Charis House Limited

Gardenia Court 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Gardenia Court Nursing Home on 26 April 2017. When the service was last inspected in February 2016 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the findings of the inspection in February 2016, we served two Warning Notices in relation to safe care and treatment and nutritional and hydration needs. We returned to Gardenia Court Nursing Home in August 2016 to ensure action had been taken in relation to the two Warning Notices served. The service had achieved compliance with these parts of the regulations during that inspection.

In addition to the Warning Notices, we set requirement actions in relation to the other three breaches of regulations. The provider wrote to us in April 2016 to tell us how they would achieve compliance with these requirements which we reviewed during this inspection. During this comprehensive inspection we found improvements had been made.

Gardenia Court Nursing Home is a care home providing accommodation for up to 29 people, some of whom are living with dementia. During our inspection there were 23 people living in the home. The home is situated close to the sea front in the town of Weston Super Mare.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's care plans lacked some details about specific aspects of their care and support. Where people required pressure reliving mattresses in place to reduce the likelihood of them developing pressure ulcers, the mattresses were not always set at the correct pressure.

People, their relatives and staff said the home was a safe place for people. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored safely and securely.

People were supported by a sufficient number of staff to keep them safe. Risk assessments had been carried out and they contained guidance for staff on protecting people. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People were complimentary about the food provided. Where people required specialised diets these were prepared appropriately.

Staff had enough training to keep people safe and meet their needs. Staff understood people's needs and

provided the care and support they needed. People received support from health and social care professionals.

Staff had built trusting relationships with people. People were happy with the care they received. Staff interactions with people were positive and caring.
There were organised activities and people were able to choose to socialise or spend time alone.

People and their relatives felt able to raise concerns with staff and the manager and were confident they would receive a satisfactory response.

Staff felt well supported by the registered manager and felt there was an open door policy to raise concerns. People and relatives were complimentary about the registered manager and felt the home was well led.

There were systems in place to share information and seek people's views about their care and the running of the home.

There were quality assurance processes in place to monitor care and safety and plan on-going improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who knew how to recognise and report abuse.

People's medicines were administered and stored safely.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

Risks to people were identified and plans were in place to reduce the risks.

Is the service effective?

Good

The service was effective.

People were supported by staff who received enough training to carry out their role.

Where people lacked capacity to make decisions for themselves, processes were in place to protect the person's rights.

People were well supported by health and social care professionals. This made sure they received appropriate care.

People and relatives were complimentary about the food provided.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well.

People were able to make decisions about how they spent their day.

People were supported by staff who understood the importance of privacy and dignity.

Is the service responsive?

Requires Improvement

Some aspects of the service were not fully responsive.

People's care plans lacked some specific details about the support they required.

People had access to a range of activities.

People and their relatives felt able to raise concerns with the registered manager and staff.

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor and improve the quality of the service for people.

People were supported by staff who felt able to approach their managers.

People were supported by staff who were aware of the aims of the service.

Gardenia Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 April 2017 and was unannounced.

The inspection was carried out by one adult social care inspector, a specialist advisor who was a nurse 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people and four relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, the provider, the deputy manager and seven staff including the cook and two activity coordinators. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for people. We also looked at records about the management of the service such as quality audits and four staff personnel files.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in February 2016 we identified that people were at risk of receiving unsafe care because medicines were not always administered safely, staff were unaware of risks relating to people and people had their call bells out of reach. At the focused inspection in August 2016 we found improvements had been made. During this inspection we found the provider had taken action to ensure the improvements had continued.

People had medicines prescribed by their GP to meet their health needs. We observed the medicines round which was completed by the deputy manager, who was also the nurse on duty. We observed the deputy manager ensuring each person had swallowed their medicines before leaving them to ensure the medicines were taken.

Some people were prescribed medicines to be taken 'as and when required', these medicines are known as PRN medicines. We found there were not always clear instructions on how often these medicines should be taken, when they should be taken and what they were taken for. Some of the medicines had instructions on Medicines Administration Records (MARs) about how often they should be used, however others stated 'as required'. This meant there were not clear instructions for staff to follow for administering these medicines. We discussed this with staff who were aware of when to administer the medicines and the registered manager told us they would ensure clear and detailed instructions would be put in place.

