

Robert Pattinson

Garden Lodge Care Home

Inspection report

Philipson Street
Walker
Newcastle Upon Tyne
Tyne and Wear
NE6 4EN

Tel: 01912636398

Date of inspection visit:
09 March 2022
23 March 2022

Date of publication:
20 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Garden Lodge is a residential care home providing personal care for up to 42 people. The service provides support to older people some of whom were living with dementia. At the time of our inspection there were 38 people using the service.

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

The service was generally safe however the documentation of 'as and when required' medicines was not in line with best practice guidance. Audits by the provider had not identified the failure to follow the medicines policy. The management team immediately acted to put the required documentation in place. Other aspects of medicines management was safe.

A number of notifications had not been submitted to CQC. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. The provider had not identified missed notifications to CQC.

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; although the documentation in place did not always support this. The registered manager took action to rectify this during the inspection. We have made a recommendation about this.

People were safe from the risk of abuse. Risks were assessed and regularly reviewed when people's needs changed. The building was well maintained with appropriate décor, including dementia friendly interactive decorations.

There were sufficient staff employed by the service, staff were trained appropriately and recruited safely. Staff worked effectively with visiting professionals. Staff wore PPE to keep people safe. Infection control measures were in place, management had recently introduced some new infection control processes following advice from a specialist team.

Care records were person centred. People and relatives said they were supported to have choice in their lives. People were supported to eat and drink a balanced diet.

Feedback from relatives about the registered manager was very positive. Staff said the culture of the service was open and the management team were very helpful. People and relatives were involved in their care decisions.

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 this service was good (published 15 January 2019).

Why we inspected

We received concerns in relation to staffing and safeguarding people. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Garden Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Garden Lodge Care 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 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 consisted of two inspectors 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

Garden Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one 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.

What we did before the 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 (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. We used all this information to plan our inspection.

During the inspection

We talked to four care staff, the deputy manager, registered manager, operational director, assistant operational director, and a visiting professional. We spoke to three people living at the service. We reviewed a number of records and made observations around the building.

After the inspection

We continued to review information received from the service including information about changes made due to issues found during the inspection. We spoke to six relatives of people living at the service by telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- 'As and when required' medicines were not always managed safely. Protocols were not available to support staff on what action to take when people needed their 'as and when required' medicines. However, there was no negative impact from the lack of documentation. People had received their medicines when they needed them as staff knew people well. We raised this with the management team who immediately put the required documents in place.
- Other aspects of medicines administration were safe. Medicines administration records were in place and included pertinent information. Staff were trained and competent in the administration of medicines and demonstrated a good knowledge of people's needs and safe practice.
- Relatives said they were kept informed about people's medicines and changes to them.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Robust policies and procedures were in place to keep people safe. Staff were aware of their responsibilities to safeguard people and had received safeguarding training.
- Lessons had been learnt from incidents which had occurred. Actions were taken and learning was passed on to staff to reduce the likelihood of incidents reoccurring.
- One person said, "They always look after me". A relative, when asked if their relative was safe, said, "Absolutely safe yes, [the staff] went to great lengths during lockdown to keep [person] safe."

Assessing risk, safety monitoring and management

- Risks to people's safety were effectively assessed. Risk assessments were in place for key areas such as falls, diabetes, moving around the service, skin integrity and nutrition. The assessments were regularly reviewed and updated when people's needs changed.
- The service was well maintained. Documents showed regular checks to safety equipment in line with best practice.

Staffing and recruitment

- The service employed sufficient staff to keep people safe. A dependency tool was used to calculate staffing requirements and rotas showed that staffing was maintained at the required level. During an outbreak of COVID-19 staff levels were maintained despite high staff sickness levels.
- Staff were recruited safely. Employment checks were carried out in line with best practice guidance. Staff had DBS checks in place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- 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 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.

Visiting in care homes

- People and their relatives were kept safe during visits. A separate entrance and visiting room was available as were garden visits. Checks were in place to ensure visitors did not have COVID-19.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, 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.

- The service was working within the principles of the MCA most of the time. All DoLS applications were current and appropriate.
- Staff had received training around MCA and DoLS however some staff said they found this topic difficult to learn.
- For people who did not have capacity to make their own decisions, mental capacity assessments were completed and 'best interest' decisions were made but were not always documented fully. We raised this with the registered manager during the inspection, who confirmed documentation for best interest decisions would be updated.

We recommend the provider offers additional training around MCA to staff including the management team and reviews the documentation in place for best interest decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; adapting service, design, decoration to meet people's needs

- Care records were person centred. People and their relatives were involved in making decisions about their care. Care records had been updated as people's needs changed to reflect their preferences and requirements.
- People had control over choices in their lives. One person told us, "There is always something nice to choose for lunch." We observed staff asking and acting on people's preferences during the inspection.

- The design and décor of the building was bright, clean and engaging. On the unit for people living with dementia there were interactive wall decorations. The garden had seating areas which people enjoyed using in nice weather.

Staff support: induction, training, skills and experience

- Staff were appropriately trained. New staff received a detailed induction and regular refresher training was carried out for all staff.
- Staff knew the people they cared for. One relative said, "The staff are very friendly. You can ask them anything day or night." Another relative said, "Particular staff do spend a lot of time with [person]."

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

- People were supported to maintain a healthy diet. People met their daily targets for fluid and food intake.
- One person said, "The food is always nice." A relative said, "[Person] is eating well and is putting on weight. It seems nice home cooked food."

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

- The management team worked effectively with other agencies. The management team had good relationships with local and regional health care services. People were referred to services such as behavioural specialists in a timely manner.
- The district nurse who worked with the service said, "I have no concerns about the care here. Staff know the people well and highlight any concerns to us. They follow up the GP when needed, I would have a family member here."



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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was not fully aware of the requirement to notify CQC of incidents. However, these incidents had been notified to the Safeguarding Authority and other agencies correctly. The registered manager immediately took action to ensure future incidents were notified to CQC.
- The provider's internal audits and mock inspections had not identified the lack of 'as and when required' medicine protocols contrary to the provider's medicines policy; nor the failure to notify CQC of incidents.

We recommend that the provider reviews the quality assurance processes to ensure similar oversights do not occur in the future.

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

- The culture of the service was open and person centred. Staff spoke positively about the culture of the service and the support they received from the management team.
- The management team were open with people, relatives and stakeholders. Relatives said, "The registered manager is very good, she deals with things straight away," and, "They do update us with what's happening."
- Management understood the duty of candour and the need to be open and honest. There had been no incidents which required the provider to act on this duty.

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

- People and their relatives were given opportunities to give their views on all aspects of their care and support. One relative said, "I did a questionnaire a couple of weeks ago."
- One person said, "They have been teaching me to play dominoes, I really like bingo, when I ring the bell [staff] always come."
- Different activities took place to celebrate events through the year. A newsletter was sent to relatives showing events and activities and share news about the service.

Continuous learning and improving care; Working in partnership with others

- The management team were always looking for opportunities to improve care. The registered manager

and staff worked effectively with others. Staff involved external professionals when needed.

- Issues highlighted in the inspection were acknowledged by the management team who immediately acted to rectify the issues and put processes in place to stop the same issues happening again.