

The Garwood Foundation Jean Garwood House

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 23 January 2015 and was unannounced.

Jean Garwood House provides accommodation and personal support for up to 14 adults with physical disabilities. The home also caters for those with additional learning disabilities and sensory impairments. There were 11 single bedrooms on the ground floor; the first floor has been converted into a semi-independent living unit for three people. 13 people were using the service at the time of our inspection.

We last inspected the service on 17 September 2013. At that inspection we found the provider was meeting all the regulations that we assessed.

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.

Summary of findings

People were cared for in an environment that was purpose built and safe. There were procedures in place for the regular maintenance and servicing of the premises, and equipment such as the stair lift and fire fighting equipment. People had fire evacuation plans which detailed their support needs should there be a need to evacuate in an emergency.

People who used the service were well looked after by a staff team who had an in-depth understanding of each person's needs and were familiar with how they wanted to be supported. Staff encouraged and empowered people to lead a fulfilling lifestyle; they treated them with dignity, respect and compassion.

People said they felt safe living at Jean Garwood House, they had sufficient staff to support them at the home or when they were out in the community. Staff were knowledgeable in recognising signs of abuse and the associated reporting procedures.

When new staff were recruited appropriate checks were undertaken to ensure staff were suitably vetted to work with people. People told us staff were available when they needed them and they were able to obtain the support they required.

Staff showed warmth and empathy to the people they looked after. The support provided helped people to feel comfortable and relaxed and to maintain as much independence as they were able to.

Care arrangements took account of individuals' diverse needs, the wishes, preferences, likes and dislikes. People had opportunities to experience a variety of activities and events that met their social and physical needs and interests. The service provided people with a range of specialist equipment such as adapted wheelchairs to enable them to move around the home and in the community.

Staff were trained and competent in caring for and supporting people. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People who lived in the home and their relatives said they felt involved in the way the home was run and were encouraged to express their views and opinions about the services provided.

Quality assurance processes ensured that the service aimed for a high standard by identifying any improvements that could help to maintain and raise the quality of service provided.

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?

The service was safe. People felt safe, they were supported by regular staff who were suitably trained and competent and knew how to protect people from the risk of abuse and harm. Assessments were undertaken to identify risks to people using the service and plans were in place as to how these risks were to be managed. Safe recruitment procedures were followed and this practice ensured people were protected.

The premises maintained a safe environment for people who used the service and for staff. People had a range of specialist equipment such as adapted wheelchairs and walking aids to enable them to move safely around the home and in the community.

Good



Is the service effective?

The service was effective. People using the service were supported by a long standing staff team they were familiar with; they experienced consistency of care and stability from members of staff that knew how to support them. Staff had the skills and knowledge to meet people's needs; these were updated through regular training and development courses.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were used when appropriate to maintain people's safety. People were free to come and go from the service. There was no one subject to the Mental Capacity Act 2005's Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. People who used the service were supported by the staff who had built positive caring relationships with them. Staff were aware of people's communication methods and how they communicated what they wanted to do. As much as possible, people were involved in decisions about their care.

Staff were familiar with the people they looked after and knew their life histories, and they were able to apply this knowledge to the care and support they offered to people on a daily basis. Staff were polite and respectful when speaking with people, they took the time to listen and find out from people what their needs were.

Outstanding



Is the service responsive?

The service was responsive. Care arrangements were planned and tailored according to individual needs, and these arrangements responded appropriately to any changes that arose. People were involved in a variety of activities both in the home and in the community and could choose what they wanted to do on a daily basis.

People were encouraged to maintain contact with their families and friends. People and their relatives knew how to make a complaint if they needed to. Suitable arrangements were in place to deal with people's concerns and complaints.

Good



Summary of findings

Is the service well-led?

The service was well led. Effective systems were in place to communicate with those with complex needs, to ensure equality of service for all. Quality assurance systems were in place, these measured and monitored the quality of the service and enabled them achieve a high standard of service delivery and drive service improvements.

The service had a positive culture that was person centred, inclusive and empowering. The service had a registered manager that staff felt was supportive and who they felt able to share their concerns with. People and their family and friends were regularly involved in the service in a meaningful way, which helped to drive continuous improvement.

Good



Jean Garwood House

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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured Jean Garwood House was safe, effective, caring, responsive and well-led.

