

Sanctuary Care Limited

# Garside House Nursing Home

## 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Garside House Nursing Home is a residential care home that provides personal and nursing care for up to 40 people on three separate floors. At the time of the inspection 18 people were living at the service, including people living with dementia and people receiving care at the end of their lives.

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

People and their relatives were positive about the kind and compassionate nature of the staff team and how they were treated with respect. One relative said, "I'm really impressed with the attention they are getting. All of the staff are kind and professional and I never could imagine that this kind of care could be available."

We observed a range of positive interactions between people and the staff team throughout the inspection, with staff responding appropriately and in a timely manner. There was a calm and homely environment, where staff had a good understanding of people's needs.

Staff had a good understanding of how they needed to support people to help to keep them safe. People's care records were clear about the level of risk or what actions were required to reduce any risks to their safety.

People were supported to access healthcare services and had input from a range of health and social care professionals if their needs changed. A health and social care professional commented positively about the care and support people received, especially when people were at the end stage of their life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they had been well supported throughout the COVID-19 pandemic and the provider worked in line with current government guidelines to reduce the risk of infections. One relative said, "They have kept us updated and explained all the processes. They took it very seriously."

People and their relatives were positive about the management of the service and highlighted the improvements that had been made in the last year. Relatives and staff told us the positive impact this had on the culture and environment in the home.

People were cared for by a dedicated staff team who were sensitive and understanding to people's wellbeing. Staff felt valued and supported to carry out their duties.

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

The last rating for this service was requires improvement (published 27 October 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

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 well-led.

Details are in our well-led findings below.

Good ●

# Garside House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This consisted of two inspectors, a nurse specialist professional advisor 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 service.

#### Service and service type

Garside House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Garside House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second day of the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the previous inspection report and actions plans submitted after the last inspection. We contacted the local authority commissioning and safeguarding teams to support our planning. We used all of this information to plan our inspection.

### During the inspection

We met and had introductions with people who used the service and spoke with four of them in more detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support provided to people across different parts of the day, including mealtimes. We also spoke with two relatives who were visiting during the inspection.

We spoke with 13 staff members. This included the registered manager, a regional manager, the clinical lead, two nurses, five care assistants, the chef, a regional maintenance manager and the housekeeping supervisor.

We asked the manager to share a questionnaire with the staff team to give them an opportunity to give us feedback about their experience of working in the home and heard back from a further five staff members.

We reviewed a range of records. This included nine people's care and medicines records and five staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included incident reports, complaints, quality assurance and health and safety checks and minutes of a range of meetings held across the service.

We sat in and observed the daily team meeting which included the registered manager, nursing staff and the housekeeping supervisor on both days of the inspection.

We carried out observations throughout the inspection in relation to infection prevention and control procedures and staff awareness of best practice.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at samples of staff rotas, call bell checks, policies and procedures and further quality assurance checks.

We spoke with two more relatives over the telephone after the inspection. We also contacted five health and social care professionals who had experience of working with the service and heard back from three of them.

We provided formal feedback to the registered manager and the regional manager via email on 2

September 2022.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider reviewed their guidelines for all 'when required' medicines to ensure all instructions were clear for staff to follow. The provider had made improvements.

- There were systems in place to ensure people's medicines were managed safely and in line with best practice. Staff followed the guidance in place for managing 'when required' medicines for each person and documented the reasons why they had administered these medicines.
- Medicines were stored safely, with accurate records for daily fridge temperatures and controlled drugs. Observations during the inspection showed staff were aware of the correct procedures to follow and people received their medicines as prescribed.
- Staff responsible for administering medicines had received the relevant training and had annual competency assessments to support them in their role. Staff confirmed this and were positive about the level of training and support they received.
- Medicine Administration Records (MAR) contained sufficient information and guidance for each person and MAR charts were completed accurately. There were regular checks in place to identify any concerns and address any shortfalls.

