

Mr & Mrs A J Prior

The Garth Care Home with Nursing

Inspection report

The Square
Kington
Herefordshire
HR5 3BA

Tel: 01544230502

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29 March 2017
31 March 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 29 and 31 March 2017 and was unannounced.

The Garth Care and Nursing Home is registered to provide accommodation with personal and nursing care for up to 33 people with dementia or nursing care needs. At the time of our inspection, there were 32 people living the home.

The service is required to have a registered manager, and there was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 27 May 2016. After that inspection we received concerns in relation to the adequacy of staffing levels at the home. As a result we undertook a focused inspection to look into those concerns. This report covers our findings in relation to this topic and the key question "Is the service safe?" You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Garth Care Home with Nursing on our website at www.cqc.org.uk.

Staff did not always follow good practice when administering people's medicines and accurate medicines records were not always maintained.

Staff understood how to recognise and report suspected or actual abuse involving people living at the home. The risks connected with people's individual care and support needs had been assessed, recorded and plans put in place to manage these. People and their relatives were involved in decisions about risks. The provider assessed, monitored and planned their staffing requirements in line with people's individual care and support needs. They followed safe recruitment practices.

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 not always safe.

Staff did not always administer people's medicines in line with good practice guidelines.

Staff recognised the potential signs of abuse and the need to report any such concerns to the management team. The risks associated with people's individual care and support needs had been assessed and managed. The provider assessed and planned their staffing requirements to ensure people received safe and effective care.

Requires Improvement ●

The Garth Care Home with Nursing

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.

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The inspection was carried out by one inspector.

As part of our inspection, we reviewed the information we held about the service. We also contacted representatives from the local authority and Healthwatch for their views, and looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with six people who used the service and five relatives. We also talked to one of the partners, the registered manager, clinical lead, in-house physiotherapist, four senior care staff and one carer.

We looked at two people's care files, staff training records, the staff rota, two staff members' recruitment records, medicines records and accident and incident records.

Is the service safe?

Our findings

We carried out our unannounced focused inspection of the service in response to concerns received about the adequacy of the staffing levels at the home. During our inspection, people expressed mixed views on the home's staffing arrangements. Some people and relatives were satisfied the staffing levels maintained were safe and appropriate to people's needs. One person said, "They (staffing levels) are very good. Staff are quick to respond to the call bell." However, other people expressed frustration over the periods during which, they felt, the home was short-staffed and the impact this had on their care. One person told us, "They (provider) are always short-staffed", adding, "It's the waiting for the call bell that gets frustrating." Another person said, "I sometime ring the bell and it doesn't happen [staff do not respond] for a long time. It's the fault of not having enough staff here." Staff also pointed towards fluctuations in the staffing levels and the difficulties this sometimes created. One staff member told us, "Staff get stressed because they are trying to cover the whole building. You can't get to the bells and people get frustrated." Another staff member said, "Sometime they (staffing levels) are low." They went on to say, "It reduces the time spent with people and there is a delay in responding to call bells."

We discussed this issue with the registered manager. They explained that staffing levels were assessed, monitored and organised based upon the home's occupancy level and people's individual care and support needs. They acknowledged that staffing levels had sometimes been affected by unexpected staff absence due, primarily, to sickness. They explained that they were seeking to recruit bank care staff to alleviate this problem. The registered manager assured us that whenever a member of staff was unable to attend work for their scheduled shift, a member of the senior staff or management team would step in to assist the care staff on duty. Staff confirmed the readiness of the senior and management team to help out in these circumstances. One staff member told us, "They (management) ask us if they can help us with personal care for someone or feeding someone. We can get things done, but a bit later than usual." Another staff member said, "We have had quite a lot of sickness lately and it has been quite hard to cover, but the management step in."

During our time at the home, we saw there were enough staff on duty to meet people's care and support needs safely and effectively. Staff supported and interacted with people in an unrushed, organised and person-centred way. Call bells were answered in a timely manner and requests for assistance responded to without unnecessary delay.

We looked at how staff managed people's medicines. As part of this, we checked how people's medicines were stored, reviewed medicines records and observed staff giving people their medicines. The provider had developed systems and procedures designed to ensure people received their medicines safely and as prescribed. However, we found the nurses did not always follow the provider's procedures and good practice guidelines, when administering people's medicines. Having removed people's medicines from their original packaging, the nurses sometimes left these with a trained member of care staff to give to people, whilst they continued on with their duties. On occasions, the nurses also signed the medication administration records (MAR), when they had not directly witnessed the relevant individual take their medicines. These practices are unsafe and do not reflect professional guidance on the administration of

medicines and accurate record keeping.