We visited the home on 23 January 2015. Our visit was unannounced and the inspection team consisted of two

inspectors. On the day of our visit we met with 13 people who lived in the home. We spoke with four staff, the registered manager and a director of the organisation. We looked at records about people's care, including six files of people who used the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We checked three personnel records kept for the most recently recruited staff, records of training, supervision and staff allocation. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records. We also checked how medicines were managed.

Following the inspection visit we asked for feedback from three health and social care professionals who were happy to share their views. These included a specialist from the sensory team, a speech and language therapist, and a social worker. We observed care and support in communal areas, and spoke with people in private and in groups. There were no visitors present during the inspection, so afterwards we contacted the relatives of four people who were happy for us to share their feedback.

Is the service safe?

Our findings

People told us they felt safe at the home and had confidence in the staff who supported them. One person told us, “I had been coming to this service for respite for many years before deciding to make it my permanent home; I chose it because everything about it makes it a safe place to live.” The parent of a person using the service told us, “I feel reassured as my relative is enjoying living in such a safe home, they find it comfortable and suitably adapted to their needs.”

We saw from care records that any risks people may experience had been identified through assessments and suitable support plans were developed recording the level of support people needed, for carrying out daily tasks. Staff spoken with were familiar with people’s individual needs, abilities and associated risks. Staff gave people information about risks to help them keep safe and they actively supported them in their choices. Risk assessments were proportionate, and person centred. During the inspection individuals who chose to were supported accordingly and went out in the community with staff support. This showed that the person’s safety was considered while still promoting their independence. There were specific risk plans associated with people’s healthcare needs such as epilepsy and appropriate plans in place to manage and monitor these.

The premises, services and equipment were well maintained. The service took all possible action to reduce risk of injury related to the environment. We saw that doors and areas that were required to be kept locked to protect people were secure, for example electrical cupboards and the Control of Substances Hazardous to Health (COSHH) Cupboard were locked and medication was secured. Staff were trained and used specialist equipment correctly to keep people safe. Records confirmed internal health and safety checks of the premises and of equipment were completed weekly and actions were taken to address repairs. The provider had its own maintenance department to carry out essential repairs and redecoration. People told us there were no problems regarding maintenance and decorating, and the presentation both inside and outside reflected the attention and priority given to providing a comfortable home. The standard of hygiene was good. There were records of fire safety checks and maintenance, including an up to date fire risk assessment. Fire alarms

and equipment were serviced and fire evacuation drills held regularly involving both people using the service and staff. Each person had a personalised fire evacuation assessment that listed the individual actions needed for supporting them in the event of a fire.

People we spoke with and their relatives told us there were enough staff on duty to meet their needs. One person said, “Staff are always around when you need them, I get everything I need.” A person’s sibling said, “There are sufficient staff on duty and they know what [my relative’s] needs are.” Staffing levels on the day of our inspection demonstrated they were appropriate as they suitably provided for the needs of the people using the service. Staff were calm and organised assisting people prepare to go to a day centre, another staff member assisted a person to their healthcare appointment in the community. We saw the staffing rota for December/January; levels of staff were consistent over the period, when people went away for Christmas period staffing levels were reduced to reflect this. The registered manager told us they evaluated the numbers of staff needed based on the needs of the people who lived there. Staff we spoke with said there were enough staff on each shift to make sure people’s needs were consistently met.

The home had systems for ensuring concerns about people’s safety were managed appropriately. Staff understood their responsibilities in keeping people safe from harm; staff we spoke with demonstrated an understanding of what abuse was and how to report concerns. They told us and records confirmed that they received regular training in safeguarding adults. They understood individual’s communication needs and were aware of challenges faced by people with learning or physical disabilities, they gave us examples of how they valued and supported people’s differences. Staff were aware that they could report any concerns to outside organisations such as the police or the local authority.

The staff team had a low staff turnover. We looked at staff records for three of the most recently recruited staff. People who used the service were included in the interview process and reported back their views on prospective candidates based on their experiences of engaging with them informally. The selection process included an application form with a full work history, a formal interview, references, identity checks, information about the experience and skills of the individual, and a police check.

Is the service safe?

