

## Garden House Rest Home Limited

# Garden House

### Inspection report

Garden House Rest Home  
Priestlands  
Sherborne  
Dorset  
DT9 4HN

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10 September 2019

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Tel: 01935813188

### 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

Garden House Rest Home is a residential care home providing personal care for up to 14 older people. Twelve people lived at the home at the time of the inspection.

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

People lived in an extended family atmosphere where they felt safe and well cared for. During the inspection there was a warm atmosphere with lots of chatter, laughter and good-humoured banter.

People received effective care and support from staff who were well trained and competent in their roles. Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the care they required.

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 made choices about their care and support, what they did each day and how they spent their time.

People had close relationships with other people who lived at the home and kept in touch with friends and family.

People were able to take part in activities and follow their interests. People enjoyed a variety of activities, trips out and social events.

People lived in a home which was well managed and had systems to monitor standards of care and ensure on-going improvements. People told us the registered manager, deputy manager and provider were open, honest and approachable and they could raise any issues with them.

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 Good (Report published 13 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led.

Details are in our well-Led findings below.

Good ●

# Garden House

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Garden House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all of this

information to plan our inspection.

During the inspection-

During the inspection we spoke with nine people who lived at the home. We also spoke with four care staff, the deputy manager and the provider. Throughout the day we were able to observe staff interactions with people in the communal areas. We looked at three people's care records and medication records and storage.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe and comfortable at the home. One person told us, "It's very safe. I think the staff are wonderful. They couldn't be more kind to you." Another person said, "I wasn't very safe in my own home, so I moved here. It's very safe here; the staff are lovely. Best decision I ever made."
- The risks of abuse to people were minimised because the provider had a safe recruitment process. This made sure all staff were thoroughly checked before they began work in the home.
- Staff had received training in how to recognise and report abuse, and people had information about this. Staff said they would raise any issues with the registered manager, deputy manager or the provider. They were confident action would be taken to protect people.
- There were sufficient staff to meet people's needs and keep them safe. Some people told us they liked to spend time in their rooms, but staff "Always come in for a chat." People had call bells to enable them to summon help when they required it. One person said "If I press the bell they come quickly. It makes you feel safe knowing there is always someone here."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments to promote their safety. People were able to maintain their independence and risk assessments were carried out where appropriate. For example, one person told us they liked to bath themselves. A risk assessment had been completed to make sure the bath seat they used was well maintained and working properly. Some people had requested not to be checked on during the night and again risk assessments had been completed.
- People lived in a home which was maintained to a safe level. Regular checks were carried on the environment and equipment to minimise risks to people. People had personal evacuation plans in place in case they needed to leave the home in an emergency.
- Any incidents or accidents which occurred at the home were recorded and measures in place to avoid recurrence.

Using medicines safely

- People received their medicines safely from staff who had received training to carry out the task. One person said, "They do my tablets and watch me take them. They order them and make sure they're always there." Another person told us, "They sort out all the tablets. Keen you get the right tablets at the right time."

- Some people were prescribed medicines on an 'as required' basis, such as to control pain. There were protocols in place for when these should be given to promote people's well-being. Records showed these medicines were being administered in accordance with guidelines and not routinely.
- People's medicines were stored safely, including those which required additional security. Staff kept clear records of medicines administered or refused by people. This enabled the effectiveness of prescribed medicines to be monitored.

#### Preventing and controlling infection

- People lived in a clean and fresh environment. One person said, "The staff always keep the home very clean and tidy. You can see yourself it's immaculate and it is always like this." There were appropriate hand washing facilities and staff had access to personal protective equipment such as disposable gloves.
- Staff received training in good infection control practices and there was information for people about good hygiene. This helped to ensure everyone had the information they needed to minimise the risks of the spread of infection.

# 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 good. At this inspection this key question has remained the same.

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; Staff support: induction, training, skills and experience

- People's care plans were up to date and reflective of people's individual needs and choices.
- People said they were supported by a competent, stable staff team who knew them well and knew their preferred routines and needs.
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date.
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences. One person told us, "Staff know what they are doing and do it well." Another person said they thought staff were, "All well trained."

