Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Garland House

Garland House, 2 Garlinge Road, Southborough, Tunbridge Wells, TN4 0NR

Tel: 01892532707

Date of Inspection: 25 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Davis Care Limited
Registered Manager	Mrs. Jennifer Davis
Overview of the service	Garland House provides accommodation and personal care for up to 20 older people. The home has one shared bedroom, which was being used as a single room at the time of our inspection. Accommodation is provided over three floors and a lift provides access to all floors. The service is located in the town of Southborough, close to local shops and community facilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of our inspection there were 19 people using the service. People told us that they were happy with their care, staff treated them with respect and that their privacy and dignity were maintained. We were told that the staff made sure that people's healthcare needs were responded to and appropriately met, and that staff had a good understanding of people's individual care and support needs. Care records were detailed, contained people's support plans and preferred routines throughout the day and staff were observed to follow these in practice. Risks to people's safety and welfare had been assessed and minimised as far as possible and kept under review. A visiting relative told us that they had never had any concerns, that they were welcomed as a visitor to the service and that "the family are very happy with the home".

All the people we spoke to expressed their satisfaction with the service and the level of support provided, and did not raise any concerns about the quality of care. They also said that they would go the manager or staff if they needed to raise a concern and would feel comfortable in doing so.

Many comments we received were complimentary of the service. One person said "the care is really extraordinary, they think of everything" and another stated that they were "well looked after" and "treated with respect". Another person commented how the staff "get to know people and what they like".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. We saw that when people's care plans were reviewed each month, changes were discussed with people and they were invited to sign their updated care plan.

People expressed their views and were involved in making decisions about their care and treatment. People told us that they could make choices about how they liked to spend their time. We looked at four people's care plans and saw that there was detailed information about people's preferred routines throughout the day. People we spoke to stated that staff respected their wishes and choices, for example, one person told us that they liked their bed made in a certain way and that the staff always ensured that it was made "just as I like it". One person explained their preferred morning routine and how staff support them in this respect. We saw how this was detailed on the care plan for staff to follow. The person commented that the staff "know the individual and what they like".

People told us that they were able to make choices about the times they got up and went to bed; one person explained that they "like to go to bed early and read". People also explained how they were supported to make their food and menu choices in a variety of ways, including questionnaires, residents' meetings and individual discussions. We saw that the weekly menus were displayed in the dining area and a sign also confirmed that fruit, snacks and refreshments were always available between meals if wanted. One visitor to the home explained that he visits regularly each week and is welcomed by the staff and commented that "the family are very happy with the home".

We saw that people were encouraged to maintain their independence as much as possible. Records showed that people's independence had been considered and promoted when planning their care. People were encouraged to do things for themselves and manage their own personal care as much as they could. For example, some people

we spoke to explained how they looked after and administered their own medicines and staff would check that they were managing this safely and provided ongoing support to enable them to remain independent with this aspect of their lives. Another person who had sight impairment, explained how the staff supported them to move safely about the home by holding their hands and guiding them slowly at their own pace and we observed this at various times during the day.

People were offered a variety of trips out and encouraged to maintain links with the local community. The local GP surgery offered a twice weekly "open" surgery for residents who lived in the home, who may wish to attend for any non-urgent health issues.

People's diversity, values and human rights were respected. This is because people we spoke to confirmed that their dignity and privacy were respected and maintained at all times. At the time of of our inspection, everyone had their own bedroom and one person had produced their own sign to put on the outside of their bedroom door, requesting that staff "knock and wait" before entering and we observed staff doing this. In the care plans we saw that specific risk assessments had been put in place to consider and prevent loss of dignity. For example, where someone's mobility had become temporarily reduced and needed the use of a hoist, their risk assessment contained details of how staff should protect the person's dignity when assisted movement and transfers took place. We saw that the home's equality, diversity and dignity statement was displayed on the notice board in the reception area. The staff handbook also contained these statements and further guidance for staff in how to promote equality, diversity and dignity in the home.