These records demonstrated how the person met the selection criteria. The home demonstrated it operated a thorough recruitment process which helped to ensure that people were protected from unsafe care.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately. None of the people using the service were assessed as able to self-administer their medicines safely. We saw all medicines were safely stored in a locked medicines storage cabinet, which was kept locked when not in use. Staff explained how prescriptions were requested from the GP and medicines were reviewed annually. We checked medicine administration records

(MAR) for three people and found all medicines administered had been signed for appropriately. We saw that medicine procedures were tailored to meet the needs of the person. For example, a number of people attended the day centre next door, and staff took the prescribed medicine in blister pack and the MAR sheets to safe for appropriately administer the medicines. Staff had access to the medicines policy and procedures and had been given regular refresher courses on the safe management of medicines. A designated member of staff carried out regular audits to make sure medicine received in and returned to the pharmacy was recorded appropriately, but audits in between were not completed on stocks held.

Is the service effective?

Our findings

People who used the service, their relatives and friends were positive about the service. They spoke of experiencing an effective service which they attributed to the qualities and skills of staff. One of the people using the service said, "The staff are great, they know us all well and what we like and don't like."

People were cared for by staff who were trained and supported to deliver care and treatment to an appropriate standard. All the staff we met were confident in their work and were aware of the support needs of people using the service. Staff told us that the organisation provided a wide range of training in the areas they needed in order to support people effectively. Staff told us they received appropriate professional development, records confirmed the majority of care staff had completed National Vocational Qualifications in Care or equivalent to Level 3. Records showed that staff had completed at regular intervals a range of training and learning to support them in their work and keep them up to date with current practice and legislation. Examples included mandatory courses on moving and handling, the Mental Capacity Act and Deprivation of Liberty Safeguards, infection control, health and safety, handling medication, fire safety and first aid. Other training specific to people's assessed needs, such as epilepsy and autism, was also given to staff. Staff spoke of good teamwork and of delivering consistent care because staff had worked together as a team in the home for some time. The views of people using the service and relatives were positive on the continuity of care due to the regular team of staff.

Staff told of feeling supported, they had regular supervision and appraisals, which included discussion about their work performance and any identified training needs. Records confirmed that staff had regular supervision and a yearly appraisal with the manager. This gave staff the opportunity to routinely review their practice and professional development. Information was shared between staff using a communication book, daily shift planners and handover records. Staff were routinely kept informed about changes to people's needs and well-being. Care records demonstrated care staff had good written communication skills and effectively described the care given and the

person's well-being on a day to day basis. Staff were knowledgeable on the use specialist equipment, and if there were any issues they contacted the relevant professionals.

We saw examples of person centred care plans, monthly meetings and keyworker sessions with staff. The care plans were illustrated with photos to enhance people's involvement and understanding. There were other visual aids around the home to help people make choices and promote their understanding. We saw picture menu cards and a pictorial suggestions box for people to leave comments. Throughout our inspection staff sought people's consent before carrying out any care or support. One person told us, "Staff ask nicely and don't tell you what to do." Staff told us they asked people's permission and respected their decision if they didn't want to do something. Records showed that people using the service had been consulted, asked to contribute and sign in agreement with records about their care.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Arrangements were in place to support people and ensure that any decisions were made in their best interests. Some people using the service had their capacity to make decisions assessed. We saw that an assessment for two people using the service who lacked capacity to make decisions regarding their finances. We saw that court of protection orders had been made. Letters confirmed that the people had been assessed under the Code of Practice in the Mental Capacity Act and it was concluded that they did not have capacity to manage their finances. The provider held discussions with the appropriate parties and followed legal guidance about how they could make sure people's best interests were represented.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. Staff had undertaken relevant training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so that they understood the issues faced by people who found it difficult to make informed choices about their care. There were booklets on the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards available to staff in the office. The manager told us that the service had not needed to make any applications where a person may be deprived of their liberty.

Is the service effective?

Jean Garwood House was well furnished and homely. The layout of the home was suitable for people with mobility issues, 11 bedrooms were located on the ground floor with each one having their own door which allowed people who used wheelchairs direct access to the garden. People had the right specialist equipment to promote their independence and meet both their physical and sensory needs. Shared areas consisted of a lounge, dining room, spacious kitchen, conservatory and garden which were all accessible to wheelchair users. The kitchen was adapted recently to enable people using wheelchairs easy access to the facilities. Some people using this service had additional physical disabilities and the home was equipped with appropriate aids and adaptations such as hoists, adapted baths. One person who had hearing difficulties showed us their specialist adaptations to their room which they found beneficial; there was lighting equipment in use to alert them to a fire alarm, the doorbell or the telephone. A specialist from the sensory team told us staff ensured that people who needed it were referred for specialist equipment. They found staff at the home were supportive in helping people adapt and successfully use any specialist equipment provided.

