

Garsewednack Care Home Limited

Garsewednack Residential Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Garsewednack Care home provides accommodation with personal care for up to 21 people. There were 20 people using the service at the time of our inspection.

People's experience of using the service:

- People were happy living at the service. "They [staff] look after me well," "I like it here, I feel safe" and "They always give me something that I like, they are very good to me here; I don't think that I would have lasted this long if they hadn't been so good"
- The registered manager was very visible in the service working alongside staff and providing care and support to people. People told us, "[Registered manager] is very pleasant and friendly and I often see her" and "She's [Registered manager] always around and in the mornings, she'll have a chat with us."
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- There were sufficient numbers of suitably qualified staff working at the service. The staff group was stable with many having worked there for years. Staff were happy working at the service and told us they felt the registered manager was approachable and supportive.
- People received their prescribed medicines in a safe manner. Recent medicine audits had highlighted that improvements were needed in handwritten medicine records. We saw this had taken place and the subsequent audit recorded no further concerns in this area.
- The premises were well maintained. There were regular checks of the service to identify any improvements required.
- People had access to good nutritious food. Staff provided support to people with their meals as needed.
- Risks were identified, recorded and monitored. People were supported to live as independently as possible. Any accidents were reported, recorded and audited to help address any patterns or trends and help reduce further events.
- Staff were kind and caring. We observed many positive interactions between staff and people living at the service. Staff respected people's dignity and privacy.
- People had access to activities. Care staff provided a varied programme of activities which were planned and advertised in advance.
- Care plans were person centred and regularly reviewed to take account of any changes in people's care and support needs.
- People were able to see their GP and other healthcare professionals as needed.
- The service had a complaints policy which was available to people should they need to raise any concerns. There were no complaints in process at the time of this inspection. People were happy living at the service and told us they had no cause to complain.

Rating at last inspection: At the last inspection the service was rated as Good (report published 23 February 2017)

The service remains Good following this inspection.

Why we inspected: This inspection was brought forward due to information of concern received by the Care Quality Commission. Anonymous allegations had been made around the management of incidents which took place at the service, a lack of maintenance to the building, poor staff management and a lack of respect and dignity provided for people. A concern had been raised by the family of a person living at the service about poor communication between them and the staff when their family members needs had changed. We looked at the risks associated with these concerns. We did not substantiate these concerns at this inspection.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

Garsewednack Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection was prompted in part by information of concern received by the Care Quality Commission. This information indicated potential concerns around the management of incidents which took place at the service, a lack of maintenance to the building, poor staff management and a lack of respect and dignity provided for people. This inspection incorporated examination of those issues.

Inspection team:

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Garsewednack 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 accommodates up to 21 people. At the time of our visit there were 20 people using the service.

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. We visited the service on the 12 March 2019.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with six people who used the service and one relative. We also had discussions with five staff members, the registered manager and the registered provider.

We looked at the care and medication records of six people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accident and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

- Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were received by CQC alleging poor outcomes for two people who had lived at the service. We saw both concerns had been fully investigated by the registered manager and action taken to help ensure the concerns were addressed.
- Pre-admission assessments were now more detailed to ensure information, gathered prior to a person moving in to the service, was accurate and complete. Particular focus had been placed when assessing people in their own homes prior to moving in to the service.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. The service had raised safeguarding concerns appropriately.
- Staff meetings at all levels were used to remind staff of safeguarding processes.
- People told us they felt safe, commenting, "They [staff] look after me well," "I like it here, I feel safe" and "Yes, I do feel safe."
- The registered manager managed people's money on their behalf. This money was accessible to people if required. We checked the records for four people's money and it tallied with the records held. These monies were audited weekly.

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- There was a positive approach to risk taking to enable people to maintain their independence.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. All equipment was in good working order.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people presented with behaviour that challenged staff and other people there was clear guidance and direction for staff on how to help reduce the risk of this behaviour.

