Care Quality Commission

Countrywide Care Homes (2) Limited

Garden Hill Care Centre

Inspection report

32 St Michaels Avenue
South Shields
Tyne and Wear
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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?	Outstanding

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We carried out this unannounced inspection on 9 July 2014. The previous inspection was in August 2013. There were no breaches of legal requirements identified at the last inspection.

During the visit, we spoke with 16 people living at the home, seven relatives, one nurse, four care staff, the registered manager and the quality assurance manager. We also spoke with housekeeping, catering and activity staff.

Garden Hill Care Centre provides accommodation and nursing care for up to 40 people who have nursing or dementia care needs. There were 37 people living at the home when we visited.

Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were positive about the service they received. People felt safe and felt included in decisions about their care. Staff were vetted before they could work here to make sure they were suitable. All the people and visitors we spoke with said they felt there were sufficient staff on duty to meet their needs.

The registered manager understood the Mental Capacity Act (MCA) 2005 for people who lacked capacity to make a decision. People's safety was protected without compromising their rights to lead an independent lifestyle.

People's health care needs were continually assessed, and their care was planned and delivered in a consistent way. Staff were knowledgeable about people's individual care needs. People were supported to eat and drink enough to meet their nutrition and hydration needs.

People told us they felt their privacy and dignity was respected. Staff were respectful of people's diverse needs.

People told us that their individual wishes for care and support were taken into account. People told us they had choice and control over their individual preferred lifestyles.

People were able to take part in a wide range of activities in the home and out in the community. The daily activities included group events and others that met people's individual interests. These included quizzes, games, gardening and trips out. Staff and relatives had formed a ukelele band to entertain the people who lived there.

Staff had relevant training and supervision to care for people in the right way. Staff received induction when they started work which included the philosophy of care of this home.

People were asked for their views about the home and these were used to improve the service. People had information about how to make a complaint or comment and these were acted upon. The provider and registered manager monitored the quality and safety of the care service in an effective way.

Summary of findings

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. Staff knew how to recognise and respond to abuse in the right way. People said they felt "safe" living at the home and with the staff who supported them. People or their relatives were involved in the decisions about their care.

Staff understood procedures in relation to Deprivation of Liberty Safeguards (DoLS) which made sure people were not restricted unnecessarily, unless it was in their best interests.

The home made sure people's safety was protected without compromising their rights. There were sufficient staff to meet people's needs. The home only employed staff who had been vetted to make sure they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective. People received care from staff who had relevant training to meet their individual needs. Staff felt equipped and supported to care for the people who lived at the home.

People enjoyed the care home's food and had a choice about what and where to eat. People were supported to eat or drink enough, and staff worked closely with dietitians and a visiting GP to make sure people's nutritional health was maintained.

Is the service caring?

Good

The service was caring. We observed that staff were kind and compassionate. People were positive about the care they received.

Staff understood and acted on people's individual preferences of how they wanted to be cared for and respected their dignity. People's privacy and independence were promoted.

Is the service responsive?

Good

The service was responsive. People's care records showed the most up-to-date information about their individual needs, preferences and risks to their well-being. People, and/or their relatives, had been involved in agreeing their individual plans of care. People's care records were written in a clear and detailed way so that all staff could understand how to support each person.

Staff communicated with the relevant health professionals to make sure people received the right care to support any change in their needs.

The service dealt with complaints that had been made. People knew how to make a complaint or raise a concern. People told us that they were able to make everyday choices. There were meaningful activities for people to participate in, either individually or in groups, to meet their social care needs.

Summary of findings

Is the service well-led?

The service was well led. People were asked for their views and suggestions, and these were acted upon. People felt there was an open, welcoming and approachable culture within the home. People, visitors and external health agencies were very positive about the way the service was run.

People's safety was monitored and systems for checking the quality of the care service were effective. Staff said they felt well supported by senior staff and the registered manager.

The provider had memberships with other organisations to make sure its service was up to date with national best practice standards.

Outstanding 

Garden Hill Care Centre

Detailed findings

Background to this inspection

During this inspection we spoke with 16 people living at Garden Hill Care Centre and seven relatives. We also spoke with staff including the registered manager, a quality assurance manager, a nurse, four care staff, two housekeeping staff, two catering staff and an activity co-ordinator. We observed care and support in the communal areas and looked around the premises. We viewed a range of records about people's care and how the home was managed. These included the care records for six people and the recruitment records for four staff members.