We discussed these issues with the registered manager. They told us they were unaware of these practices, and assured us they would address these matters without delay.

People told us they felt safe living at the home and that staff followed safe work practices when helping them with their personal care needs. One person said, "They (staff) don't leave me on my own when I'm in the bath or shower." They went on to say, "They (staff) make sure you've been checked on every so often [in your bedroom]; they come quite often during the night." Another person felt reassured by having a nurse call button to request staff assistance when needed. A further person described how the security arrangements at the home helped them to feel secure.

People's relatives felt staff played an important role in protecting the safety and wellbeing of their family members living at the home. One relative described how staff minimised the risk of their family member choking, through adding thickener to their drinks to help them swallow. They told us, "I haven't had any worries that [family member] is going to be unsafe, or that they (staff) are not handling them safely." Another relative explained that staff enabled their family member to move around the home safely, by making safe and appropriate use of mobility equipment.

People and their relatives understood how to raise any concerns they may have about their own or others' safety and wellbeing with the provider. They told us they would approach staff or management with such issues, and felt confident they would be listened to. One person said, "I have no concerns about asking anything, if I'm worried about something." The registered manager described to us how they and the owners encouraged people to come forward with concerns through, amongst other things, making themselves available to and maintaining an open dialogue with people and their relatives on a day-to-day basis. They also made feedback forms available in the home's reception area, if people or their relatives preferred to raise concerns by this means.

The provider had assessed and recorded the risks associated with people's individual care and support needs. This assessment took into account important aspects of people's safety and wellbeing, such as their mobility needs, the risk of falls or pressure sores, and risks linked with people's nutrition and hydration. The management team had put written plans in place to manage these risks, and keep people as safe as possible. For example, where people were at risk of developing pressure sores, pressure-relieving equipment was in place, staff monitored their skin condition and provided assistance with repositioning, as needed. People and their relatives felt involved in decision-making about risks and staying safe. On this subject, one relative said, "They (management) came and did an initial assessment at my house. I read the care plan produced and picked up on some small errors which they corrected."

The risks to individuals, and the effectiveness of the plans in place to manage these, were kept under regular review by the management team. One relative explained that they had just met with the in-house physiotherapist to discuss their family member's changing mobility needs, and the support and equipment they now needed to move around safely. They told us, "They (staff) keep adjusting the support to meet [family member's] needs."

Staff understood the importance of following people's care plans in order to care for them safely. They told us the management team ensured they had the up-to-date guidance and information needed to keep people and themselves safe. On this subject, one staff member said, "We (staff) are always aware of what's happening." Staff described how changes in risk were communicated across the staff team through daily handovers, the use of a staff communication book and updates to people's care plans. Handover is a face-

to-face meeting in which staff leaving duty pass on important information about people to those arriving on shift. Staff also recognised to need to make the provider aware of any new hazards they identified at work. One staff member told us, "If we (staff) have any concerns about hazards, such as loose wires, we report it to the nurse and record things in the maintenance book." Staff told us the provider kept the premises and equipment they used well maintained. One staff member praised the prompt manner in which faulty call buttons had been replaced.

The provider had given staff training in how to protect people from harm and abuse. Staff recognised the different forms and potential indicators of abuse. They gave examples of the kinds of things that would give them cause for concern, such as significant changes in people's mood or behaviour or unexplained marks and bruising. Staff told us they would immediately report any such concerns to the provider. One staff member explained, "You'd report it to the nurse, write down your concerns and pass them on to management." Another staff member said, "It's a constant vigilance. If you know your residents well, you know if something is wrong." They went on to say, "Staff will usually go to the team leader or myself, and I'll pass it on to the nurse in charge." The provider had developed formal procedures to ensure any safeguarding concerns were reported to the appropriate external agencies and thoroughly investigated.

In the event that people were involved in an incident or accident, staff were aware of the provider's procedures for recording and reporting these events. We saw the management team monitored accidents and incidents, on an ongoing basis, to ensure lessons were learned and reduce the risk of things happening again. For example, one person had suffered a pattern of documented falls over recent months. In response, the provider had, over this period, liaised with the local falls prevention clinic, introduced floor and chair sensor mats and increased their monitoring arrangements. One of the relatives we spoke with praised the steps taken by the provider to keep their family member safe following a recent fall, which had resulted in a serious injury.

The registered manager told us they checked prospective staff were safe to work with vulnerable people before allowing them to start work. These checks included an enhanced Disclosure and Barring Service (DBS) check and the provision of satisfactory employment references. Staff confirmed they had undergone these checks, and we saw evidence of this in the recruitment files we looked at.