Staffing and recruitment

- Concerns had been raised to CQC that many staff had recently left the service due to poor management. We did not find evidence to substantiate this concern. We were told only one member of staff had recently left the service. We found the staff team to be stable with many having worked at the service for years. There were no staff vacancies at the time of this inspection.
- There were sufficient numbers of staff to meet people's needs.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and

Barring Service (DBS) checks.

- People told us staff responded quickly to them when they called.
- People had access to call bells to summon assistance when needed. People told us, "Yes, I need to use it at night and the carers do come quickly, only minutes," and "Yes, I do use my bell, they [staff] come fairly quickly, sometimes a bit longer, depending on how busy they are, but I never have to keep calling for them."

Using medicines safely

- Medicine systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt storage, administration and disposal of medicines.
- Staff were trained in medicines management and competency checks to ensure safe practice was being implemented.
- Medicine storage temperatures were monitored to make sure that medicines would be safe and effective.
- Aspects of medicines management were audited regularly. It had been identified at an audit that when staff handwrote on the medicine administration record these entries were not always signed by two staff. We found improved recording was now taking place with all handwritten entries being signed by two staff to help ensure no errors were made.
- The records of medicines that required stricter controls did not always tally with the balance of medicines held at the service. This was because when medicines which had been returned to the pharmacy, as no longer required, had not been documented in the records. Also, blank lines were left in the record book between existing medicines held and then the recording of new medicines received in to the service. This meant the balance held of each medicine was not clearly shown. This concern had not been identified by the audit process but was addressed during this inspection. We recommend the provider take advice and guidance from a reputable source on the management and recording of medicines that require stricter controls.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Flooring and surfaces were intact and could be effectively cleaned.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Concerns were raised to CQC that accidents had taken place which had not been appropriately recorded. We did not find evidence to substantiate this concern.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals, after incidents where people had fallen, such as treatment by a GP, advice from an occupational therapist or physiotherapist.

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

- Good: People's outcomes were consistently good, and people's feedback confirmed this.
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
 - People were assessed prior to moving in to the service. This assessment process had been reviewed recently as a result of learning following a recent event. This improved process helped ensure information gathered was accurate and complete.
 - Care plans showed people's needs had been assessed and planned for. Guidance and direction was provided for staff on how to meet those needs.
- Staff skills, knowledge and experience
 - People were supported by staff who had ongoing training.
 - Staff were given opportunities to discuss their individual work and development needs.
 - Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
 - Staff confirmed they had spent time working with the registered manager until they felt confident to work alone.
- Supporting people to eat and drink enough to maintain a balanced diet
 - A concern had been raised to CQC about the service running out of food on occasions. This concern was not substantiated at this inspection.
 - The kitchen was in good condition with well stocked shelves. The new cook told us there was no restrictions on the budget for food and people could have 'whatever they wanted'. There was plenty of food available in the kitchen. The service had been inspected by the Food Standards Agency and given a five-star rating.
 - People were offered a choice of food and drink. Their preferences were well recorded in care plans. Vegetarian meals were available.
 - The registered manager had recently held a 'taster session' offering people different meal options. This led to people discussing their preferences and new meal options being put on the menu.
 - People told us they enjoyed the food provided. Comments included, "They always give me something that I like, they are very good to me here; I don't think that I would have lasted this long if they hadn't been so good" and "I can have drinks when I want them. They are very obliging here, if you don't like something, they'll take it away and give you something else. We get loads of drinks and cakes and biscuits between meals, if you want them."
 - Staff monitored some people's food and drink intake where concerns about their intake had been identified. However, the monitoring charts were not totalled and audited daily to ensure the person had sufficient intake. The registered manager and the provider assured us this would be implemented immediately.