The inspection team consisted of an Adult Social Care inspector, a second inspector and an Expert by Experience who had experience of older people's care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We joined people for a lunchtime meal in the two dining rooms to help us understand how well people were cared for.

Before our inspection we checked all the information we held about the service. We reviewed the 'provider information return' which was a document completed by the provider in June 2014 giving information about the home. We contacted the commissioners of the service and the local heathwatch group to obtain their views. Before, during and after the inspection we asked a range of health and social care professionals for their views about the service provided at this home. These included a GP, a dietitian, a care manager and a speech and language therapist.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People said they felt "safe" living at the home and with the staff who supported them. One person said they felt "happier knowing there was always someone around to help". Another person told us, "I've been in three care homes and this is the best." A relative who was visiting the home said they were "happy with the care provided" and had "peace of mind".

Staff had a good understanding of how to respond to safeguarding concerns. Staff told us, and records confirmed, that they had recently received training in safeguarding vulnerable adults. We spoke with five members of staff who were able to tell us how they would respond to allegations or incidents of abuse. Staff also knew the lines of reporting in the organisation. Staff commented, "We are here to protect residents" and "we have a duty of care to them".

We saw evidence that the registered manager had notified the local authority, and CQC, of any safeguarding incidents and had taken appropriate action to protect people. A care manager from the local authority told us, "I have had no issues or concerns about this home. I have had no issues or concerns raised by clients or their families. The home manager recently contacted us with concerns about another service and took the correct action to safeguard the person."

A speech and language therapist who visited the home regularly told us, "I have no concerns about people's safety. I've never heard staff approach people in the wrong way."

The home was following the Mental Capacity Act 2005 (MCA) for people who lacked capacity to make a decision. MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure that any decisions are made in their 'best interests'. This was clearly recorded in assessments in people's care files, and included the input of relevant health care professionals. For example, we saw an MCA assessment and recorded 'best interest' decision for one person who needed specific support with their nutritional needs.

The registered manager was aware of a recent court decision about safeguards to make sure people were not restricted unnecessarily, unless it was in their best interests. These are called Deprivation of Liberty Safeguards (DoLS). At the time of this inspection there were no deprivation of liberty authorisations for anyone living at this home. Some people needed physical assistance to go out safely and people told us they were supported to go out when they requested. The registered manager had recently attended updated local authority training in DoLS. There were plans in place for all staff to attend the new training in the near future. This meant the home was working collaboratively with the local authority to ensure people's best interests were protected without compromising their rights.

Risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for six people who were using the service. Each person had up-to-date risk assessments that were relevant to their individual needs. For example, these included risk assessments about falls, pressure wounds and mobility. The assessments included management plans about how to reduce the potential risks to the person. The assessments were reviewed monthly or more frequently if people's needs changed.

All the people and visitors we spoke with said they felt there were sufficient staff on duty to meet their needs. Staff told us the service was safe and that there were enough staff on duty to support people with their needs. We observed that call alarms were answered promptly. When two care workers were needed to support people staff sought assistance straight away. There was a visible staff presence throughout the home. This meant staff could support and supervise people whenever needed.

The registered manager described the staffing tool used by the organisation which calculated the minimum staffing levels based on people's physical, personal care and health needs. The registered manager also took into account the three floors of accommodation when planning the staffing rota. She said that she always made sure there were at least two nurses on duty through the day because people's needs meant they required this level of nursing support.

On the day of our visit there were two nurses on duty and six care workers. Staff rotas for the past month showed this was the typical staffing complement. This meant there were two care workers on each of the three floors. The nurses worked alongside the care workers for the first hour of every shift to check whether people's health needs had

Good

Is the service safe?

changed and whether they needed any additional support. Staff told us there were handovers at the start of every shift and that they were informed of any changes in people's needs and requirements.

The home had vacancies for nursing staff. The registered manager commented that new nursing staff were being recruited. There were occasions when the registered manager, who was a qualified nurse, carried out some shifts. At other times existing staff covered any gaps in the duty rota. There had been a small number of occasions when the home had used agency nurses to cover holidays and training events. The registered manager demonstrated that the same agency staff members were requested. This meant they could become familiar with the home and people's needs.