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

- People were very complimentary about the food and drinks provided. Comments included; "They are very good cooks. Meals are always nice" and "Food is very nice. You get a choice and the roast dinner is very good."
- People ate well. At lunch time we observed people were able to make choices about the food they ate and were able to help themselves to vegetables and condiments. Where people required help, staff assisted them in a respectful way. Some people chose to eat in their rooms and staff respected their choice.
- People showed us they each had a copy of the weekly menu. There were choices of meals, but staff were happy to provide alternatives if people asked for them. One person said, "If I don't like what's on the menu I just choose something else. Never, ever a problem. Marvellous really."

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

- People saw healthcare professionals according to their individual needs. One person told us, "The chiropodist comes here. If you need the doctor they come, and they take you to hospital appointments if you need them to."
- Care plans showed people's health was monitored and when people asked to see a healthcare



professional this was followed up by staff.

- People's on-going healthcare needs were met by staff working together with other professionals. One person told us a district nurse visited them twice a week to help them with an on-going issue.

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

- People lived in a homely environment with all accommodation arranged over one floor. This meant all areas of the building were accessible to people with all levels of mobility. Signage helped people identify and find toilet and bathroom areas independently.

- Each person had a single room which they could personalise to their own tastes and needs. One person said, "I have brought some of my own things and some furniture. Just to make it feel a bit more like home, which it does."

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 made decisions about their day to day lives and the care they received. One person said, "I consider myself very independent. I make all of my own decisions. I make my own appointments and keep them all in my diary which I keep to remind me."

- People had their capacity assessed to determine their ability to make decisions. No one who lived at the home needed decisions made in their best interests. One person told us, "I'm pretty independent, but you can chat things through with staff as you do get a bit forgetful. I decide though and understand everything about the care I need."

- At the time of the inspection no one was being cared for under the Deprivation of Liberty Safeguards.

# 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 good. At this inspection this key question has remained the same.

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 lived in a happy, extended family type atmosphere. People had built strong relationships with other people and staff. This created an atmosphere where people cared about each other and enjoyed spending time together. One person told us, "The people who live here are really nice people, so we have a good chat and a laugh, including the staff."
- People told us they were happy and everyone spoken with regarded Garden House as "home."
- People had good relationships with the staff who supported them. One person told us deciding to move into a care home was the most difficult decision they had had to make. They said, "They made it so easy. So friendly and make you want to stay. It's the next best thing to home. I have been very happy here."
- Staff did not wear uniforms which helped to break down barriers between people and staff. One person commented, "They don't look like nurses, more like friends who help."

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

- People told us they were able to make decisions about what they did and the care they received. One person said, "I make all my own decisions, what time to get up, go to bed, what to do in the day, everything."
- Each person had a care plan which was written in an easy to understand way and people were fully involved in reviewing their care. One person told us the deputy manager had visited them before they moved in and they had been involved in their care plan.

Respecting and promoting people's privacy, dignity and independence

- Each person had a room where they were able to spend time in private if they wished to and their privacy was respected.
- People felt valued and respected by staff. Visitors were always made welcome which helped people to keep in touch with friends and family. One person said about staff, "They are so friendly and natural they make everyone feel welcome." One person described how staff had made a special effort to help them when they were visited by a friend. Another person told us staff were always willing to do things for them. One

person said, "You just ask for things and they come." One person said, "They are like family. Nothing is ever too much trouble."

- People's privacy and independence were respected by staff. People told us they valued their independence and liked to do things for themselves as far as they were able. One person said, "You can be independent here. Just tell them if you are going out." Another person said, "I like to look after myself."
- Staff were respectful of people when they assisted them with personal care. One person commented, "They are kind and gentle when they help you get up."

# 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 good. At this inspection this key question has remained the same.

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; End of life care and support

- People received personalised care because each person had a care plan which gave information about their needs and their likes and dislikes. People were involved in and understood their care plans.
- Staff knew people well and how they liked to be supported. This also helped to make sure people received care which was personal to them. People were treated as individuals and were able to follow their own routines. One person said they liked to lay in bed in the mornings but stayed up late at night. Another person said, "I like to go out for a walk each day." Another person said, "You can more or less do what you want."
- People's care was adapted to meet their changing wishes and needs. One person's care plan showed they had chosen not to be checked on during the night. However, when they had been unwell they had requested night checks, and these were put in place.
- People's care plans gave information about the care they would like to receive at the end of their lives. People felt comfortable at the home and said they would be content to remain until the end of their lives. One person said, "They know what my wishes are because I've told them and they have written it down." Another person told us, "I would be comfortable to be here until the end. Unless I needed to have nurses to look after me." Care plans we saw reflected people's end of life wishes.