People told us they were happy with the way staff supported them with their medicines. One person told us, "My medication is in the office, whenever I need it they deliver it and I take it in front of them. I trust them and I've not missed out on any, they bring it regularly." One person managed their own medicines. We saw there was a risk assessment in place to ensure this practice was safe.

MARs were accurate and up to date. Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home and those returned to the pharmacy. Medicines were stored securely. Suitable arrangements were in place for medicines, which needed additional security. We checked the stock of three medicines against the records and found they were accurate. Records for these medicines were checked regularly and showed they were looked after safely. Records confirmed medicines were checked by the registered manager to ensure they were being managed safely.

The nurses received medicine administration training and had a competency check before they were able to give medicines to people. The registered manager completed on-going competency checks on the nurses to ensure they remained competent to administer medicines.

There were risk assessments relating to the running of the service and people's individual care. They gave information about how risks were minimised to ensure people remained safe. Assessments covered areas where people or others could be at risk such as moving and handling, risk of falls, risks of malnutrition and risk of pressure ulceration. People had risk assessments for the use of bedrails on their beds to assess the risk of entrapment. We however, found one person's bed had a large gap between the end of their mattress

and foot of the bed which increased the risk of entrapment. The person had recently moved into the home. We discussed this with the registered manager who took immediate action to rectify this.

People had call bell pendants on them to enable them to summon staff support if needed. There were plans in place for emergency situations. People had their own plans if they needed to be evacuated in the event of a fire. Staff were aware of the risks relating to people and the measures in place to reduce them.
People told us they felt safe at Gardenia Court Nursing Home. One person told us, "I feel safe here, there's no bullying, and I wouldn't be here five minutes if there was." Relatives also told us they had no concerns about the safety of their family members. Each thought it was a safe place. One relative told us, "I feel [name of relative] safe here. Safer than they were when they were at home."

Staff also felt people were safe living in the home. One staff member said, "People are safe here, we look after all their needs." Another commented, "People are very safe." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the police, local authority and the Care Quality Commission. One staff member said, "I would report it and I'm confident the manager would act immediately." The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "If I needed to whistle blow I definitely would." This meant people were supported by staff who knew how recognise and report abuse.

People were supported by sufficient number of staff to keep them safe. People told us they were supported by enough staff to meet their needs. One person commented, "When I push my bell they come within five minutes I never have to wait long." Relatives also told us there were enough staff available to meet people's needs. Two separate relatives told us, "I feel there are enough staff." Another commented, "There's always plenty of staff around when we come."
Staff also told us they thought there were enough staff available to meet people's needs. One staff member said, "There are enough staff." Another commented, "Staffing is fine here."

During our inspection we observed there were enough staff available to respond to people's needs and call bells were answered promptly. We looked at the staff records and discussed staffing levels with the registered manager. They told us that staffing levels were based on people's individual needs. They explained to us a tool they used to determine the support level of each person and their staffing levels were based around this. The registered manager confirmed their staffing levels with us. We looked at the staff rota for four weeks and saw staffing levels were consistently within the agreed levels. This meant people were supported by safe staffing levels.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

Health and safety checks were carried out in the home to ensure the environment remained safe. These checks included checks on the fire systems, the call bells, window restrictors, people's beds, electrical equipment and water temperatures. We found some of the checks on the water systems were not being

recorded. The registered manager told us they would ensure these would be recorded when they were completed.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in February 2016 we found people's rights were not fully protected because the correct procedures were not being followed where people lacked capacity to make decisions for themselves. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. At this inspection we found the provider had made some improvements. For example, they were assessing people's capacity to make specific decisions, however they were not documenting where best interest decisions had been made.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the 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.