We observed that staff knew people well and knew how they preferred to be addressed. Staff spoke with people in a respectful way and were positive about them when they talked to us regarding the support they provided.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four people's care plans and saw that they addressed and supported their needs in a number of areas, including their physical health needs, social and emotional well-being, and personal care needs. We saw how care plans were reviewed and updated on a monthly basis and reflected any changes in people's needs, or in the type and level of support they required. For example, one person had reduced mobility due to a fracture and an interim care plan was in place to instruct staff how to safely undertake moving and transfer practices for this person. A "red alert" system was used to identify changes to a person's care where additional monitoring or interventions were required by staff. We saw some care plans where this had been put in place for people who had become unwell and were taking antibiotic medication and required additional monitoring by staff.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments had been completed to identify risks to the people using the service and were reviewed regularly. For example, individual mobility risk assessments were in place to identify any assistance, aids and equipment people needed to ensure they moved about the home safely and to minimise the risk of falls. One person's care plan contained a catheter care plan detailing the support they needed from the District Nurse and a fluid intake chart put in place when considered necessary to monitor fluids . We saw that risk assessments were in place for those people who self-administered their own medicines, to ensure they took them as prescribed.

People told us that they were happy with the support and care they received in the home and that their health needs were met. They said that they could see a GP or other health professional when they needed to and that the staff would arrange this. We saw records that showed that people's health needs had been responded to appropriately. One person explained that they had been unwell recently and the staff had arranged for the GP to visit very quickly. One person, who had their relative with them at the time of the inspection stated "we think it is excellent, they really do look after me". The relative also told us that the service communicates well and always acted promptly over any health concerns.

There were arrangements in place to deal with foreseeable emergencies, for example, the

manager explained how the home responds when staff are unable to work at short notice and how the rota is adequately covered. Staff are also made aware of how to respond to unplanned events or incidents such as a serious injury or illness and when an emergency response might be necessary. There was also guidance around the home for staff to follow in the event of a fire and staff had received training to deal with this.

We found that people who use the service had a range of needs including physical frailty and sensory impairment. People we spoke to said that staff looked after them well and understood their individual needs. One person commented that "the care is really extraordinary, they think of everything". Other people explained that they only required some or minimal assistance with personal care from the staff and we saw that the support they needed was detailed in their care plans. We saw that staff were aware of people's needs, responded to them quickly and were able to communicate effectively with people according to their individual needs, for example, where some residents had a hearing impairment. One person explained that their hearing-aid needed adjusting and an appointment had been booked for the following week to look into the problem. Another person's records detailed how the district nurse supported their clinical needs. Staff stated that GP visits were undertaken if considered necessary, rather than visit the local surgery.

Consideration was given towards people's social needs, as we saw that individual activities were recorded in care plans, according to people's needs and preferences. A document was used to identify the type of activity, the length of time and with which members of staff the activity had been undertaken. People we spoke to stated that there was "plenty going on" but some people chose not to participate unless it was an activity they really enjoyed. The residents' noticeboard displayed a range of planned activities, including bingo on two days during the week and one person stated that they always go down to the bingo twice weekly, as well as the regular quizzes which they particularly enjoyed. People were offered a variety of trips and visits out and were consulted about what they would prefer to do and where to go. We saw the agenda for the residents' meeting that had been held the previous day and this contained a discussion regarding planned activities and events.

At the time of our inspection, we were told by the manager that there was no one using the service who was being deprived of their liberty and people were free to access all areas of the home as they wished. It was also explained that people were free to choose when they went out and we saw a signing in and out book for them to use. We found that the manager and staff were aware and understood their responsibilities and the requirements of the Deprivation of Liberty Safeguards within the Mental Capacity Act legislation to protect people who may be deprived of their liberty. We saw that care plans contained mental capacity assessments that had been reviewed and updated to reflect people's capacity over time.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

People who use 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. People who use the service told us that they felt safe and that they would feel comfortable and able to speak to the manager or the staff if they had any worries or concerns. We observed staff using safe ways of working, for example, when assisting people to mobilise and move about the home. We saw that the care plans contained detailed risk assessments that were regularly updated and reviewed, according to people's needs.