People told us they enjoyed their meals and had meals they liked. Positive encouragement from staff was used to encourage people who were reluctant or had difficulty in eating and drinking. Staff sat with people and took their meals together. Two people who were more independent told us they went out with staff to buy the food every week. We saw that those who chose to were supported to prepare light snacks, according to their choices and abilities. People's nutritional and dietary needs were assessed and reviewed regularly. Care plans included

information about people's food preferences, including cultural choices and any risks associated with eating and drinking. For example where people had swallowing difficulties and needed a soft diet, the care plans explained how the person should be supported. Staff demonstrated they were aware of individual's needs, for example, a person recently moved into the service following a hospital admission, their risk of choking from unsuitably prepared food was highlighted in the risk assessment. We saw that staff supported the person in accordance with the guidance provided by the speech and language specialist. One member of staff spoke about the action taken in response to a person's recent weight loss. This had included consulting with the GP and using charts to monitor the person's food and fluid intake. There were records maintained to support this.

People were registered with local doctors and opticians and were supported to attend routine appointments for health checks and treatment. During this inspection we saw that two people were supported to attend appointments with health professionals. A relative spoken with after the inspection told us staff at the home were "excellent" at keeping them informed of any issues. There was correspondence which showed that the staff team worked closely with other healthcare professionals to ensure that people received the services they need, for example the speech and language therapist came to the home to review those with swallowing issues. Records we reviewed included routine checks with other professionals such as optician, dentist, GP and consultant psychiatrist, and showed that staff ensured people's general health needs were promoted.



Is the service caring?

Our findings

People using the service spoke highly of the staff team and of kind caring staff who showed by their actions they cared deeply for people in their care. We received the following comments, "I like all the staff because they look after me properly, and they shower me and wash my hair", "Staff are kind they make it a happy place to be. Seeing the smiles on their faces in the morning makes me happy." Another person told us their relative saw Jean Garwood House as their home and choose to spend Christmas and other holidays there with their friends. A relative we spoke with after the inspection visit commented, "Staff are outstanding, they are totally committed to the people at Jean Garwood and do everything in their power to make sure they lead as enjoyable a life as possible."

A healthcare professional said, "The ethos of providing compassionate care is promoted in this service, staff demonstrate they value people by showing them respect and making them feel worthwhile, the caring within the home is magnificent."

We saw that people lived in a caring environment; people were consulted on all aspects of their lives and were asked about their preferred methods of care. During the inspection we saw many examples of staff being attentive, asking people if they were ok, engaging with them and spending quality time with them. A social worker we spoke with said they were familiar with people at Jean Garwood House, each month they met with each person to find out how they were progressing and to find out if they had any concerns. People's individual communication skills, abilities and preferences were known to staff and there were a range of ways used to make sure people were able to say how they felt about the care they received. For example, a picture board was used to find out what a person wished to do and afterwards how the event had gone. The staff team were consistent and had worked together for some years. They told us and demonstrated they were familiar with individuals' means of communication such as Makaton (Makaton is a method using signs and symbols to help people communicate), signing, gestures and body language. We saw members of staff using British Sign Language to communicate effectively with a person who was profoundly deaf.

People were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with

people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff told us they enjoyed supporting people living in the home and helping to empower individuals. People had free movement around the home and could choose where to sit and spend their recreational time. The physical environment supported people's privacy, confidentiality and promoted their independence. On the first floor the accommodation was three bedroomed apartments with their own bedrooms, lounges and dining room, people using this accommodation were more mobile.

People told us they were supported to express their views and were actively involved in making decisions about their care, treatment and support where they were able to do so. Care plans were highly individualised and reflected people's wishes. People had other opportunities to make their views known about their care, treatment and support through key worker meetings. Relatives of people who used the service were involved in their care, two of the relatives told of having regular contact with the registered manager and staff. Relatives told us they visited the service regularly and found that staff welcomed them. The service had a policy on maintaining contact with relatives, and when relatives were unable to come to the home (some were older and more infirm) the service arranged transport for staff to accompany them to the family home for visits.