We found where people lacked capacity to make specific decisions for themselves, such as having bedrails in place, the registered manager had assessed the persons capacity in line with the MCA. However, there was not always documented evidence of the decision made being in the persons best interest. Where people are assessed as lacking capacity to make specific decisions, a discussion is held with relevant parties, such as relatives, staff and health professionals to decide if the decision made is in the person's best interest. The best interest decision should be documented in the persons care records. We discussed this with the registered manager who told us they were in the process of liaising with relatives to find out if they had any legal authority to make decisions about aspects of their family members care. Records confirmed this. They also told us they would be completing best interest documentation for any of the decisions made. We found where people had bed rails in place these were not unnecessarily restricting people. We also found where people were able to give their consent this was recorded in their care records.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS which had recently expired and the registered manager had reapplied for authorisation. The registered manager had also made five further applications to the local authority and they were waiting for their response. This meant people's rights were being protected.

At our last comprehensive inspection in February 2016 we found there were not effective systems in place to support people who were at risk of dehydration or malnutrition to receive enough fluid or food. At the focused inspection in August 2016 we found improvements had been made. During this inspection we found the provider had taken action to ensure the improvements had continued.

For example, people who were at risk of malnutrition were assessed and monitored by staff and people were

receiving nutritional drinks to support them to maintain good nutrition where required.

We observed people had access to drinks and snacks in the communal areas and in their bedrooms. We observed staff encouraging people to have drinks throughout the inspection to ensure they remained sufficiently hydrated.

People told us they were happy with the food provided. One person told us, "Someone comes around with a menu every morning and you make your choice. The food is good, two choices every day, cereals for breakfast and a hot lunch and sandwiches in the evening. The menu varies regularly. You can have a salad if you want something different. There's plenty of meat and veg. There is fruit in the lounges too." A relative commented, "The food looks appetising."

There was a four weekly rolling menu with two hot meal options available each day. We spoke with the cook who told us if someone wanted something different on the day they would offer different choices. The cook demonstrated knowledge of people's likes and dislikes and dietary needs and they had a list of these available in the kitchen. People confirmed staff were aware of their dislikes commenting, "I never eat fish, so they know that, and they never serve me fish" and "They know I don't like butter and they make sure I don't have it on my sandwiches."

The cook had access to information where people had lost weight in order to provide more calorific meals. Guidelines were in place to ensure people received a diet in line with their needs and staff were following these. This meant people's preferences and dietary needs were considered.

At our last comprehensive inspection in February 2016 we found people were not supported to have an inclusive lunchtime experience. The mealtime experience for people was not calm and organised. Following the inspection we recommended the provider sought guidance on how to support people living with dementia and provide them with opportunities to enjoy a sociable meal time experience.

During this inspection we found improvements had been made. There was a calm and relaxed atmosphere in the dining room during lunchtime. People had access to drinks including a glass of sherry if they wished and there were condiments available on the table. People who required support with eating their meal were assisted by staff in a discreet and unhurried way.

During our last comprehensive inspection in February 2016 we found people were at risk of receiving ineffective support because there were no systems in place to check that the nurses met professional standards that are a condition of their ability to practice. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. During this inspection we found improvements had been made.

Nurses are required to register with the nursing and midwifery council and are issued with a number called a Pin. The Pin is proof of their registration and entitlement to practice as a nurse. Employers are responsible for checking their employees are registered to work as a nurse and must regularly check their registration status throughout the time they are employed. During this inspection we found improvements had been made. The registered manager had a list of the nurses Pins and their expiry dates to ensure they remained registered to practice. We saw all the nurses Pins were in date.

Staff received a range of training to meet people's needs and keep them safe. New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support the people who lived in the home. The registered manager told us they were planning on linking

their induction to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. They said they were planning on introducing this from May 2017.

Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member commented, "It was over four weeks, they checked how you were getting on. It was nice to get all of the information about people and their routines, very helpful."

Staff described the training provided as, "Good" and "Good at giving you additional knowledge." They felt had enough training to keep people safe and meet their needs and they were able to request any further training they needed with the registered manager. One staff member commented, "There is loads of training, they put it up on the board and you let them know if you want to do it. We are always having updates."

