

Garforth Care Homes Ltd

# St Armands Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

St Armand's court is a care home providing personal and nursing care for 35 older people. The service can support up to 40 people.

### People's experience of using the service

We found the provider did not always maintain appropriate or accurate records. We made a recommendation.

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Risk assessments had been completed and were regularly reviewed. Incidents and accidents were managed effectively; lessons were learned to prevent future risks.

There were enough skilled and experienced staff to meet the needs of people who used the service. Staff completed training, supervisions and appraisals.

People were well cared for by staff who treated them with respect and dignity. People were involved in decisions about their care. People's right to privacy was maintained by staff.

People were involved in meal choices and supported to maintain a balanced diet. Health needs were regularly monitored, and staff followed the advice healthcare professionals gave them.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood people's likes, dislikes and preferences and people were offered choices about their care.

A complaints system was in place and complaints were managed effectively. People told us they knew how to complain if needed.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their suggestions were used to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This is the first inspection for this new provider, registered 17 September 2018. The last rating for this service was good (published 21 June 2016). Since this rating was awarded the registered provider of the service has

changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# St Armands Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector 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

St Armand's court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people to ask about their experience of the care provided and three relatives. We spoke with the nominated individual, registered manager and two staff members. We looked at three people's care records and five medicine records. We looked at three staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- People received their medicines as prescribed. We found one example where a person had not received one anti-biotic tablet to treat an infection. We discussed this with the registered manager who said they would investigate this as the stock checks for this had not yet been completed.
- Medicine audits had been carried out to check the medicine management system remained safe. Actions were taken to address any concerns identified. For example, following a stock check it was noted a person was given 100mg rather than 130mg of a tablet. The person was checked with no harm caused and the staff member was suspended from medication administration until their competency had been checked.
- Staff who administered medicines had received up to date medicine training and their competency to administer had been completed.
- Where people were prescribed medicines on an 'as required' basis, protocols contained enough information for staff about the circumstances in which these medicines were to be used.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and one relative said, "It's a very safe environment."
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.

### Assessing risk, safety monitoring and management

- Environmental health and safety checks were carried out and included electrical, gas and fire assessments. However, staff had not carried out a simulated fire evacuation to ensure people could be safely evacuated from the building. People living in the home also said they had not participated in a fire evacuation. We discussed this with the provider who ensured this had been completed by the second day of our inspection.
- People's care plans included risk assessments and staff promoted people's independence and freedom, as well as minimising risks to support their safety.
- People remained safe as risk management plans were reviewed, individualised and contained clear guidance for staff to follow. For example, one person had a coughing incident and was referred to speech and language therapy to prevent potential risk of choking. The team were advised of a specific soft food diet to mitigate the risk and this had been followed by staff.

### Staffing and recruitment

- There were enough staff to meet people's needs. One staff member said, "We have recently increased staffing in the mornings to meet people's needs. Having the additional support on a morning is great. There

is more time with residents. Yes, staffing levels are good. We are now able to do more activities with them."

- People provided mixed views on staffing levels. Comments included, "I don't have to wait too long" and "Through the week (there is enough staff), but its thin on the weekend."
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry.

#### Preventing and controlling infection

- Infection and control audits were carried out to ensure the home was safe at all times.
- The home was clean and tidy. Some areas of the home required re decoration and the provider had a plan in place to address this.
- We observed staff members wearing protective equipment when carrying out personal care or when handling food to prevent cross infection.

#### Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Monthly trends and themes of falls were analysed to show when further input maybe required. For example, people who had multiple falls were referred to the falls team or for physiotherapy to support their mobility.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this registered service under a new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. However, we found some pre-admission forms had not been fully completed.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.
- Care plans instructed staff to offer people choices. For example, one care plan guided staff to ask if the person would prefer a bath or shower. One staff member said, "I always ask people what they want to wear and offer them choices."

Staff support: induction, training, skills and experience

- Staff training was provided which ensured they had enough knowledge to support people and fulfil their role effectively.
- We saw evidence staff members had received individual supervisions and annual appraisals to support their development and identify any training needs. Staff said the provider offered opportunities to obtain qualifications in care.
- Staff told us they were supported by the management team. One staff member told us, "We have regular supervisions. If there is anything you want to ask you can. If the registered manager had an issue they would let us know."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in meal choices and supported to maintain a balanced diet. Comments from people included, "Very very good. I have no complaints about the food" and "If I want anything they always make me something."
- We observed people being offered snacks and drinks throughout the day. This included options such as crisps and apples.
- People were supported to remain healthy and staff arranged appointments for people. We observed staff walking around the home with a doctor to record any changes to people's care, so this could be implemented immediately follow GP visits.
- The registered manager worked closely with healthcare professionals and arranged support for people when it was required. One relative said, "The doctor comes a couple of times a week depending on who needs them."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed staff asked for their views and sought their consent before assisting with care and support. One person said, "Every day staff come in and ask if I require anything."
- Staff were knowledgeable about the MCA. One staff member said, "It's looking at if the person has capacity and if not, they would need to be assessed and asked questions to see if they understand this. If not, we would consider a best interest's decision."
- Some relatives had power of attorney for their family members. However, evidence of this was not always kept within people's files. The registered manager had written to families requesting this information to evidence their legal rights.
- DoLS authorisations had been requested for people when required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this registered service under a new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated kindly by caring staff. Comments included, "Nothing is too much for them (staff)", "Staff are all pretty good" and "The staff are so kind and attentive."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted. Care records contained information about people's life history. For example, one person enjoyed listening to classical and brass bands, playing dominoes and watching coronation street.
- We observed staff showing empathy towards people who were confused. One staff member was seen reassuring a person who was unsure of where they were, and staff calmly explained this was their home. The person then wanted to go to bed and staff explained it was still day time. Staff offered the person a drink and they appeared to be more settled following reassurances from staff.
- Staff told us they always explained to people what they were doing when carrying out care. One staff member said, "I always ask if people are ok with what I am doing."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One staff member said, "If I'm taking a person to the toilet I make sure I wait outside and shut the door. If I'm asking people something personal I make sure people around can't hear the information."
- One staff member said, "If people are wanting to have a private relationship and both have capacity we would give them their privacy."
- Care plans recorded how staff could support people and to maintain their dignity. For example, one person could at times eat independently and wore an apron to protect their clothing.
- Staff were proactive and encouraged people to remain independent. We observed staff supporting a person to stand from their wheelchair and providing positive encouragement to walk with their zimmer frame and explained the importance of moving independently.