We looked at recruitment records for four staff members and spoke with staff about their recruitment experiences. We found that recruitment practices were safe and that relevant checks had been completed before staff worked at the home. Staff told us, and records confirmed, that they had completed an application and had a formal interview as part of their recruitment. The provider had obtained references from previous employers and checked with the disclosure and barring service before employing any new member of staff. This meant that people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

Good

Is the service effective?

Our findings

Each person at the home had individual care plans which set out their specific needs and how they wanted to be supported. People's care plans included risk assessments for pressure care, falls, personal safety, mobility and nutrition. Records showed that people were supported to access healthcare professionals about their health needs, such as GPs, physiotherapists, chiropodists, opticians and dentists.

We spoke with a GP, a dietitian and a speech and language therapist. They told us the home was effective in meeting people's health care needs. A GP who was partnered with the home and visited weekly said, "It's a good home. They do palliative care very well, as well as general nutritional needs. There are no unnecessary admissions to hospital. I can go to people's notes and find everything I need." A dietitian told us, **"**I have found the nursing home responsive and effective in referring residents to their GP and dietetic services when weight loss or their nutritional requirements have changed."

A speech and language therapist told us, **"**There always seem to be enough staff when I visit. They have time to get the relevant notes and to help the person to get ready for my visit." They also commented, "There's always a named nurse or staff member so I always know who to contact for any updates. Staff get in touch quickly if they have any queries about people's needs. They act on the recommendations I make for people. Staff are also very aware of how to manage people's end of life care needs."

This meant that the home was effective in meeting people's needs, requested advice from specialists when required and responded to people's changes in needs.

People told us they had the choice to eat in their room or in either of the two dining rooms. A detailed list of menus was displayed on the windows of the dining rooms and a menu was on each table. People's menu choices for each day were passed to the catering staff who made sure the meal was prepared in the right way to meet any dietary needs, including diabetic, softened and vegetarian meals. The two catering staff we spoke with were knowledgeable about people's individual dietary needs. They described how they prepared food in an attractive way, even when each part of the meal had to be pureed separately.

The menu was varied and people told us the quality of food was good. People commented, "It's lovely food" and "the food is good here". A visitor said that their relative had put on weight since arriving at the home and told us, "Staff encourage mum to eat healthily."

During the lunchtime meal we saw there were enough staff to support people. Other staff, including administrative and activities staff who were trained in care, helped at meal times because some people needed physical support with their meal. Staff supported individual people either in their bedrooms or a dining room. They approached people in a courteous way and asked if they could assist them. Staff were calm and encouraging with those residents who needed assistance to eat. Staff listened and accepted when people said they had eaten enough.

In one dining room one person had been sitting in the dining room for 45 minutes before being supported. This meant that although there were enough staff, there had been no direction for staff about which people should be supported first. We told the registered manager about this and she said this was an isolated instance as that person was usually supported first.

Discussions with staff and records confirmed that each staff member received the relevant training and development to carry out their role. For example, all care workers had achieved or were working towards a national care qualification. A care worker commented, "There are enough staff with the right skills here." A nurse told us, "We have good access to additional or updated training. If a person came in who needed specialist care the manager would arrange relevant training for nursing staff before their admission."

Staff told us, and records confirmed, that they received supervision sessions with a line supervisor at least three-monthly and an annual appraisal with the registered manager. Competencies of nursing staff were checked and recorded. Supervisions and staff meetings were used to support staff with expected standards of practice.

In discussions all the staff we spoke with were knowledgeable about people's individual needs. They were able to describe in detail how each person needed and preferred to be supported. For example, one person preferred to spend much of their day in bed. Staff tried

Good

Is the service effective?

gentle encouragement to persuade the person to spend some time out of bed but accepted the person's preferences. In this way, people's choices and decisions were respected.

Good

Is the service caring?

Our findings

People described the staff as "caring", "helpful" and "kind". One person said, "I can do most things myself but when I need help they're very good." Visiting relatives said staff were "helpful" and "friendly". One relative said, "I can't praise staff highly enough, they treat my mum with dignity and respect and staff always seem happy." Another relative said that staff were "lovely and couldn't be nicer".

People were supported by calm and attentive staff. Care workers showed patience and gave encouragement when assisting people. People were supported at their own pace and were not rushed by staff. Staff asked people for their permission before supporting them and explained what they were going to do. Staff spent time chatting with people in a warm and engaging manner.