We spoke to two members of staff, who were both able to confirm that they had completed safeguarding vulnerable adults training. They told us they knew what to do if they suspected abuse, were able to explain the different types of abuse and understood how to respond and how they would report it. Staff had also undertaken a range of other training to understand how to keep people safe, such as moving and handling, infection control and first aid. The training plan for the home was examined and identified that all care staff and some ancillary staff had received training in safeguarding and that the manager had recently arranged for update training to be undertaken for all staff in the coming year. The staff files we looked at all contained safeguarding training certificates.

The home had a staff handbook which contained a detailed safeguarding procedure for staff to follow. This reflected the requirements of the Kent and Medway Multi-agency Safeguarding Vulnerable Adults procedure, setting out how safeguarding alerts or concerns should be referred to the Local Authority. The local procedure also included guidance and prompts for staff in recognising different types of abuse and a flow-chart detailing what staff should do. The handbook also included a whistleblowing procedure and the contact details for the Care Quality Commission so that staff knew where they could report any concerns.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development and were sometimes able to obtain further relevant qualifications. We saw that staff understood people's needs and that they were able to communicate effectively with people and supported people's physical needs in accordance with their individual care plans.

We spoke to two members of staff who had both worked at the home for several years. They both stated that during their employment at the service, they had achieved professional qualifications relevant to their role and that all essential training had been undertaken and updated.

We looked at four staff files and saw that they contained a range of training certificates, which covered essential training courses relevant to their roles within the service, for example, safe moving and handling, infection control, hand hygiene, mental capacity awareness, first aid and safeguarding vulnerable adults. New staff received an induction when joining the service, enabling them to work safely with people living there. Staff were provided with guidance through access to the services' policies and procedures, to ensure they were aware of their roles and responsibilities.

We looked at the training records which were kept on a computer data-base and included all staff who worked in the home. The manager was able to identify the dates when training had been undertaken and track when updates and refresher courses were required and explained that most essential training for care staff would be due again in the coming year.

One member of staff commented that "training is very good - it is outstanding" and stated that if additional training is requested, the provider makes it available.

The staff we spoke to said that they felt well supported by the manager and deputy manager and one commented "I love my job". They also stated that regular staff and team meetings were held. They stated that they had received supervision that they felt was appropriate to help them deliver consistent care, but were unsure of the frequency and when this had last happened. The provider may wish to note that supervision notes showed that staff received infrequent formal supervision.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People we spoke to told us that they had no complaints but knew who to speak to if they wanted to complain. One person said "If I have any concerns I would ask to see the manager" and another told us that they were "content with things as they are". People told us that they had a number of ways in which to have their say in how their care and support was provided, including regular residents' meetings if they wanted to attend.

The manager stated that if complaints or comments were received, these would be addressed appropriately to try to ensure the best possible outcome for the complainant. The management were receptive to comments and concerns and these would be fully investigated and resolved where possible, to people's satisfaction. The manager explained that there were no formal written complaints at the time of the inspection, this was because informal concerns were dealt with immediately as they arose. This meant people could feel confident that any concerns or complaints would be taken seriously and investigated.

All residents were invited to complete six weekly questionnaires which asked people for any views, comments, concerns or changes that they might like to see in the way the home provided their care or support. We looked at a selection of responses received and saw how some of the requests and comments had been followed-up and the agreed written actions taken by the manager. For example, one person using the service had commented that her afternoon cup of tea was not hot enough by the time it arrived in the tea-cup in her room. To resolve this, an individual teapot was provided on a tray and the staff poured the tea for the person in their room.

Regular residents' meetings were also held where issues could be raised and discussed and we observed a suggestion box in the lounge area for people to use if they preferred. A statement setting out the home's complaints procedure was displayed in the reception area and was included in the staff handbook so that all staff were made aware of how and who any complaints or concerns should be reported to.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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