

# Christadelphian Care Homes

## Garswood

### 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

This unannounced comprehensive inspection took place on 18 December 2017.

At the previous inspection we found breaches of regulation in relation to; the safe administration of medicines, governance, safe recruitment and staff support. As part of this inspection we checked to see if the necessary improvements had been made and sustained. The service was now meeting regulatory requirements.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; Safe, Effective and Well-led to at least good. We found that improvements had been made in accordance with the action plan in each of the key questions.

Garswood 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.

Garswood is located in Southport close to public transport links and Birkdale village. Accommodation is arranged over four floors with lift access to each floor. The home is registered to accommodate 39 people and includes a dedicated unit (Hazelwood) to accommodate seven people who are living with dementia. At the time of the inspection 22 people were living in the main building with a further seven in Hazelwood.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed a member of staff while they administered some medicines and checked records, storage arrangements, stocks and audits. The medication policy was comprehensive and audits had been effective in identifying errors. The provider was no longer in breach of regulation 12 with regards to the safe administration of medicines.

We checked four recruitment files and found that they reflected safe recruitment practice. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of a DBS check. The provider was no longer in breach of regulation 19 regarding the recruitment of fit and proper persons.

The majority of supervision and appraisals had been completed in accordance with the provider's schedule. Where meetings had not taken place the reason was recorded and alternative dates had been entered onto an electronic record. Staff told us that they were well supported by the management team and could request additional support through informal or formal supervision as required. The provider was no longer

in breach of regulation 18 regarding staff support.

During this inspection we saw evidence of regular audits being conducted and action taken when issues were identified. Audits looked at a full range of relevant areas such as; health and safety, MCA/DoLS status, medicines, welfare, maintenance and activities. The provider was no longer in breach of regulation 17 regarding quality assurance processes.

The staff that we spoke with were able to explain how they helped to keep people safe and safeguard them from potential abuse. Information about safeguarding was clearly displayed within Garswood and the staff we spoke with were able to explain their responsibilities to report concerns both internally and externally (whistleblowing) if required. Individual risk was appropriately assessed and reviewed to ensure that people were kept safe without unnecessarily restricting their independence.

Garswood had a robust approach to the recording and monitoring of incidents and accidents. The records that we saw were detailed and showed evidence of review and analysis by the registered manager.

The home was operating in accordance with the principles of the Mental Capacity Act 2005 (MCA). Applications to deprive people of their liberty had been submitted appropriately.

People spoke very positively about the food at Garswood and were supported to maintain a healthy diet. They were supported by staff to access healthcare services in a timely manner.

People spoke positively about the quality of care they received and the attitude of the staff and managers. Throughout the inspection we observed that staff were vigilant in monitoring people and provided care in a timely and respectful manner. They spoke to people with a clear understanding of their histories, preferences and needs and used gentle re-assuring language when people were confused or distressed.

Garswood utilised a range of methods to encourage people to express their views. We saw evidence in records which indicated that staff had listened to and acted on people's comments.

People had access to lounges and other rooms if they needed privacy to meet with friends or relatives. Each person also had en-suite facilities with a shower for the provision of personal care although they could choose to use an accessible shared bathroom if they wanted a bath. We also saw that most people had locks on their bedroom doors.

Garswood ensured that people received personalised care that met their needs. We saw that care records had been produced with the involvement of the person and their relatives and were subject to regular review. Care records contained extensive information about people's personal histories, families, care needs and preferences. Care records were respectfully worded and showed clear evidence of review and development when people's needs changed.

The home employed two coordinators who organised individual and group activities. We saw evidence that they had worked with people to record their histories and preferences and reflect the information in creative ways. We saw evidence of individual activity programmes including; painting and gardening. We also saw an extensive range of group activities took place including; bingo, quizzes and trips-out.

Garswood is run by Christadelphian Care Homes and primarily provides care and accommodation for people of that faith. However, other faiths were recognised and fully accommodated by the home.

Staff recognised the need to communicate with people on an individual basis. This individualised approach to the provision of information ensured that Garswood met the Accessible Information Standard.

When we checked the record of complaints we found that only one had been received in 2017. This had been addressed promptly and professionally in accordance with the provider's policy.

Staff and managers were conscious of the need to support people and their wishes at the end of their life. We saw and heard examples of how end of life care was planned for in conjunction with the person, their family and healthcare professionals.

Garswood had an extensive and clear management structure with a focus on people's experience of care and the provision of support to maintain healthy, stimulating, independent lives.

Throughout the inspection the staff and managers were open and responsive. They were able to provide evidence on request and clearly understood management systems and what was required of them.

The home demonstrated a commitment to continuous learning and development by supporting staff to access learning opportunities and through attendance at local and national events which promoted innovation and best-practice.

## 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.

Robust systems were in place to protect people from abuse and neglect.

Risk was appropriately assessed and subject to regular review.

Medicines were safely administered in accordance with best-practice guidance.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported by the service to ensure that they had the right skills and knowledge.

The service operated in accordance with the principles of the Mental Capacity Act 2005.

People were supported to maintain good health in conjunction with a range of community healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness by staff.

People were encouraged to express their views and were actively involved in decisions about their care.

Staff supported people to maintain their privacy and dignity in all aspects of care.

### Is the service responsive?

Good ●

The service was responsive.

Care records were developed with the involvement of people and their relatives and subject to regular review.

The service received a very low level of complaints.

People were supported at the end of their lives to have a pain-free, dignified death in accordance with their wishes.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a clear management structure and staff understood their roles and responsibilities.

People were consulted and communicated with through a range of appropriate means.

The service demonstrated a commitment to continuous improvement and worked effectively with other agencies.