### Assessing risk, safety monitoring and management

- Risks to people's health were assessed upon admission into the home and were reviewed on a regular basis or when people's needs changed. Risk assessments covered skin integrity, falls risks, diabetes, nutritional risks and behaviour that challenged the service. We also saw one person had a smoking risk assessment in place which staff were aware of.
- The registered manager held daily meetings which included the nursing team to discuss any changes in people's health or assessed risks, including any skin or wound issues. The staff team worked closely with a range of health and social care professionals to ensure any possible risks to people's health and wellbeing were reduced.
- Records were clear with guidelines in place for staff to follow to help keep people safe. Staff had a good understanding of the support people needed and could explain in detail how they reduced any possible risks. One health and social care professional told us they were reassured that staff had a good understanding of keeping people safe and had no concerns.
- We saw one minor discrepancy related to repositioning guidelines for one person where there were some gaps in their turning chart records. Despite this, we saw staff worked closely with the tissue viability nurse (TVN) and accurate wound assessments and skin integrity plans were in place, with the wound healing well. We discussed this with the nurse on the unit who said they would remind staff to complete the necessary



record.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures in place with information for staff to follow when making safeguarding referrals or responding to safeguarding concerns. Investigations had been carried out with appropriate action taken, which was shared with the relevant health and social care professionals when any allegations had been raised.
- Staff had a good understanding of their responsibilities, completed safeguarding training and had regular discussions in handovers and team meetings. The registered manager's daily meetings also reviewed any safeguarding issues.
- There were safeguarding posters displayed around the home with details of who to contact if staff felt they could not raise their concerns with the management team. Staff were confident any concerns would be followed up and knew how to escalate them further if needed.
- People told us they felt safe in the home. One person told us they felt it was very secure. A relative said, "I really do feel [family member] is safe and looked after very well."

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were assessed on a monthly basis and rotas were regularly reviewed to ensure there were sufficient numbers of staff across the home. The registered manager told us staffing levels matched current needs but were continually recruiting for when occupancy levels increased.
- Observations throughout the inspection showed there were enough staff on duty to meet people's needs in a timely manner. We reviewed samples of call bell records which showed they were answered without delay. People told us they felt safe because there was enough staff. One person said, "They are very good at coming if I ring my buzzer."
- Staff told us they felt there was enough support to meet people's needs. There were also systems in place to manage staff sickness and short notice absences.
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Appropriate checks and references were obtained at the time of recruitment, with any gaps in employment discussed during the interview process. Disclosure and Barring Service (DBS) checks for staff had also been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service and were discussed during daily meetings to ensure staff were aware of any action that had to be taken. Staff supervisions also gave them the opportunity to discuss things that had gone well and not so well.
- Staff completed incident forms which were reviewed by the registered manager to ensure the appropriate action had been taken. We saw examples of incidents, including medicines errors, that had been discussed across the service in team meetings and supervision to identify any areas of improvement. Staff told us there was a supportive culture around reporting errors which helped their learning.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We saw the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

At our last inspection we identified where some people lacked capacity, there were no records regarding their personal care needs and decisions made to be routinely bathed in bed. We recommended the provider reviewed these elements of people's care plans and follow best practice guidance in this area. The provider had made improvements.

- The management team had a good understanding about their responsibilities when applications were made to deprive people of their liberty. There was a monitoring system in place and the registered manager liaised with the relevant health and social care professionals when following up applications.
- A DoLS tracker was in place for each person with an overview of the current status. This was reviewed on a regular basis to ensure any reapplications were submitted when needed. The registered manager had systems in place to ensure any future conditions were known by the staff team.
- Staff completed MCA training to support them in their role. We saw new staff also discussed the MCA during their induction and staff reflected on where people have capacity to consent and how to support those lacking capacity. Staff had a good understanding of supporting people with capacity issues and ensuring all decisions were made in their best interests, which was also recorded in people's files.

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

- People had assessments before they moved into the service which included information from health and

social care professionals' assessments about people's health and medical conditions.

- We saw, where appropriate, the provider made the necessary referrals to a range of health and social care professionals to ensure people had the correct equipment, such as pressure relieving equipment for those at risk of pressure sores. We saw one person had input from a speech and language therapist (SALT) due to their health condition, which included guidelines for staff to follow.
- A health and social care professional told us the staff team were responsive to following the advice and guidelines they had provided to ensure people's needs were put first. They added, "They are very good at nursing pressure sores and helping them to heal, also dealing with any difficult challenges."

Staff support: induction, training, skills and experience

- People were supported by staff who completed a detailed induction and training programme when they first started in the home. Staff also confirmed they had shadowing opportunities with experienced members of staff as part of their induction to support them in their role.
- All staff were going through or had completed the training programme that was focused around the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff confirmed training included a mix of both practical and online training courses, including a probationary review to discuss their progress.
- Staff had further support via supervision to discuss their roles and if they had any issues or concerns. Staff were positive about their training and supervision and the support they received from the management team. Comments included, "The refresher training was very good. It is regular and I always learn a lot" and "Being a new carer, I had good training and was well supported by my colleagues and the manager."
- Staff told us they also had access to more specialist training related to people's conditions. This included pressure sore awareness, end of life care, catheterisation and how to use an anti-choking device. A catheter is a flexible tube used to empty the bladder and collect urine.