People told us they made decisions about their lives and made lots of choices every day. They told us that they could choose what they wanted to do, how they spent their time and organised their lives. People were placed at the centre of their care and encouraged them to make choices

on how they wanted to live their life. People's feedback was that there were lots of opportunities to share their views. This included keyworker time, annual reviews and general meetings with staff and other people using the service where they discussed issues that were important to them. Staff showed in our discussions that they were able to describe people's specific preferences and needs. For example, a staff member told us how one person who became anxious displayed certain behaviours connected with feeling unwell. The manager told us the arrangements for hospital admissions, during the day staff always supported the person during their hospital stay, so that they felt reassured and to ensure their needs were understood by staff.



Is the service caring?

Staff were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes.

A member of staff said, "In training the codes of conduct are emphasised to staff. These include knocking and being invited first before entering a person's bedroom." Another staff said, "I always listen carefully to people, hear what they want and encourage them to be as independent as possible", "It's really important to give [name of person] time to put on their jumper themselves. They struggle with

it but they want to do it themselves." A healthcare professional told of the progress made by a person with swallowing problems, staff had supported them appropriately by using professional guidance following admission, and when they wanted to become more independent in eating they received the support and encouragement to do safely. Discussions and observation confirmed that the registered manager and staff understood the significance of person centred care and the importance of empowering people. Staff had discreet conversations with people about private matters that could not be overheard by others.

Is the service responsive?

Our findings

Assessments identified people's care and support needs and relevant care plans were developed to respond and meet these needs. The plans identified the areas in which people wished to be independent and those where they needed support from staff. The staff team were familiar with people's needs as staff retention was good. The home did not use agency staff and covered unexpected absences such as sickness and emergencies with its own staff team. People experienced consistent care and stability from members of staff that they knew.

Plans were sufficiently detailed to provide care as the person preferred. Care plans in place to meet individual needs included mobility, communication, religious and social needs, and eating. People we spoke with and relatives told us they were involved in developing and reviewing care plans. We saw care plans had been signed by people or their relatives to demonstrate their involvement and agreement with the plans. Staff we spoke with said they were told as soon as any changes were made to care plans by people using the service or by colleagues. We saw information being passed between staff during shift handover times, staff were sufficiently informed to be able to respond in a timely manner to people's changing needs. Care and treatment was planned and delivered in a way that was responsive and promoted people's welfare.

Each person had a health passport. This contained detailed information about how staff should communicate with the individual concerned along with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs. All care staff spoken with were aware of their role in ensuring that the health and wellbeing of people living in the home was monitored, and if in the event of a deterioration their responsibility in seeking medical intervention promptly.

People found the service was flexible and responsive to their needs, they found the home developed creative ways to enable people to live as full a life as possible. Care staff told of progress made by individuals, a care worker said, "I've noticed how A has really blossomed in the time they have been here. They are making more decisions on their own about things to buy or what to wear. They are making a lot more choices." An informative needs assessment was seen for a person who had recently moved into the home.

There were also records to show that they had received appropriate support to familiarise themselves with their new environment. This had included obtaining information from a member of staff from their previous residence. The person had a hearing impairment and they used picture boards to communicate.

People were supported in promoting their independence and community involvement. We saw that people were provided with a range of activities to meet their needs and choices. The majority (10) of people attended the adjoining day centre on weekdays; they also had their lunch there. Care plans included information about the person's aims and ambitions, and how staff were to support them with their social interests and occupation. Staff helped people plan their individual weekly schedules. The activities plans were written from the person's point of view and detailed things people liked to do. In house activities included aromatherapy, quiz nights, handicrafts, knitting, board games and puzzles. Community activities included swimming, bowling, college, shops, restaurants, social clubs and trips to places of interest such as theatres and outings. Holidays and outings were also planned to suit individual needs. One person told us of holidays they enjoyed in 2014, they had spent a week at a venue in Pagham and thoroughly enjoyed the break with all their friends from Jean Garwood House. Three of the people told us of their participation in college, they were awarded certificates of achievements which staff helped them celebrate. Some people told of the monthly meetings they attended where they talked about things like planning the outings for the various season. Two of the people told us, "We had a lovely holiday together in Norfolk in 2014", and said staff had helped to organise it.

Communication at the service was good which helped ensure staff matched expectations of people and that they responded accordingly to needs. A communication book was used daily to keep staff informed and up to date. We saw this gave good information on people's individual needs so all staff knew what actions they needed to take; for example the records ask that staff put on a shopping list a person had run out of mouthwash.

