and suitability to work, including references and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Processes around medicines management were safe.
- Medicines were stored correctly in a temperature-controlled room. Each person had protocols in place for medication which was 'as and when' required, often referred to as PRN medication.
- People were only administered their medicines from staff who were trained to do so and who had completed yearly competency checks.
- Topical medicines, such as creams, were administered using body charts to show where the cream needed to be applied.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had safe systems in place to facilitate and support visiting at the home in line with the national guidance.

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.

This is the first inspection for this service under the new provider. This key question has been rated 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, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced people were involved in the completion of their care plans. Some relatives we spoke with told us they had been involved in care plan reviews, others were not sure. We fed this back to the registered manager so they could ensure communication was improved if needed.

Staff support: induction, training, skills and experience

- Staff were supervised, trained and inducted in accordance with the providers policies and procedures.
- Staff had undergone additional training and had access to qualifications in accordance with their roles.
- A recent audit had identified that more face to face training was needed and this was arranged for staff.

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

- Care records contained information about how staff were to support people with any dietary needs.
- We received some mixed feedback regarding the food available at the home. Most people liked the food, however others did not. One person told us, "The food is ordered in." We shared this feedback with the registered manager who agreed to further consult with people around menus and food choices.

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

- The provider worked alongside other medical professionals to ensure people had access to services and were supported with their health and emotional needs.
- People received the care and support they needed and were referred to external healthcare professionals where appropriate and supported to attend external appointments where required.
- People were supported with their dental hygiene needs. Assessments were in place regarding people's oral health, and information around what support they required to manage this was clearly documented in care plans.

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

- The home was decorated to a good standard. The environment had an ongoing home improvement plan in place which was updated every month.
- People had input into the colour schemes and décor of the home and could decorate their own rooms how they wanted.

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 MCA 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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was a number of people subject to DoLS at the time of our inspection. Checks showed conditions on the DoLS were being met.
- Staff were observed asking people for consent before providing support, and consent was clearly recorded in people's care plans.

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.

This is the first inspection for this service under the new provider. This key question has been rated good. 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 were treated kindly and with compassion and dignity.
- People and their relatives made the following comments about the caring nature of the staff. Comments included, "They come across as friendly, chatty and communicative. They are affectionate towards Mum and they answer our questions" and, "They are lovely, friendly and approachable. They say to me – 'If you have any concerns, speak to us. Don't be worried'." Other relatives we spoke with described the care as "exceptional" and another relative said the staff have "real empathy."
- Care plans evidenced people's diverse needs were taken into account, such as what religion they followed, or any special diet choice or preference.

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

- People were involved in decision making regarding their care and support.
- Care plans we viewed evidenced they had been completed with the involvement of either the person themselves or their family member. Some relatives recalled being involved in care planning.
- We heard and observed staff asking people what they would like to do, and what they would like for lunch, or if they wanted drinks, snacks and anything else throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- Staff knocked before entering bedrooms and asked for permission to enter rooms.
- People were supported to remain independent wherever possible. Equipment was available to aid independence, such as stand aids and walking sticks.
- People appeared well cared for, their clothes were clean and staff discretely assisted people with some aspects of care, such as helping them put shoes on.

Is the service responsive?

Our findings

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

This is the first inspection for this service under the new provider. This key question has been rated good. 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 personalised care plans in place to ensure their needs were met in the way they chose.
- Care plans contained relevant information regarding people's likes and choices. For example, we saw records stating what was important to people. One person enjoyed cooking and was supported every week by staff to make their own specialty dish to share with people at the home.
- People who had specific needs such as diabetes, had separate care plans and risks assessments to ensure staff knew how to meet their needs and support them effectively.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in different formats to help support people's understanding.

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

- Staff willingly supported events within the home, such as social media videos, competitions and making and sharing photobooks around the home to capture important moments.
- There were visiting areas in place which people could use, however visitors were also welcome throughout the home. People told us they had been supported to maintain contact with their families using video calls when visiting restrictions were in place due to COVID-19.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place at the home and people told us they understood how to make a complaint.
- Any formal complaints that had been made had been responded to in line with agreed procedures and people we spoke with told us they would 'go to the manager' if they had any concerns.

End of life care and support

- People were supported to make decisions around their last days and how they wished to be supported.
- Where appropriate, funeral plans had been discussed with people, including what specific arrangements they wanted to have in place.

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.

This is the first inspection for this service under the new provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was transparent in their role. This was evidenced in their ability to rigorously challenge themselves and be open to improvement and change following internal audits by the provider's quality team.
- The registered manager attended events and meetings to ensure they were up to date with any regulatory changes which could impact their service, such as COVID-19 best practice guidance.
- The registered manager had informed CQC of notifiable events and understood their role with regards to this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We continuously saw how the registered manager led by example and responded with compassion, imagination and thoughtfulness to people's preferences for support.
- Outcomes were well planned for people, and there was a strong emphasis on working collaboratively with others to ensure people got the best possible support.
- We saw creative thinking from the registered manager which in turn was implemented across the staff team in response to catering for people's diverse needs, whilst ensuring they had a voice and freedom to choose how they lived in their own home.
- Staff shared examples with us of how the registered manager had supported them in their roles. Staff told us the registered manager, deputy manager and quality teams within the organisation were known as figures of support and trust.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were continuously involved and had a say in the vision of the organisation; this was demonstrated in people's involvement in support plans and team meetings. For example, we saw how 1 person had asked for their pet dog to live with them at the home. This had been risk assessed and planned for, and they were in the process of making this happen.
- Everyone knew who the registered manager was and understood the support structure within the home.
- Survey results from last year which were positive were shared with people in different formats and any opportunity for improvement was discussed.

- There was a strong emphasis on community involvement. We saw how the registered manager was in the process of engaging with local schools to encourage visits to the home which had stopped since COVID-19.
- Staff were encouraged to submit ideas. One staff member had submitted an idea to the registered manager regarding a pyjama party at the home, some night staff came in their pyjamas to enjoy this with the people living at the home.
- Staff told us they felt happy and empowered to come forward with these ideas because the registered manager was so 'all for the residents'.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a positive attitude regarding feedback and improvement. They had clearly used feedback and experiences from previous inspections to improve their own leadership and management and were open to continuous learning opportunities.
- The home was subject to in depth checks and evaluation using a robust quality assurance framework. Following quality assurance visits, comprehensive action plans were submitted, and actions were delegated for completion.
- Professionals were consulted when needed and their expertise was well received by the registered manager.