A visiting relative told us, "People's dignity is supported here. We visit every day at all times of the day and night. We hear staff helping people in their own rooms when they can't see us and they're always respectful." Another relative commented, "My mother has been here for four years and they look after her very well. She is always kept clean and well dressed and they paint her fingernails which is what she would want."

A social work manager commented, "Staff are very polite and courteous. Staff appear very caring towards people." A visiting health care professional said of the staff, "I have witnessed a caring approach, showing kindness and respect."

A speech and language therapist told us**, "**I get the feeling that people and the staff are happy there. It's got a good atmosphere. I see staff bend down to talk with people at their own level and they talk with them in an appropriate way."

In discussions staff were knowledgeable and respectful of people's diverse needs. Discussions with people, and observations of the care provided, confirmed that people's individual wishes for care and support were taken into account. Care records were written in a sensitive way that valued people's capabilities and diversity of needs. The care records we viewed had been signed by the person or their relative to show their agreement with their planned care.

We read six people's individual care plans which were written in a person-centred way. This meant staff put people's views and preferences at the centre of their care provision. For example, the care plan about one person's behaviour stated, "She has always been independent and finds it difficult to allow others to help her make decisions. Staff to always afford her the time to express her needs and allow her to make decisions independently."

Another person's care plan about nutrition stated, "He likes to start his day with a mug of tea with one sugar, which he likes brought to his room. He always has a full English breakfast and likes mushrooms, if they are available."

Many staff had attended 'compassion in care' training and there were plans for this to be rolled out to all other staff. The activity co-ordinator was the home's Dignity Champion. She promoted good practices around people's individuality and held awareness days such as a recent Dignity in Care coffee morning. She completed a 'Me and My Likes' form when people moved to the home to help staff get to know their individual history, family, likes and preferences. This information was incorporated into activities that the person may enjoy so that they could continue to live a purposeful life. For example, one person had enjoyed painting a bird house in the garden, and there were plans for other people to be involved in a creating a vegetable patch.

Good

Is the service responsive?

Our findings

People told us they had choice and control over their care and over their individual preferred lifestyles. For example, one person had chosen to have their own coffee machine in their bedroom. Another person told us that her own hairdresser came in weekly to do her hair. One person said, "I like to have my meals in my room, I prefer it that way and that's no problem." All the people we spoke with said their families could visit at any time and were made welcome.

We saw people, and/or their relatives, had been involved in agreeing their individual plans of care. The individual assessments and care plans in the six people's care files that we looked at had been reviewed on a monthly basis or more often if people's needs were changing. The care plans reflected people's individual and specific needs. They were written in a clear and detailed way so that all staff could understand how to support each person. Care plans also guided staff to ask for people's consent before supporting them.

A GP who was partnered with the home commented positively on their weekly visits to the home. The GP told us that the collaboration with the home had resulted in a reduction in admissions to hospital and meant people could remain in their preferred place of care. The GP told us, "I have no concerns about this home, and I've heard no complaints from families, always positive comments."

People were supported to maintain their hobbies or interests and many had TVs, DVD players and books within their rooms. People told us they could join in a range of activities if they wanted. Two relatives also commented, "There's always things to do, like dominoes and crafts." The daily activities included group events and others that met people's individual interests. These included quizzes, games and gardening. The home's activities co-ordinator was familiar with each person's preferences, including who they liked to sit next to during activities. She also demonstrated how she spent one-to-one time chatting with people who were bedfast and with people who did not like to join in social events.

One person who had just returned from a supported trip to local shops said that he usually went out twice a week with the support of staff who pushed his wheelchair. People had the chance to go out to group activities in the local community. These included 10 pin bowling at a local centre, trips to a local pub, shows at a local theatre, and visits to a local church for communion and coffee. The home also ran a small café on the ground floor which was operated by volunteers and relatives. This created a community feel within the home for people and their visitors.

The home had worked with the Equal Arts organisation which had provided exercise classes and music therapy for people who lived at the home. The organisation had also helped a group of relatives and staff to form a ukulele band which performed for the people who lived at the home. One relative had responsibility for watering the garden and another relative cleaned out the fish tanks. The home was planning to involve residents and relatives in creating a remembrance garden. This meant people's relatives were actively involved and included in the home.