A staff member gave examples of the importance of giving information to someone in a way they understood to avoid any misunderstanding. They said, "[name of person] doesn't remember to do certain things due to memory retention, especially if routines change. We need to remind

Is the service responsive?

them of personal care issues such as cleaning their teeth properly.” Records seen confirmed that as changes arose to individual’s needs and capacities the service responded appropriately by empowering people. One person told us, “The staff do help me when I need them to but as I am more able and most things I can do for myself.” All of the bedrooms had call bells. One person had an adapted bell which took into account their visual impairment. It was placed by their bed so that they could use it easily at night. People told us that they did not have to wait long at night for assistance. The care record for a person detailed the person’s preferences in activities and how they were supported to access these, it also recorded habits for sleeping such as ‘likes to sleep with the light on’. The person confirmed with us the light was left on at night in accordance with their preference. These actions demonstrated the service was responsive to individual needs.

The home had a complaints policy in place, and a complaints procedure was available in several different formats – large print, simplified and pictorial. People knew who to complain and who they should speak to. No complaints had been received since the last inspection visit. There were clear procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the local government ombudsman and CQC if people felt their complaints had not been handled appropriately by the home. When speaking with staff, they showed awareness of the policies and said they were confident to approach the manager. Staff felt matters would be taken seriously and the manager would seek to resolve the matter quickly. People using the service and their relatives said that they were confident that should they have a complaint it would be taken seriously and fully investigated. We saw minutes of residents’ meetings, where minor issues were raised and discussed and resolved to everyone’s satisfaction.

Is the service well-led?

Our findings

Staff said they felt valued and that their opinions mattered, they felt inspired by the leadership and direction provided by the registered manager. Staff understood how to “whistle-blow” and were confident that the management would take action if they had any concerns.

The home had a registered manager in post whose working hours were not included in the rota for care and support duties. This meant they were able to focus on their management responsibilities. The manager demonstrated they had a good overview of the day to day culture within the home. They were familiar with the service and people who used the service. We found there was an open, fair and transparent culture within the service. Staff told us of good teamwork and felt that they contributed to a safe happy environment. Staff found the manager was approachable and listened to their concerns and ideas for improvement. Staff expressed their pride in the service and the quality of life people experienced.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were a range of quality checks in place to ensure that people were safe and that appropriate care was being provided. A trustee from the provider organisation carried out monthly visits to audit systems, talk with people using the service and with staff, and to observe practice. Staff completed routine checks to monitor the quality of the service. These covered areas such as care plans, the environment and health and safety. We saw regular health and safety checks on all aspects of the premises and equipment were undertaken. These included appropriate maintenance contracts concerning fire, gas and electrical safety and for servicing equipment such as electrical appliances. Other recorded checks looked at food hygiene, fire safety, medication and infection control. Designated staff members took responsibility for these checks. We also saw a copy of the training programme for the staff team; a matrix highlighted any gaps in training provision which the manager followed through. Staff told us they were reminded to and attended refresher training as required.

There was evidence of the service learning from incidents / investigations took place and appropriate changes were implemented. There was a record of all accidents and incidents with details of how these were investigated. We saw changes were made to people's care and support plans as and when necessary. The registered manager explained that they discussed incidents and accidents during team meetings to ensure that staff were kept informed of these and so that staff could all learn from these. The provider used a range of resources to continually review their practice and place the interests of the people using services at the centre of what they do. The various on-going audits, both internally and externally, ensured that the quality of care was regularly assessed and evaluated.

People who use the service were asked for their views about their care and support and they were acted on. There were monthly meetings for people living at Jean Garwood House where they talked about what activities they wanted to do and other issues as needed. An example was seen of how two people's views were addressed. The majority of people using the service were female. but two people (male) requested the employment of male staff in the home, subsequently in response to this request the service successfully recruited a male staff member to the team.

We saw that people using the service and their relatives were given satisfaction surveys/questionnaires once a year. Questionnaire responses showed that people were very positive about all aspects of their care. Relatives confirmed they too were asked for their feedback. The results contained in the annual quality assurance report demonstrated a high satisfaction rate among those using the service, and that personal care and support were well delivered and staff ensured people were encouraged to do as much for themselves as possible. We saw the latest quality assurance report and annual development plan. The development plan put forward in 2014 included refurbishment of the kitchen so that the worktop and sink was wheelchair accessible; there were also plans for resurfacing the driveway so that access for people was made easier. Work on both of these projects was completed satisfactorily.