- Adapting service, design, decoration to meet people's needs
- Concerns were received by CQC regarding poor maintenance of the service. We did not find any evidence to substantiate these concerns. The service was well maintained.
- A recent fire risk survey had been carried out at the service in February 2019. This had led to action required to ensure that all fire doors closed completely when the alarm sounded. This was in progress at the time of the inspection.
- The provider had recently installed a new call bell system. This system allowed the registered manager to audit the amount of time people waited for their call for assistance to be responded to if required.
- Some people living at the service were living with dementia and were independently mobile with aids. The service was not specifically adapted for people with dementia. There was no additional pictorial signage to help people to orientate around the service.
- A medicine trolley was being used to hold a first aid box, which had scissors in it. This trolley was unsecured in a corridor and posed a potential risk to people who could easily access the scissors. This was addressed at the time of the inspection.
- We recommend the service take advice and guidance from a reputable source regarding the management and design of the premises to support people living with dementia safely.
- The provider involved people in discussions and decisions about the environment they lived in or use to reflect individuals' preferences and cultures and take their needs into account. Recent plans to decorate the lounge were discussed with people.
- One person told us, "My room is big enough with a comfortable bed. I brought some of my own things from home. The heater is always on and it's always nice and warm."

- Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide, consistent, effective and timely care
- Concerns were raised to CQC that staff did not always seek appropriate medical advice in a timely manner when people's needs changed. We did not find evidence to substantiate this concern.
- One person had been reported as being 'distressed' during the night prior to this inspection. This person's records showed staff contacted the emergency services during the night and we saw the GP had visited early on the morning of this inspection. This person had received timely medical care. Appropriate timely assistance was seen recorded in other care records we reviewed.
- People were supported to see their GP when needed.
- Care plans held records of people seeing an optician and chiropodist if needed.
- Staff and the registered manager accompanied people to attend appointments if needed.
- A relative told us, "The staff here would arrange visits for [Person's name] but she is adamant she'll do that for herself; she has a mobile phone and in her head she is still independent."
- One person told us, "They [doctors] would come here to see me if I wanted them to, staff would arrange that for me."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where they could people were asked to sign to consent, to their care.

Where people were unable to consent for themselves some consents had been signed by staff. The only person who can consent on behalf of another person is an appointed Lasting Power of Attorney (LPA) for either health and welfare or property and finance. We discussed this with the registered manager who took immediate action to remove these consents.

- The registered manager did not have records of any person living at the service who had appointed an LPA. The registered manager and the provider assured us that contact would be made with people's families asking them to confirm if they held an LPA and provide the necessary documentation to be held on the person's file for reference when required.
- The registered manager had applied for DoLS on behalf of people and kept clear records of which were awaiting authorisation and when any granted authorisations that needed renewing.
- Conditions in place on one person's DoLS were not being entirely supported due to the person not wishing to do the activity detailed. The registered manager assured us that they had reported changes in the person's wishes to the DoLS authority. This was confirmed by the DoLS team.
- People's care plans clearly described what decisions people could make for themselves.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act in general.
- People told us staff always asked for their consent before commencing any care tasks. We observed this during the inspection visit.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

- Good: 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 told us, "They [staff] like you to do as much as you can for yourself, but if you can't do something, they'll help you" and "They [staff] are very kind and let you do what you want."
- One person had specific beliefs which had implications on the way they were treated in an emergency situation. This was clearly detailed in their care file.
- The service held a policy on equality and diversity and staff had been provided with training to help ensure people's rights were protected at the service.
- Supporting people to express their views and be involved in making decisions about their care.
- People told us they felt able to speak with staff and the registered manager about anything they wished to discuss. Comments included, "I am lucky to be here," "They [staff] are lovely here, incredible and [senior management] are lovely too" and "You only have to ask for something and it's here. They treat me quite well, too well at times; they've all got to know me here now."
- Care plans did not clearly indicate that people had been involved in their own care plan reviews. However, the registered manager provided care and support to people at the service on a daily basis and spoke with people regularly to discuss any changes they wished to make to their care and support. One person told us, "Yes, I would recommend this place. It's very clean and very nice indeed and you can have a nice little evening here doing what you want."
- Respecting and promoting people's privacy, dignity and independence
- Throughout the inspection visit we saw many positive interactions between people and the staff and management. Comments included, "They [staff] like you to do as much as you can for yourself, but if you can't do something, they'll help you" and "They are very kind and let you do what you want."
- People told us they felt respected. We observed care staff lowered their voice when asking people if they wished to use the bathroom.
- Staff ensured people's privacy was respected by closing doors and curtains during personal care.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

