Brookdale Healthcare Limited

Ganwick House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 16 June 2017 and was unannounced. At our last inspection on 16 June 2015, the service was found to be meeting the required standards in the areas we looked at. Ganwick House is registered to provide accommodation and personal care for up to eight people. The service supports people who may have a learning disability, autistic spectrum disorder or mental health problems. At the time of our inspection six people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Safe and effective recruitment practices were not consistently followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Trained staff helped people to take their medicines at the right time. Identified and potential risks to people's health and well-being were reviewed. However audits had not identified a medicine error that had occurred.

People felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

People were supported by staff that were sufficiently trained and felt supported. The service worked in accordance with the principles of the Mental Capacity Act 2005. People received a varied and balanced diet and had regular access to health and social care professionals.

People were treated with dignity and respect. People were involved in planning their care and their choices and preferences were promoted. Records were stored securely.

People received care that met their needs and their care plans were detailed and person centred. Activities and opportunities for engagement were provided. People knew how to make a complaint but there had not been any recent complaints.

People, their relatives and staff were positive about the management team. Systems were in place to monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not consistently supported to take their medicines safely by trained staff.

Safe and effective recruitment practices were not consistently followed to help ensure that all staff were fit, able and qualified to do their jobs.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Is the service effective?

Good

The service was effective.

People were supported by staff that were sufficiently trained and felt supported.

The service worked in accordance with the principles of the Mental Capacity Act 2005.

People received a varied and balanced diet.

There was regular access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were treated with dignity and respect.

People were involved in planning their care and their preferences were promoted.

Confidentiality of people's personal information had been maintained.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Ganwick House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 16 June 2017 by one inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the home, two relatives, three staff members and the registered manager. We looked at care plans relating to two people and two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints.

Requires Improvement

Is the service safe?

Our findings

People who lived at Ganwick House appeared happy, one person confirmed they were happy living there. A relative told us, "[Name of relative] is safe there definitely; moving to Ganwick House was the best thing that ever happened to them."

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by two staff that were properly trained and had their competency assessed. Staff had access to guidance about how to support people with their medicines in a safe and person centred way. One staff member told us, "Two staff give people their medicines." They went on to explain that one staff member was responsible for checking that the medicine given was correct. We observed that medicines were given to people in a relaxed and unhurried manner, staff waited until the medicines had been taken and completed the required documentation. However we did find one instance where it was unclear if two tablets for pain relief had been given to one person. We spoke with the registered manager about this and they investigated and confirmed that the medicine had been given and the staff had not signed to confirm they had been administered. The weekly audit of the medicines had not picked this up. The registered manager added additional weekly checks to help ensure this did not happen again.

Safe and effective recruitment practices were not always followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures that included Disclosure and Barring Service (DBS) before they were employed by the service. However we found these pre-employment checks did not always include obtaining satisfactory references or background checks. We found two staff files we looked at did not have references in place. We noted gaps in work history for another staff member which had not been explored to ensure the person was of good character and suitable to work in adult care. We spoke with the registered manager about this and they were only able to provide one reference for one of the staff members.

There was information and guidance displayed in the communal areas of the home about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was also made available in an 'easy read' format that used appropriate words and pictures to help support people with their understanding. One staff member told us, "If I have any concerns I will report to the senior." Staff we spoke with could describe types of abuse and things that would concern them. For example, changes to people's behaviour. Staff were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff we spoke with felt there was enough staff, one staff member said, "Yes there are enough staff here, we are a good team." The registered manager had a system in place to ensure that there were enough staff deployed to meet people's needs and the skill and gender mix met people's preferences. Staff shortages were covered by bank staff.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and

reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility and health and welfare. This meant that staff were able to provide care and support safely. For example, the care plan for a person who had a complex health condition contained clear guidance for staff to follow. Staff were aware of what was required to keep the person safe. We saw that the speech and language therapy team had been involved for people who had been assessed as being at risk of choking. There was clear guidance for staff on how to prepare food and how to thicken drinks to ensure people were kept safe.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. We saw there were individual emergency evacuation plans in place. In each person's room there was an easy read picture chart on what to do in the event of a fire.

