

# Review of compliance

Davis Care Limited Garland House	
<b>Region:</b>	South East
<b>Location address:</b>	Garland House, 2 Garlinge Road Southborough Tunbridge Wells Kent TN4 0NR
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	July 2012
<b>Overview of the service:</b>	Garland House is registered to provide personal care and accommodation for up to 20 people. The home is located in a residential area of Southborough, close to a variety of local shops and public transport routes. The home has three lounges and an accessible garden.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Garland House was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 June 2012, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

We spoke individually with nine people who lived at the home. We also used some other methods to gain information about what it was like to live there. We spoke with people visiting the home, spoke with staff, read records including care plans, and observed people during the day.

The people using the service told us they were given choices about their daily routines such as when to get up and go to bed, what to eat and what to do each day. They said staff respected their choices. One person told us they had chosen to have breakfast in bed that day and another that they had got up later than usual as they felt tired. They said staff understood that sometimes they liked to change their usual routines.

People told us that staff were kind and caring and when they needed assistance with anything, staff responded quickly during the day and at night.

People said they were happy with their rooms and said that their rooms were always kept clean. They said the rest of the home was always kept clean and tidy.

People told us that they liked the meals at the home and there was enough choice. They said that if they did not like a meal there was always an alternative and that staff understood their likes and dislikes and made options available for them.

Some of the comments people living at the home made were,

" The food is good and the place is kept clean"

"The food is excellent, remarkably good"

"I chose the home as this one had the right atmosphere, people were chatting to each other and seemed happy"

"They really look after you well "

" The carers are absolutely marvellous but they can be short at weekends"

"The caring is 100%"

" I manage my own medicines and they just check it is all there"

## **What we found about the standards we reviewed and how well Garland House was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider was meeting this standard.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

The people we spoke with told us that they were supported in the ways that they preferred and that staff encouraged them to be as independent as possible. They said staff treated them with respect and dignity and they had opportunities to express their views on the service and to suggest changes to it.

##### Other evidence

We read six peoples' care plans. We saw that people who used the service were helped to understand the care and treatment choices available to them and had been involved in the development of their individual care plans.

People or their representatives had signed their care plans and we saw that people had opportunities to express their views and make decisions about their care and treatment. For instance peoples' preferred times to get up and go to bed, times they liked to have breakfast, where they preferred to take meals and the areas in which they preferred to be independent were clearly recorded.

We saw that care plans were regularly reviewed and that they had been updated if there had been any change to peoples' needs. If there was a temporary change, such as due to illness or following a hospital admission, a temporary revised care plan was

put into place to reflect the changes and staff were required to make sure they read and understood it.

We saw that staff treated people with respect and dignity and respected their privacy. Staff interacted well with people and spent time chatting with them as they were working. When people needed support with personal care this was given discreetly and in private.

People said that the home respected their independence. Some people managed their own medicines and had signed a self medicating agreement. Others told us they were independent with their personal care and went out on their own or with friends or relatives regularly.

Some of the care staff had received Mental Capacity Act training. Staff we spoke with understood what action to take if a person did not have the capacity to make fully informed decisions about significant aspects of their care. Staff explained that if people needed help with decision making their relatives and other representatives were included in the process.

### **Our judgement**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that staff cared for them in the ways they preferred and they were able to make choices about their daily lives.

People said if they needed medical attention the home acted promptly and it supported them with attending medical appointments. They told us that support was given flexibly. A person who had had a fall and needed more help than usual said they preferred to be independent but for a while staff were giving them more help.

People said that if they needed support from other outside agencies the home facilitated this. One person said they benefited from the support of a befriender who visited them.

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##### Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person had their own care plan that had been

developed with them and that gave staff clear information and plenty of detail about how to support them.

We looked at five peoples' care plans. They were written in sections that explained what support people needed throughout the day. There were sections on support needed in the morning, afternoon, evening and at night. The sections included details about support people needed with personal care, medicines, with nutritional needs and meals if relevant, and with activities. There was also information about people's social and emotional needs. The information was up to date and we saw some care plans that had very recently been updated and were waiting to be signed by people.

The home made sure that arrangements were in place to deal with foreseeable emergencies. Individual risk assessments had been prepared for people that identified potential risks to them and ways they could be avoided. Examples of risk assessments were for accessing the community, self medicating and gardening. Individual environmental risk assessments had also been completed.