There was a leaflet stand in the reception area of the home that included information for people about how to make a complaint, how to access other services and advocates, the home's statement of purpose and the most recent inspection report. All the people and visitors we spoke with felt they knew how to make a complaint.

Visitors said they would feel confident in raising issues with the manager if they needed to. One relative told us, "The office is always open and I feel able to talk with the manager or any of the staff." Another visitor said, "We've never had to make a complaint because whenever we've made any comments they listen and respond in a constructive and professional manner."

We saw that one complaint had been received since the last inspection, which related to fee payments. This had been recorded and investigated, in line with the home's procedure. This meant the home responded appropriately to complaints and people could be confident their views would be listened to and acted upon.

Outstanding ☆

Is the service well-led?

Our findings

People and their relatives said they were involved in residents' meetings where they could provide feedback on the service. One person said they had suggested more fish and pizzas should be on the menu. They told us that as a result more fish and pizzas were now on the menu, so they felt their comments had been acted upon. The residents' meetings included an invitation to local commissioners who had attended the most recent meeting in February 2014.

Also, annual surveys had been recently sent to relatives for their feedback about the service and the responses would be analysed for any suggested improvements. The information we received from the provider described plans to introduce further ways people could be more involved in the running of the home. These included asking people for their views of prospective new employees as part of the recruitment process, and a suggestion box for people or visitors who were unable to attend meetings or wanted to make comments in confidence.

People and their relatives commented positively on the way the home was run. People's comments about the registered manager included, "She's open and approachable", "Nothing is a bother" and "She's very good".

The GP who visited the home weekly told us, "It's a really nice home to be partnered with. It's a well-run home. It's well-led by the manager, who has got a good handle on it. She's very sensible and knows when to contact us and when to make her own judgements."

A social work manager told us, "We have a good relationship with the manager. She's always been pleasant and on the ball. She's very helpful and professional." Other health and social care professionals told us the registered manager was "honest and open" and "the manager has a good knowledge of people".

The provider's values and principles of care were explained to staff through their induction training and there was a positive culture in the home. The registered manager worked alongside staff on some shifts which allowed her to observe the care provided and to check that the home's values were put into practice. The registered manager and quality manager also carried out 'walkarounds' to check this. Nursing staff described the registered manager as having "very high standards" and all the staff we spoke with said they had "respect" for the registered manager. One staff member said, "It's a great place to work – I love it."

Staff told us they were aware of the whistle blowing policy and they had access to this in the staff office. One staff described a concern they had raised recently which had been acted on by the registered manager in the right way. Staff said this made them feel confident that any concerns were dealt with effectively. This showed staff were aware of the systems in place to protect people and were clear about how to raise any concerns.

There were regular meetings between staff at all levels of the organisation. The provider's human resources department (HR) carried out annual surveys for staff views. The HR team also visited the home on a two monthly basis to offer staff confidential meetings. Staff described the ethos of the home as one of "teamwork" and told us they felt "supported by the manager, seniors and nurses". Staff comments included, "We have a great manager" and "We're confident to raise things and the manager listens".

The provider had a quality assurance programme which included monthly visits by a quality assurance manager to check the quality of the service. We saw detailed reports of these visits and action plans and timescales for any areas for improvements. We saw the quality assurance manager checked that any actions had been completed at the next visit. In this way the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

The registered manager also carried out regular checks of care records, care practices and the premises. Incidents such as accidents and falls, were reported each month to the quality assurance team for analysis. Records showed that the quality assurance manager and the registered manager used this information to make sure people's care plans and risk assessments reflected these events, and that referrals to appropriate health care services had taken place, such as the falls clinic. This meant the provider monitored incidents and risks to make sure the care provided was safe and effective.

The manager told us that the home now worked with a local community matron to enhance clinical procedures. The provider had memberships with other organisations to make sure its service was up to date with national best

Outstanding ☆

Is the service well-led?

practice standards. These included Dignity in Care, Action on Elder Abuse, Social Care Institute for Excellence and the National Association for Providers of Activities for Older People (NAPA). (NAPA is a registered charity for all those interested in increasing activity opportunities for older people in care settings.) This helped to make sure the home was up to date with national best practice standards.

The home had recently won an award following a national survey of care homes carried out by a research company that had taken place in 2013. The award was based on the results of a survey of people who used the service. The award placed Garden Hill care home as one of the top 20 care homes in the North East.