Good

Is the service effective?

Our findings

People received support from staff who had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One relative said, "[Relative] helps with the cooking, they have to be supported with this. It's like one big happy family."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's basic core training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and epilepsy training. The registered manager confirmed that all new staff were inducted on the care certificate training and we noted one staff member had come into work to use the office computer as a part of their protected training hours.

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. A staff member commented, "I have supervisions every two months, Staff are encouraged to develop." They also told us that they had been supported to develop and had recently been promoted and were completing their level five in adult social care. Staff confirmed there were regular team meetings where they could discuss any relevant issues.

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who lived with epilepsy and received appropriate training to help ensure people's needs were met. Staff felt confident in their skills and confirmed they had received the training they needed to do their jobs. The registered manger confirmed that staff had received training in sign language level one and this supported people who could not communicate verbally. However the registered manager had enrolled staff on to level two which was an eight week course to ensure better support for people who used the service.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that. The home had made one Deprivation of Liberty safeguards [DoLS] application to the local authority where required.

Some people who lived at the home were either unable to communicate verbally or had limited means of communication available. Staff worked closely with them and their relatives to learn and understand how to

communicate effectively in a way that best suited their individual needs. We saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal to communicate with people they clearly knew very well, for example about what they wanted to eat or how they wanted to spend their time.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "I always ask what people want and we encourage people's independence." They went on to give examples of how they supported people with choice who were non-verbal. For example when they supported people with their medicine, they would explain that it was time for their medicine and would offer them to the person to take. When the person reached out and took the medicine this indicated their consent. We observed that pictures and body language were used to communicate. For example we saw one person take staff by the hand to show them what they wanted. We noted one person was supported with a book that contained pictures of different types of food and activities to support their choices. Throughout our inspection we saw that staff sought to establish people's wishes and obtain their consent before providing care and support.

People were supported to eat healthy meals and had their likes and dislikes noted in their care plans. People were asked what they wanted to eat from the two choices on the menu. However they could choose an alternative if they wanted. People's dietary needs were documented clearly for staff and there was guidance available in the kitchens on people's requirements. We saw there were nutrition and dietetic care plans in place and where required specialised equipment to support people to eat independently, such as a small spoon with a large handle. We noted that one person had been supported by the multi-disciplinary team, psychologist and speech and language therapy team to provide a plan to manage the person's tea and fizzy drink intake. This was achieved with the introduction of an hourly timer clock and agreed daily time to have one fizzy drink. The manager explained this had bought consistency in the person's life and had made a huge difference.

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. We saw on the day of the inspection one person was supported to attend an appointment with their GP.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One staff member told us they knew people's individual ways of communicating and supported people to be independent. We noted for example one person cooked their own food whilst another person was supported with this. A relative said, "[Name of relative] helps with cooking, he likes to help."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect. We saw one staff member knocked on a person's door and waited for the person to open the door. They explained to the person that the CQC inspector would like to speak with them and asked them if this would be alright. This showed that people's privacy was respected.

Staff were observed having positive and caring relationships with people they supported. Staff we spoke with demonstrated they were knowledgeable about people's individual needs and preferences. One staff member said, "It's important to let people do as much for themselves and sometimes you have to prompt people." One relative commented, "[Relative] was introverted before coming to Ganwick House. Since being there [Name] has blossomed, it's incredible they have now got confidence. Staff are caring and have good interaction with [name]." Visitors were welcome to visit any time at the home. At the time of our inspection one relative was at the home.

We saw that staff had developed relationships with people they supported. One staff member described people's different behaviours and support they required and we saw kind and caring interaction. Staff were observed engaging with people. For example people throughout the day entered the registered manager's office and were welcomed. One person had lost a personal item and asked the registered manager for help in finding this. The registered manager arranged for this support and explained that the person places certain items around the house and is comforted when finding them and likes to keep one personal item with them through the day. We saw the person later and noted they had their personal item with them.