All staff received basic training such as first aid, fire safety, equality and diversity, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as nutrition and hydration. We looked at the provider's training records which identified some staff required updated training in MCA training. We discussed this with the registered manager who confirmed the staff who required the training were non care staff, they also confirmed they had dates booked for these staff to attend the training.

Staff told us they had formal supervision (a meeting with their line manager to discuss their work) to support them in their professional development every six to eight weeks and they felt supported by the registered manager and the nurses. They told us supervision gave them an opportunity to discuss their performance and identify any further training they required. One staff member told us, "Supervisions are ok, we talk about training and policies, they ask of you are ok. The manager and deputy manager are very good and open." Another commented, "They are very good, they ask you how you are and feedback on your performance to make sure they are happy on your standard of work." This meant people were supported by staff who received support from their managers.

People's health care was supported by staff and by other health professionals. One person told us, "They organise the doctors' appointments for me. The dentist, they arranged that for me and all the transport and a chiropodist comes around regularly." Another commented, "The manageress will bring the doctor in if I need it. The opticians come and do an eye test regularly." This person went on to say they had not had a recent dentist appointment, commenting, "No, they've not organised anything for that. I don't know when I last went." We discussed this with the registered manager who told us people or their families usually arranged for dentist appointments to be made. They explained when people needed dental treatment they had supported people and their families to arrange this.

Relative's told us they were happy with the support the home offered with health appointments and they were kept up to date with the outcome of any appointments. One relative told us, "When [name of relative] had to go to hospital, the staff arranged it all and somebody went with them." Another commented, "They keep me informed, tell me or phone me if they've got the doctor coming in for something and they always tell me what the doctor said."

People's care records showed referrals had been made to appropriate health professionals when required. When a person had not been well, we saw that the relevant healthcare professional had been contacted to review their condition. This meant people's healthcare needs were being met.

Good

Is the service caring?

Our findings

People told us the staff at Gardenia Court Nursing Home were kind and caring. Comments included, "Staff here are alright" and "All the staff treat me well." Relatives also commented positively about the staff comments included, "Staff are very pleasant and look after [name of relative] lovely", "Every single one of them are really nice I think she's cared for very well" and "They're [the staff] very caring."

Throughout our inspection we observed staff interacting with people who lived at the home in a kind and caring way. There was a good relaxed rapport between people and staff.

People thought staff knew them well. One person said, "The staff are all the same that have been here a while and they know me well." Another commented, "They know me well and I know them."
Staff talked positively about people and demonstrated they knew people well. One staff member told us, "We know people well; their likes and dislikes, but we ask them what they want daily as we know they can change their minds." Another commented, "We are here to support people and give them the best care we can, we know people well. I spend time chatting to [name of person] she is lovely. We treat everyone the same here." This meant people had developed positive relationships with the staff.

People had 'personal profile' documents that were completed by themselves or their family members. The profiles included personal information relating to the person's life history including their previous occupations and family details. Information such as this is important when supporting people who might have dementia or memory loss. The staff we spoke with had an awareness of this information.

People told us they were treated with dignity and respect. One person told us, "They help me, and yes I think they respect my privacy and dignity." Another commented, "They treat me respectfully and I respect them."

We observed staff treating people with dignity and respect. For example, ensuring they were on the same eye level as people when they were talking to them and knocking on bedroom doors before entering. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and explaining what they were doing. One staff member told us, "I treat people like I would want my parents to be treated." Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others. All records relating to people were stored securely. This meant people were supported by staff who understood the importance of respecting people's privacy and dignity.

People chose what they wanted to do and how and where to spend their time. Some people chose to stay in their rooms; others chose to spend time in the lounges. One person told us, "I go to bed about 8pm. I could stay up later if I wanted to but that's my routine." Other comments included, "I can do what I want in the home. I prefer to stay in my room. I just got used to it. I could go to the lounge if I wanted" and "I go to the shop around the corner on my own. I have my own bank card to pay for my papers and buy a few items and snacks. I just let them know I'm going and when I'm back. I do my own cleaning too. The cleaner does the bathroom and floor but I do most of the rest. I'm happy doing my little bit here."