Health needs were clearly recorded and the home took prompt action about any health concerns. We saw that if a health professional, such as a G.P or district nurse visited the visit was recorded. People were supported to attend medical appointments in the community and any changes to health needs were recorded.

We spoke with a visiting health professional who said, "It is a home I always feel comfortable in" and that staff worked well with them. They said staff worked in the best interests of people, were kind and caring and the home recognised when people needed more support than it could provide and addressed this.

Staff we spoke with knew each person's needs well and understood how to support them. A visitor told us that their relative's health was much improved since they had lived at the home.

The home's activity coordinator was on maternity leave, so at the time of the visit staff were providing activities for people. Information about activities such a gardening club, a forthcoming outing to a place of interest and regular church services were on display. People told us that staff provided activities such as bingo, singing, and quizzes and they chose which to go to. Staff recorded when they had given individual time to people such as talking with them about their experiences, so we could see that people who preferred not to take part in group activities were not left out.

People said the home provided outside entertainers as well as activities that staff organised. Some people were able to go out independently, for instance to church activities, shopping, or to visit friends. People had enjoyed a party to celebrate the Jubilee the day before.

### **Our judgement**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us that they felt safe at the home and that staff supported them safely.

##### Other evidence

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The home had a safeguarding procedure, staff we spoke with told us they knew what to do if they suspected abuse, and were clear about what could constitute abuse. The home had a copy of the Kent and Medway Safeguarding Vulnerable Adults Procedure for staff to refer to.

We looked at the training plan and saw that the staff were provided with safeguarding training and other training that made sure people were kept safe such as manual handling, infection control and first aid and training was regularly updated. Staff were also provided with information about safeguarding during their induction and in the staff handbook.

We observed staff using safe ways of working such as when helping people to mobilise, and when using equipment, cleaning or serving meals.

##### Our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People told us that they liked the staff and that staff were kind and caring. People said that there were enough staff at the home overall and that staff were helpful, welcoming and met their needs well. People spoke highly of the staff and the support they gave them.

Two people said they thought that sometimes the home was short staffed at weekends and this made staff very busy, although it had not impacted on the support they were given personally.

Comments people made included "They are lovely girls and a lovely boss ", "They look after us so well" and "They are very good to you".

##### Other evidence

The home had enough qualified, skilled and experienced staff to meet people's needs. On the day that we visited there were 18 people living at the home. The deputy manager was on duty and there were five other care staff on duty in the morning. We looked at the rota and saw that it reflected the number of staff on duty. Staff told us that sometimes at weekends they could be short staffed, although the home was advertising specifically for weekend carers to overcome this and staff covered when there were gaps. The home did not use agency staff to cover.

We looked at the training plan and saw that staff received the training they needed for

their roles, and that it was renewed when it needed to be. Staff we spoke with confirmed that they attended essential training and courses that increased their knowledge about the needs of the people they cared for, such as dementia and palliative care. They said that if they requested any other additional training it was arranged for them and that their training and development needs were discussed at supervision and appraisal meetings. Senior staff told us they had attended supervision training.

Staff we spoke with said they liked working at the home and that they felt well supported. They said there is little staff turnover and some staff members had worked at the home for a long time, this gave stability to people. Staff demonstrated that they were knowledgeable about people's needs, and they were able to confidently give us good and in depth information about people throughout the visit.

**Our judgement**

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us that they spoke with the manager or staff if they needed to ask about anything and that they were listened to. One person told us that "if there is anything I don't understand staff explain it to me".

People said residents meetings were held and they chose if they wanted to attend. They said they were regularly given surveys asking for their views on the service and consulted about menus. People were also given questionnaires two weeks after they had moved to the home, we saw examples of these showing that staff had been welcoming and had helped people with their anxieties about living in a new environment.

People told us that issues they had raised at residents meetings had been acted upon. For instance changes to the menu and the suggested introduction of different meals.

People said they were consulted about what activities and outings they would like provided.

##### Other evidence

The provider had an effective system to regularly assess and monitor the quality of service that people received. Regular residents meetings took place and people told us that their views about how changes or improvements could be made were acted upon. For instance changes to menus and ideas for activities.

People were also given surveys every six weeks to complete anonymously in which

they could give their views on the service

Staff told us that if they raised ideas for improving the service or concerns at staff meetings they were listened to and where appropriate action was taken.

Internal audits such as of care plans and the environment took place, and we saw that a record was kept that made sure equipment was serviced when it needed to be.

**Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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