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.

- All information in the home was provided in formats which supported people to understand their care and wider issues. For example, the home's newsletter, weekly TV and news guide was written in large print to help people with impaired sight.

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

- People had very strong relationships with other people they lived with and often chose to socialise together. One person said, "We do have a laugh. It's a lovely place to live."

- Some people went out on their own. One person told us, "I go out using a taxi twice a week as I'm trying to sort out my home as it's up for sale. I go to the bank as I look after my own money and pop to the shops. I have a mobile phone, so I can keep in touch with people when I'm out."
- People had opportunities to take part in organised activities or follow their own interests. One person said, "We have a list of what is on every week. You can choose to take part or not. We also have a trip out once a month, which is lovely." Several people told us they particularly enjoyed the flower arranging sessions held at the home.
- Some people liked to spend time relaxing quietly at the home. One person told us, "I like my own company. I spend a lot of time in my room, but I'm never bored or lonely. I watch TV, read and I have a lovely view of the garden and I can see all the comings and goings to the home. Couldn't be better."

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

- The provider had a complaints policy and procedure which people were aware of. People were asked if they were happy with their care and encouraged to raise any issues at regular resident's meetings. Where any concerns were raised, these were listened to and improvements made.
- No one had any complaints, but people said they would be comfortable in raising issues by talking with staff or talking about them at resident's meetings. One person said, "Nothing I'm unhappy with. I have a tiny grumble every now and again and it's always sorted out."
- In addition to the formal complaints policy the deputy manager and the provider were very visible in the home which enabled people to discuss any worries at any time.

# 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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had a clear ethos for the care home. They told us they wanted a relaxed, extended family atmosphere. Staff echoed this view and during the inspection we heard a lot of laughter and good-humoured banter. One person said, "I definitely think of it as home." Another person said, "They make it very homely, I feel lucky to be here."
- Staff were very happy in their jobs which helped to create a family type environment for people to live in. One member of staff said, "It's a really lovely, relaxed home. The residents come first here. I would be very happy for any relative of mine to live here."
- The registered manager had been absent for several weeks. The deputy manager (with the support of the provider) was providing day to day management cover. They both led by example to ensure everyone was treated as an individual and their differing and changing needs were met. People described the provider and deputy manager as extremely open and approachable. During the inspection we noted people and staff were very relaxed and comfortable with them.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. The deputy manager and provider were described as very open and easy to talk with.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where the managers and staff felt well supported by the provider. The deputy manager and staff said the provider (who lived on the grounds) was "always" available to discuss issues or seek advice from.
- The provider had systems to monitor standards and ensure people's safety. The provider visited the home regularly to talk with people and staff and to help oversee standards. These systems were able to highlight areas for improvement to promote people's comfort and well-being, such as suggestions for menu choices and trips out being acted upon.
- Staff were well trained. They told us they had regular supervision sessions and an annual appraisal where

they could highlight any learning needs. The deputy manager worked alongside staff providing care, so they could monitor standards and be on hand to offer advice, guidance and support. This helped to make sure people were always cared for by staff who understood their needs and could effectively support them. One member of staff said, "Care is very good here. The residents definitely come first."

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

- The deputy manager and provider were very visible in the home and had an excellent knowledge of the people who lived there. This enabled them to constantly seek people's views and ensure the staff worked in accordance with people's preferences and lifestyle choices.
- People and staff said they were included in decisions made in the home and were able to make suggestions at meetings and at any other time. One person said, "They always ask you if you are happy and we have meetings as well. I've no complaints at all. It's a lovely place to live."
- The provider carried out an annual satisfaction survey to seek people's views. Results of the last survey were positive.

Working in partnership with others

- People lived in a home where staff worked with other professionals and family members to make sure people received the care and support they needed.
- Staff worked with medical professionals to ensure people received any treatment and support they required. People said they saw their GP, community nurses and consultants during hospital appointments. One person said, "I'm under a consultant at the hospital for [an infection] which I picked up after an operation. I see them regularly and follow their advice."