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

- People said they were involved in making decisions about their care. The provider carried out quarterly 'Respecting and involving residents forms' which sought feedback from people living in the home and their relatives. One relative commented, '[Name] seems very happy and satisfied with the care she has received.'
- Resident meetings were held. People were asked about the home, preferences for food and activities. One person had requested a cooked breakfast at the weekends and this was facilitated by the provider.
- The registered manager told us that should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

# Is the service responsive?

## Our findings

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

This is the first inspection for this registered service under a new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were created to inform staff of how to support people with their care needs. However, care plans lacked individualised information and were not always person centred. The registered manager said they were planning to add further information to care plans.
- One person had epilepsy. However, there was no care plan in place to direct staff about what signs and symptoms staff should look for to identify when a healthcare professional would be required. We discussed this with the registered manager who said, this was an oversight and would update the care plan.
- People were encouraged to have full control of their lives. Staff observed people's abilities and proactively supported them to enhance their independence.
- People were supported to maintain relationships with their family and friends. One person continued their relationship with a relative abroad by writing letters to them.
- Activities took place within the home. Staff told us about a project called 'oomph' which encouraged people to become active. Staff put on music and we observed people dancing with staff to remain active. We saw people were smiling and engaging in this activity.
- The provider had recently introduced a 'Jolly trolley' which provided games for people to interact with and keep their minds active.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support the person to communicate.
- The registered manager told us information could be provided in different formats, if required.

### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of the care they received. They felt confident any feedback would be managed effectively. One person said, "I would ask to see the manager."
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

#### End of life care and support

- People's wishes and preferences regarding the end of their life were discussed and recorded. Care plans documented people's preferences.
- Staff were supported by relevant healthcare professionals to make sure people had a pain-free, dignified death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this registered service under a new provider. This key question has been rated 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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found the provider did not always maintain appropriate and contemporaneous records.
- Initial assessment records were not always fully completed to reflect people's needs. For example, one form had not recorded a person's mobility needs, historical falls, daily routine or weight. Staff had not signed the form to confirm who carried out the assessment.
- Care plan audits were carried out and actions taken. However, the audits did not always record what had been updated. For example, audits stated 'changed' but did not identify what area of the care plan had been changed.
- Other audits were not always fully completed. Two audits we looked at had not recorded whether people had agreed and signed their care plan.
- We found evidence that people had not signed their care plans when they had capacity to consent to their care.
- We looked at one MAR which had recorded all 21 tablets of an antibiotic had been administered. However, during a stock count one medication was still in the packet therefore only 20 tablets had been given and the records were therefore inaccurate.
- We found one personal evacuation plan (PEEP) which did not reflect a person's current needs and another care file that did not contain a PEEP. The registered manager immediately updated this during the inspection.

We discussed this with the registered manager during our inspection and took immediate action to rectify the above issues. We recommend the provider ensures all records are up to date and accurate.

- The registered manager and the staff we spoke with demonstrated a commitment to providing high-quality care. They placed people using the service at the centre of everything they did. One staff member said, "I look at the residents like they are my own family and that's how I treat them."
- Staff told us they were clear about their roles and were encouraged by the provider to identify areas which required improvement to address and improve care for people. One staff member said, "[Name of the nominated individual] asked us what we wanted when they first took over. We asked for the environment to be homelier. We now have pictures of activities on the walls. This is similar to a home, people have pictures of what they have done."
- Staff told us the team were supported. They said, "[The registered manager] has done exceptionally well. I

can come and speak to them. We all support each other. I think we have a good team."

- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- People told us any concerns raised were managed effectively. The registered manager understood and acted on their duty of candour responsibilities.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

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

- The service had a positive culture that was, open and inclusive. Staff told us they felt supported by the manager, and they were comfortable raising any concerns.
- The registered manager sent newsletters to inform people and their relatives of events happening. For example, the provider was planning a charity event for Halloween and encouraged all people to attend or participate in making decorations for the event.
- Surveys were carried out with relatives and staff to gather their views. One relative had commented, 'The staff and the care [name of person] has received has been excellent. We have every confidence in what you are doing.'
- Surveys for people living in the home had not been carried out. We discussed this with the nominated individual who agreed to implement these.
- The provider had introduced 'golden tickets' which sought to name staff each month who had delivered good care. For example, one staff member came in outside of their normal working day to take a person to see the flying Scotsman and took them to the station to see the train as it passed through the station. This made their day.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links.
- The nominated individual described how they were members of a variety of provider forums and groups to ensure their knowledge was kept up to date.
- The provider had proposed outcomes for the following year to ensure they were keeping up to date with best practice and innovative ideas. They had recently planned to start using a new electronic care planning system.
- The service worked in partnership with people, relatives and healthcare professionals to seek good outcomes for people.