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

- People were supported to eat and drink and any risks associated with people's nutrition and hydration had been assessed and regularly reviewed. The relevant health and social care professionals, such as dietitians and speech and language therapists were involved if staff had any concerns.
- Staff completed food and fluid monitoring charts for people to monitor their intakes, which were regularly checked to ensure people received the right amounts. The registered manager discussed people's fluid intakes during the daily meeting and gave regular reminders for staff to encourage and support people with fluids throughout the day.
- There was information in people's care plans and staff had a good understanding of people's nutritional needs. The chef and kitchen team were aware of those who needed a special diet or those with specific dietary needs. Dietary notification forms were completed upon admission and the chef took time to speak with people and their families to discuss their preferences.
- Improvements had been made since the last inspection regarding choices being offered and people being more involved. We observed choices of meals being offered and people were supported with these choices, with regular encouragement. If people refused, alternative options were offered to ensure people had something to eat and drink.
- Feedback about the food was positive. Comments included, "The food is pretty good" and "Wherever possible they give me choices."

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

- People were supported to access a range of healthcare services and appropriate referrals to a range of

health and social care professionals were made when people's needs changed or their health deteriorated. The GP also visited on a weekly basis, sometimes more regularly if needed.

- The home was further supported with monthly multi-disciplinary team (MDT) meetings, which included the GP, dietitian and the palliative care team to discuss people's needs. The registered manager also had weekly internal clinical meetings to discuss any changes or concerns with people's health.
- Staff had a good understanding of what to do if they noticed any changes in people's health and wellbeing and were aware of the action they had to take in the event of a medical emergency. The management team also discussed people's needs and if there were any changes in health during daily handovers to ensure all staff were aware.
- One person said, "They understand my needs and do call in other professionals if needed." A relative said, "They need constant medical attention and if they need anything, staff respond very quickly. I never expected a home to provide such good care." A health and social care professional added, "I have seen people come in who are unwell and malnourished but settle down after coming to Garside. They are looked after very well."

Adapting service, design, decoration to meet people's needs

- The home was accessible to people who used the service and purpose designed to support people living with a range of health conditions. There was a lift to support people with mobility issues and accessible equipment including specialist baths and ceiling hoists.
- Floor areas were observed to be uncluttered with space for manoeuvring specialist chairs and other mobility aids. Walkways were wide and free from hazards. The home was secure and fire exits were clearly marked.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to 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 were positive about the kind and compassionate attitudes of the whole staff team. Comments included, "The staff are fantastic, I like them very much", "I'm really impressed with this, they make them laugh and have a good relationship" and "You can feel they give this calm and considerate attitude to all, not just to the residents, but us relatives and the staff. The atmosphere has totally changed."
- We observed positive and caring interactions throughout the inspection between people and the staff team. Staff spent time with people providing regular encouragement and showing care and concern for their wellbeing. Staff reacted appropriately and provided reassurance when people became distressed or upset. It was clear to see that people felt comfortable in the presence of staff.
- Where one person felt staff did not treat them well, we discussed this with the registered manager. We saw staff had responded appropriately when dealing with difficult and challenging interactions and had discussed ways to work with the person and improve engagement.
- Staff were aware of the importance of building positive relationships with people and respecting their equality and diversity. We saw team meetings discussed how to be compassionate with people. A relative said, "Staff are very respectful. They don't look up or down at you and they treat everybody with the same respect."

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

- Staff supported people to be involved in making decisions about their care and support. We observed this during the inspection, especially when it came to where they would like to eat their meals.
- Staff had a good understanding of people's needs and could explain how they made sure they were involved as not all people were able to tell us they had been involved in making decisions about their care.
- Where appropriate, relatives confirmed they were involved and were kept updated if there were any changes, especially during times when visiting was restricted due to the COVID-19 pandemic. One relative said, "I have been involved and asked to comment on a revised care plan. We had a lot of discussions around preferred clothes, interests and products they liked. This worked well."

Respecting and promoting people's privacy, dignity and independence

- We observed positive interactions during the inspection. People were offered food in their rooms and supported in a dignified manner. Staff knocked and waited before entering people's rooms and actively encouraged them to be as independent as they wished to be.
- Staff had a good understanding of the importance of this and we saw respect and dignity was covered in the induction and also regularly discussed in supervision and team meetings.