- Good: People's needs were met through good organisation and delivery.
- Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- The service identified people's information and communication needs by assessing them.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others.
- One person, who was partially sighted, had special glasses to help them to watch the TV. Another person was provided with staff to accompany them to their bank to support them to complete their banking business due to their communication needs.
- People were provided with some activities by the care staff. These were planned and advertised in the entrance hall of the service. Comments were variable and included, "I think they do activities and entertainments, but I don't do any, I prefer to watch TV in my room," "No, we don't have anything like that; we watch the TV" and "We do have entertainers in the home on Sunday and usually Tuesday and I enjoy that. They do word games and I try to do them, other than that there is nothing else to do and there are no outings or trips out, only if family take you, then you can go out."
- Improving care quality in response to complaints or concerns
- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- The registered manager held a record of any concerns raised, the action taken and the resolution. The registered manager told us there had been no recent complaints.
- End of life care and support
- The staff were supported by the community nursing team to provide good quality end of life care to people.
- Medicines were ordered and held to be used if needed at the end of a person's life. This helped ensure people were pain free and comfortable.
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.

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.

- Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.
- Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility
- Concerns had been raised to CQC that the service was not well managed. We did not find evidence to support this concern.
- Everyone at the service and their relatives told us the registered manager was open and very approachable. They told us, "[Registered manager] is very pleasant and friendly and I often see her" and "She's [Registered manager] always around and in the mornings, she'll have a chat with us."
- Staff were very happy working at the service and felt well supported. Comments included, "We are well supported here" and "We can always call the registered manager whenever needed, she is very good."
- Care plans were person centred and provided clear detail and guidance for staff to provide care and support in the way each person preferred. One person was supported to go to the smoking area and have cigarettes when they wished.
- The registered manager and the provider were open and transparent. Some issues, which were identified at the time of the inspection, were addressed before the end of the inspection, showing a willingness to continuously improve the service.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager had appropriately notified CQC of abuse concerns or events that stopped the service, including the reporting of any deaths. However, the registered manager had not notified CQC of two DoLS authorisations which were in place at the time of this inspection, as they are legally required to do. This was addressed at the time of the inspection.
- Audits of many aspects of the service helped ensure continuous improvements were made. Care plans, accidents and incidents, dependency assessments of people living at the service, premises and medicines management were all regularly checked.
- A recent compliance inspection carried out by an external agency had identified some actions to be taken by the provider. We saw external professionals were visiting the service during the inspection to plan for work to be carried out to address these actions.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The registered manager had held resident's meetings to discuss activities, meal choices and how people viewed the service provided to them. It was clear that feedback from such meetings was heard and changes were made as a result, such as menu choices being changed.

- A survey of all people, their families and external healthcare professionals was due to be carried out in the coming months. One relative confirmed they had been present when their family member had been asked for their opinion on the service.
 - Staff meetings had been tried as one large staff group. However, the registered manager felt that one large meeting did not always support some staff to feel comfortable to speak. Now smaller group meetings were held by the registered manager and this has been found to be effective.
- Continuous learning and improving care
- The provider had arranged for an external assessor to come in to the service to assess their compliance with the regulations. This report had led to the provider making some changes to fire door closures and medicine records management. We saw these actions had been taken.
 - The registered manager used specific events which took place at the service, or concerns raised as an opportunity to learn and change practice where necessary. Such events were raised at staff meetings and in supervision with specific staff to continuously improve the service.
 - One relative had raised a concern with the CQC about the poor communication experienced from the staff at the service when their family member's needs had changed. Staff confirmed that additional checks and recorded were now made in care plans when things changed and families were always informed as soon as possible.
- Working in partnership with others
- Care records held details of external healthcare professionals visiting people living at the service as needed.
 - Care records showed when each person was next due to have sight tests and see the chiropodist.
 - The community nurses visited people at the service regularly to support any nursing needs. They had no concerns about the service provided.