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. People were supported with advocacy services when required.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took account of their life history and personal circumstances. We noted one person's support needs were being reviewed with an external professional and the person's relative had also been invited to attend. The relative confirmed they were happy with the home and they were always involved and updated about their relative when required. They also confirmed that their relative's medicine had been reduced. We noted that staff had updated the handover book about the medicine change to ensure all staff were up to date with the persons changed needs.

People who used the service were allocated a keyworker and link worker whose role included keeping contact between the person and their family as well as keeping their care plan up to date and they completed a three monthly summary review of the care. A copy of this was sent to the registered manager and the family where appropriate. The review covered all aspects of the care with involvement from learning disability team and independent advocates to support the person's choices where required. The care plans had easy read guidance and pictures to support the person with understanding their care and choices.

Care plans were personalised and captured the individual well and all the details that mattered to that person were included. People's likes and dislikes, individual cultural and religious needs were also documented. For example people who wanted to attend church were supported to and we noted one person's cultural dietary needs were met by the provider who ensured the meat provided met their religious requirements. The care plan also included person centred reviews that celebrated areas of progression or skills learned and had action plans to support further progression. For example one person who did not like to be examined had been supported to attend the dentist and had been able to sit in the dentist's chair while the dentist examined their teeth. The registered manager told us that this was really good progression for the person.

Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. We noted that people's identified needs were documented and reviewed to help ensure that the care and support provided helped people to maintain good physical, mental and emotional health. There were monthly meetings with the multidisciplinary team to discuss people's health. This included their weight and blood pressures and discussions about any concerns and strategies. For example, one person did not like to have blood tests. Staff had decided to discuss options with the GP to enable this to happen.

People were supported to maintain their interests and to take part in activities which they enjoyed. For example, people were supported to attend their day clubs. One person who liked horses went weekly to the horse stables where they were able to groom the horses. Another person attended college five days a week where they completed arts and crafts, attended a dance studio, cookery classes and 'enriching my life' sessions. There was a separate out building used as a day centre where people could go to do arts and crafts, puzzles or play musical instruments. We noted that people's rooms were individualised to their taste. We saw in some people's rooms there were musical instruments they liked to play for example, a guitar,

keyboards and a drum kit. We noted in a resident meeting one person was asked if they were happy and they responded by saying they were happy and liked playing their keyboard and going out for drives to see the trains. People were supported to access the community and were also supported to be involved in the gardening should they want to. One person had been growing their own herbs in the garden. A staff member told us the person, "Just loves the plants."

Relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. One relative told us, "I have no complaints and the [registered] manager always lets me know if there are any problems." We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate for the people who lived at Ganwick House. We saw where complaints had been received these were responded to in line with the service complaints procedure.

Good

Is the service well-led?

Our findings

People who lived at Ganwick House, their relatives and staff were all very positive about how the home was managed. One staff member said, "We have a good team here. Staff are very supportive and the [registered] manager is approachable." One relative commented, "If I need to I can call the home at any time."

The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us they completed regular walks about the home where they observed people and staff interaction and ensured the environment was safe. Staff we spoke with confirmed the manager was visible around the home.

The registered manager had introduced new rotas that supported people with outside activities and day trips. New food menus had been introduced to incorporate wide ranging choices that reflected all people's cultural backgrounds. The registered manager told us they had placed the multi-disciplinary team at the heart of any changes to support people's choices and had monthly meetings to develop people's support.

The registered manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. Staff we spoke with understood their roles; they were clear about their responsibilities and what was expected of them. We noted staff duties allocated were listed on the board in the kitchen and staff had a one page profile that gave details about them and their experience. A staff member commented, "The [registered] manager is very approachable and they supported me through the application process and continues to support me".

Audits were carried out in areas such as medicines, infection control, care planning and care plans. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. There were bi-monthly audits completed by area managers that ensured best practice. Where issues were identified, action plans were developed to improve the service. This meant there were systems in place to monitor the quality of the service. The registered manager told us they felt supported by the provider.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.