- People were asked during residents' meetings for feedback on how staff interacted and engaged with them to identify if there were areas for improvement. One person said, "They treat me with respect. They are kind to me and always ready to chat."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

### 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.

At our last inspection we identified some people's communication plans did not provide enough information for staff to help them communicate with people where English was not their first language. We recommended the provider reviewed people's communication plans to ensure they contained sufficient information about people's communication preferences. The provider had made improvements.

- People's communication needs were assessed and information about communication preferences and advice for staff were highlighted in their records. Staff had a good understanding of how to effectively communicate with people and we observed positive examples during the inspection.
- Where English was not a first language for people, some staff were able to communicate in their first language to ensure their understanding. If these staff members were not available, staff had basic phrases and also used translation software to help with their understanding.

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

- At the time of the inspection, the home did not have an activities coordinator. With many people being cared for in bed due to their health conditions, group activities proved difficult. We observed minimal one to one activities due to this and at present, was being carried out by the care staff when time allowed.
- We discussed this with the registered manager who acknowledged this and told us the previous activities coordinator had left in June 2022. They had recently recruited a new activities coordinator who was just about to start, which would have a positive impact on the home.
- Staff told us they tried to engage and interact with people as much as possible, when time allowed. One person told us staff were always willing to chat with them throughout the day. Staff felt one area of improvement related to time with people and activities available to them, which they felt the new activities coordinator could develop across the home.
- Relatives were also interested to be involved in liaising with the new activities coordinator to help provide information about their family member's preferences to ensure they could be involved in meaningful engagement and areas of interest. The registered manager was communicating with relatives to ensure they were involved.
- The provider also supported people's religious and cultural needs. We saw people had meal options



available to them to meet their cultural preferences. People were also supported with their religious needs and the provider liaised with the local priest to ensure regular visits took place.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service continued to work on obtaining person centred information about people to ensure staff had a good understanding of people's life histories and how they liked to be supported. Work had been carried out to highlight what was important to people, with one-page profiles with useful information for staff to be aware of.
- Improvements had also been made around staff awareness of people's personal care preferences, especially if they were not able to fully communicate. Relatives were involved and best interest meetings recorded people's preferences.
- Where one person's records lacked some detail about how their dementia diagnosis affected them, the registered manager acknowledged this immediately and updated their records during the inspection. They told us they were regularly discussing with the staff the importance of making sure care records were more person-centred and saw this in samples of team meeting minutes. We also saw staff had regular discussions around how they delivered person-centred care.
- We received extremely positive feedback from two relatives about the person-centred nature of the care their family members received. They highlighted specific small touches that care staff did that had a positive impact on both them and their family member.
- One relative commented on the attention to detail about how one care worker groomed her family member's hair. Another relative told us a staff member had noticed a perfume their family member liked and made it part of their daily routine. They added, "The staff make life bearable for them and it was a lovely touch. I truly believe they know [family member] better than I do now, and they really love them."

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy and this was discussed with people and their relatives upon admission and during residents' and relatives' meetings. We saw the provider acknowledged complaints and where applicable had apologised and taken appropriate action to ensure it had been resolved.
- People and their relatives told us they knew how to make a complaint and would feel comfortable raising any concerns as the registered manager was very approachable. One relative told us any issues they had raised had been addressed. They added, "It was dealt with very calmly and with considerate efficiency. [Registered manager] is very good and does everything to help you. We have seen a lot of improvements."
- Where one person and their relative raised issues with us during the inspection, we discussed this with the registered manager. We saw the registered manager tried to liaise with the person and had involved the relevant professionals as the issues were related to the suitability of the placement, which was under review.

End of life care and support

- There were procedures in place to ensure that people were cared for in a sensitive and dignified way when they were at the end stage of their life. People were encouraged to remain in the home via the provision of specialist equipment and if required, were supported by the GP and the palliative care team from the local hospice.
- There was information in people's care plans about their advanced wishes and how they would like to be supported. Staff had access to training, including specialist training for nurses in end of life care. One care worker told us the training was very beneficial and helped them to be more sensitive to people.
- A health and social care professional told us they felt people were looked after very well at this stage of their life and was very reassured with the staff team. They added, "The nurses are good with this, spotting

any signs and managing final pathways, keeping people comfortable. They take it very seriously."

- We saw samples of cards and compliments from families thanking staff for the support they provided to their family members at the end stage of their life. One compliment stated, 'No words can express thank you enough for all the care given by you and your amazing team.'