We looked through a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included, "We cannot thank the staff enough for all the care [name] received" and "Thank you for taking care of [name] and always being kind and caring."

People's visitors and relatives could visit at any time and they were made to feel welcome. One relative told us, "We're like one of the family." During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was in the building in case of an emergency.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive in February 2016 we found people's care plans lacked information around how staff supported people. During this inspection we found the care plans were still missing information and needed some improvements.

Each person had a care and support plan that included details about how they liked to be supported. We found however some parts of the care plans lacked specific details about people's care and treatment. For example, one person received oxygen via nasal tubes, whilst there was a risk assessment in place for the use of oxygen there was no specific care plan for this aspect of their care including the requirement for regular oral care. We discussed this with the registered manager who told us they would put measures in place immediately to ensure the person received regular oral care and this would be recorded by the staff.

We also found where people received support in their beds and had pressure relieving mattresses in place, not all of the mattresses were set at the correct pressure for the person's weight. Pressure mattresses prevent the risk of people developing pressure ulcers. We looked at the mattress settings and noted four were not set at the correct pressure. This meant there was not an effective systems in place to identify this as a risk. The nurse rectified this straight away and the registered manager told us they would ensure there was a system in place to regularly check the mattress setting. Two people living in the home had pressure ulcers, we found these minor and were being managed appropriately.

We discussed the mattress settings with the registered manager who arranged for the pressure to be checked and altered to reflect the correct pressure. They told us they would ensure this would be checked regularly by the staff to ensure they remained accurate. Care plans included instructions for staff to support people who required support to be repositioned in their beds and staff were aware of how often they should be completing this to prevent the risk of pressure ulcers.
People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. The service was in the process of transferring the care plans to an electronic system and most of the information relating to people and their support needs had been transferred. Staff told us they thought the electronic systems would be "Much easier and helpful."

People and their relatives were involved in developing the care plans. The registered manager told us people and their relatives were consulted when the care plans were being created. One relative told us, "They've been very responsive" when describing how they had discussed their family member's support with staff. Another relative commented, "[Name of relative] is doing very well and they don't mind me asking any questions." We saw care plans were signed by people and their representatives to acknowledge their agreement.

One relative told us they had not been involved in a care plan review recently commenting, "I've not reviewed the care plan yet. I don't know how often it's supposed to be done." We discussed this with the registered manager who demonstrated they were in the process of arranging for care plans to be reviewed

with people and their relatives. The provider's PIR stated 'Regular reviews will take place with the residents and relatives of the care plans' as one of their areas for planned improvements.
People told us they had the opportunity to take part in the activities within the home if they wanted to. Comments included; "A person comes to sing on Tuesdays and she comes to my room and we sometimes play pontoon", "I have my own TV so I can sit in here and watch it and I leave my door open" and "I've been a gardener all my life and they know I like to sit outside a lot. I go out there every day whenever I want."

There were a range of activities available in the afternoon for people to participate in. We saw the events weekly timetable and this included; external entertainers arranging reminiscing sing-a-longs, an aromatherapy massage and arts and crafts.

There was also an in house activities coordinator who worked for a hour each day in the afternoon during weekdays. They told us how they varied the activities daily depending on who was present in the lounge. They also told us they visited people in their rooms to spend time with them on a one to one basis. They said they tailored these sessions to meet the needs of the individual.

The home arranged events, raffles and themed parties for Christmas, Easter and summer fetes. Ministers from the local churches also attended the home to enable people to follow their spiritual beliefs. This meant people were supported to engage in a range of activities to meet their needs and preferences.
People and their relatives said they would feel comfortable raising a concern if they needed to. One person told us, "I'd see the manageress who is in charge." One relative said, "I'm very happy with it here. If I had any concerns I'd just go and see [name of manager]." Another commented, "If I had any issues I'd go to the office and talk it through with them, they're quite amenable."

There had been five formal complaints received by the service in the past year. Records demonstrated complaints were responded to and action was taken to rectify issues where concerns were raised. For example, where a relative had raised a concern about the personal care their family member received, we saw this had been raised with the staff member involved to ensure their practice improved.