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The registered manager was aware of their responsibilities regarding notifiable incidents and had a good understanding of when notifications had to be submitted. There was further support and oversight from the regional manager to ensure any issues were being identified and regulations were being met.
- The registered manager held daily meetings to discuss information about people's needs and any issues within the home. They also carried out daily walkarounds to check in with staff and ensure staff were following best practice.
- Staff told us they were reminded of their key responsibilities that needed to be completed and were monitored by the nursing team and clinical lead. One care worker said, "My team leaders always respond quickly to any questions that I have."
- Staff were also appointed 'champion' roles during their shifts, which included champions in infection control, call bells, fire safety and care record checks. A care worker said, "Everyday somebody is allocated and is on a rota, so we all get to be champion in different areas so are always aware."

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

- People and their relatives were positive about the management of the service and highlighted the improvements that had been made in the home by the registered manager. One person said, "She is a lovely lady. She is always willing to listen and deal with any problems. She does her best to help."
- Comments from relatives included, "[Registered manager] is a saint and is super kind. You can hear it in her voice and she is very generous with her time. It is very impressive" and "The management has very much improved, their methods have changed and I think they are brilliant. We are lucky to have this team."
- During the inspection we observed positive working relationships between staff members. We saw from reviewing meeting minutes, when this had not been the case and there had been tensions amongst some staff, this was discussed to resolve the issue so it did not impact the environment of the home. Staff told us they enjoyed working in the home, despite the ongoing challenges of the pandemic.
- We received positive feedback from staff about the improvements that had been made in the past year and the positive impact it had on the service, for both people and the staff team. Comments included, "She has made changes and taken our points on board which has helped a lot", "Garside House is a great place to work and there is a good work ethic with a friendly environment" and "It's a very good work culture since I've been working here."

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

- People and their relatives had opportunities to give feedback about their experiences of living in the home. There were residents' meetings, along with virtual relatives' meetings. Relatives also told us there had been improved lines of communication. One relative said, "It is good that somebody there is reliable and accountable. They explained things that were working, things that weren't, which was reassuring for me."
- Relatives told us they were kept updated throughout the COVID-19 pandemic despite the restrictions that had been in place at the time. Comments included, "They were very good in lockdown, they went above and beyond" and "They would do a weekly video call with [family member] and even when it was difficult, they never gave up and really tried to engage them."
- The management team had a focus on staff wellbeing and gave staff opportunities to discuss any issues or concerns they had. Staff told us they felt well supported and respected and that their hard work was appreciated. One care worker said, "The service is fair and open. Everybody is treated equally according to their individual needs and we get good advice."

Continuous learning and improving care

- The provider had systems in place to monitor the service to ensure people's needs were met and any areas of improvement were identified.
- There were a range of daily, weekly, monthly and annual audits in place to ensure people were safe and staff completed records in line with best practice. This included people's medicines, finances, staff files, accidents and incidents and infection control.
- There was a range of health and safety and fire safety checks across the home to ensure the building was safe. We saw a minor discrepancy related to the quality of water hygiene records, which the registered manager acknowledged. They said there had been times when staff members had to complete this as they did not have a full-time maintenance person but would address the issue immediately.
- There was further support from the regional manager who had regular input into the home and the monitoring of the service. This included support visits and internal inspections, which were based around the CQC framework. One staff member told us the visits from the regional manager had been very helpful.
- We saw staff had regular opportunities in meetings, individual and group supervisions to discuss where there could be any areas for improvement. Staff told us there were regular reminders, ongoing support through learning and development and an approachable management team to provide advice and guidance.

Working in partnership with others

- The provider worked with a range of health and social care professionals to discuss people's health and wellbeing and ensure their needs were met. This included regular multi-disciplinary team (MDT) meetings.
- Positive feedback from health and social care professionals included, "I have a very positive relationship with them and communication has very much improved. There is a very friendly atmosphere there" and "Over the last two years the relationship has continued to grow and I think we can say that both sides get a rapid response and good level of service."
- The registered manager attended monthly manager meetings with registered managers from the providers other care homes. This was for further support and to discuss any issues across the homes and areas of best practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of making sure they were open and honest with people when they needed to be. Duty of candour was part of their monthly audit cycle

- For example, we saw a person was informed of an incident related to an issue with their medicines, which had been the result of a pharmacy error. We saw this had been discussed with the person, with a duty of candour letter that highlighted the issue and how they were committed to being open when an incident occurred so they could have a shared understanding of what happened to help prevent future incidents.
- A relative told us about an incident they were informed about related to their family member. They added, "They acknowledged the issue, they were open about it, not defensive and did not try to hide anything."