Residents and relatives meetings were held to discuss topics relating to the home and for people to give their feedback. People told us they were not sure how often these meetings were held. One person told us, "I don't think there are any resident meetings, at least not regularly." Records demonstrated meetings were held three monthly and they covered items such as activities and staffing levels. We saw people were given the opportunity to raise any concerns or comments about the home and the last meeting in January 2017 no one raised any concerns.

Surveys were undertaken to receive feedback on the service twice yearly. The survey forms were also on display at the entrance of the home for people and relatives to complete at any time. The survey included people's and relatives views on the quality of care, response to call bells, activities, how concerns were dealt with, laundry and the décor of the home. Feedback from the survey in 2016 identified people would like to see staff in uniforms and for there to be easier access to items to stimulate and occupy people. We noted action had been taken in response to these comments. This meant people and their relatives were able to express their views and be involved in the running of the home.

Good

Is the service well-led?

Our findings

At the last inspection in February 2016 we found the systems in place designed to monitor the quality of the service were not fully effective. They did not always identify improvements needed within the service. At this latest inspection we found improvements had been made. There were a range of audits carried out by the registered manager. These covered areas such as; medicines, care plans, the environment, health and safety checks and infection control. These audits had identified shortfalls in the service and the action required to remedy them. The care plan audit did not identify there were a few areas of the care plans that were lacking specific information. The registered manager was going to review these to update them.

The registered manager had worked at the home for a number of years. They were a registered nurse and they kept their skills and knowledge up to date by on-going training. They also told us they attended the local authority provider forums with the provider to keep themselves up to date with any changes and new initiatives. The registered manager was supported in the home by a deputy manager.

People and relatives spoke highly of the registered manager and how the home was being managed. One person said, "It's a good home." Comments from relatives included, "[Name of registered manager] does a good job and runs it well " and "[Name of registered manager] is excellent, very caring. I'd go to them if I had anything to raise."

All staff spoken with liked and respected the registered manager. One staff member said, "They are brilliant, they are always willing to help out and have time to speak to the residents and staff." Another commented, "[Name of registered manager] is fantastic, really good, they are always willing to help us." The registered manager told us they promoted an open door policy for staff to approach them. They said they also worked alongside staff to support their development and ensure they were working in line with best practice, staff confirmed this.

The registered manager and deputy manager completed a daily 'walk around' the home to check people were happy, being supported appropriately and had any required items in place. This included; call bells, drinks and TV remote controls. We saw records of observations the registered manager had undertaken with staff to support them with their learning and development. This gave them an insight into how people's care needs were being met and the on-going support and training staff needed.

Staff commented positively about the team culture at Gardenia Court Nursing Home. Comments included; "They're a lovely bunch of staff to work with", "I am very happy to work here, we are well supported and like one big family" and "We work very well as a team, we all get on." This meant people were supported by staff who were motivated and positive about their work.

The key aims of the service were described in the home's statement of purpose. One of the service's key aims was to "We aim to provide the best possible care at all times." Another identified aim was, "To promote continuity and familiarity for our residents delivering care in a relaxed manner." Staff told us the vision for the service was, "To create a home from home, for people to be comfortable, to relax and have assistance

with their needs" and "To provide good care, the best care we can." This meant staff were aware of and shared the vision for the service.

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "We can talk about anything, the residents; they ask us if we have any problems. We talk about how we can improve and the good things we have done. They are very open and I feel listened to." Another staff member said, "You can speak up and are listened to." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to. Meeting minutes demonstrated areas covered in the meetings included; staff completing people's records, training, teamwork, whistleblowing and health and safety. The provider stated in their PIR 'We are starting a monthly policy and procedure sign off sheet where the staff read the chosen policy and procedure for that month and sign to confirm understanding. This will help staff to be more aware of the policies and procedures in place.' We saw evidence of this being completed in staff meeting minutes.

All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. The home had notified the Care Quality Commission of all significant events such as deaths and serious injuries which had occurred in line with their legal responsibilities. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service and ensure the correct action had been taken.