# Garswood

## Detailed findings

### Background to this inspection

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

This inspection took place on 18 December 2017 and was unannounced.

The inspection was conducted by two adult social care inspectors.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority for information. A Provider Information Return (PIR) was available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the service, their relatives and staff. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service. On this occasion we did not complete a SOFI (short observational framework for inspections) because the people living on Hazelwood were engaged in activities throughout the day and we were able to observe interactions with staff over the course of the inspection.

On the day of the inspection we spoke with seven people living at the service and one relative. We also spoke with the registered manager, the assistant manager, an activities coordinator, a senior carer, two care workers and a visiting GP.

# Is the service safe?

## Our findings

At our last inspection in October 2016 we identified breaches of regulations 12 and 19 because medicines were not always managed safely and safe recruitment practices had not been followed consistently. As part of this inspection we checked that the necessary improvements had been made and sustained in accordance with the provider's action plan.

We observed a member of staff while they administered some medicines and checked records, storage arrangements, stocks and audits. Garswood was in the process of transitioning from one pharmacist to another and we found that the changes had already generated improvements. Medicines were stored in a locked trolley within a lockable room. Other medicines were stored in a refrigerator as required. The temperatures of the room and refrigerator were recorded regularly and remained within safe limits. Monitoring of these temperatures is important because some medicines can be damaged by storage at excessive temperatures.

The medication policy contained guidance for staff in a number areas, such as medication training, storage, administration, destruction and return. The document also contained guidance regarding self-medication, covert medication and controlled drugs. Since the previous inspection the policy had been updated to include disciplinary processes for medication errors. This had been distributed to all staff responsible for the administration of medication.

There was evidence of regular medication audits following the previous inspection, these were initially monthly but following a number of errors being identified the home had implemented nightly audits. The audits showed an honest reflection of the errors being made and clear action taken, for example following a number of identified miscounts of stock an e-mail was sent to all responsible staff highlighting the errors and reminding staff of the importance of following the correct procedure. The stock levels of the medicines that we checked during our inspection were accurate.

The audits also provided evidence of staff honesty when errors were made. For example, one staff member reported that they had administered the wrong medication to a person but had taken appropriate action to ensure that their safety was not at risk.

The home had one person on covert medication (hidden in food or drink in their best-interests). Their care file contained appropriate risk and capacity assessments and best interests' decisions in line with the Mental Capacity Act 2005 (MCA). The care plan also provided clear guidance for staff when administering this person's covert medication. For example, it advised 'medication to be placed in a small cup of hot chocolate'. One person was identified as self-medicating. There was clear evidence of signed consent in their care records.

MAR sheets were checked and no errors were found. There was evidence of clear recording where people had refused their medicine or where it was not required. We saw evidence of PRN (as required) protocols for the administration of pain relief and other medicines. This meant staff had clear information on how and



when to administer these medications.

Controlled drugs were locked securely in a separate cupboard from all other medication. The controlled drugs book was completed correctly with two signatures for all administration. Three boxes were counted and correct stock levels confirmed.

It was identified that the home was not following the correct procedure for opening of medication with an expiration date. For example, eye drops that had been opened on did not contain a date to indicate when they were opened. This was discussed during the inspection and was rectified.

We found the provider was no longer in breach of regulation 12 regarding the administration of medicines.

At the last inspection we found that a member of staff did not have a Disclosure and Barring Service (DBS) check in place because the provider believed that it was not required due to their role. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. Following the last inspection the provider changed its practice to ensure that any staff member who had contact with vulnerable adults had a DBS check before they started work.

We checked four recruitment files and found that they reflected safe recruitment practice. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of a DBS check.

We found the provider was no longer in breach of regulation 19 regarding the recruitment of fit and proper persons.

People told us that they felt safe living at Garswood. Comments included; "I've no concerns about safety", "We have our little houses with our own front doors that we can leave open all the time if we want to" and "I feel really safe here."

The staff that we spoke with were able to explain how they helped to keep people safe and safeguard them from potential abuse. Examples included; "Making sure people have got what they need like mobility items", and "Being there and keeping an eye on people." Staff were also clear about what action they would take if they were concerned about people's safety. Information about safeguarding was clearly displayed within Garswood and the staff that we spoke with were able to explain their responsibilities to report concerns both internally and externally (whistleblowing) if required. Our records indicated that there had been no safeguarding concerns identified since the last inspection.

Individual risk was appropriately assessed and reviewed to ensure that people were kept safe without unnecessarily restricting their independence. We were given an example of how safety and security were improved when one person who was living with dementia was repeatedly trying to leave the building. Following consultation with other people living at Garswood, keypad locks were introduced. The number of the keypad was displayed so that people who wished to move around the building were not restricted. We saw evidence of risk assessments and associated care plans in relation to; falls, nutrition, health and skin integrity amongst others. None of the people living at Garswood was identified as presenting any additional risk in relation to equality or diversity. For example, people who were disabled through sight or hearing loss.

Environmental risk was also considered and we saw evidence that risk was considered in relation to; legionella, fire, water temperatures and general health and safety around the building. Each person had a personal emergency evacuation plan (PEEP) and fire equipment had been subject to regular servicing and

testing by the provider and external contractors as required. Safety certificates relating to; fire alarms, extinguishers, emergency lighting, portable appliance testing (PAT), gas safety, electrical safety and moving and handling equipment were all up to date.

Staff were deployed in sufficient numbers to meet people's needs. Staff numbers were based on an assessment of people's needs which was regularly reviewed. We spoke with people living at the home and staff about staffing levels. We were told that people had become more dependent over the years, but staffing levels had reflected this. Care staff were supported by ancillary staff such as domestics and cooks. The home also had two activities coordinators and made use of volunteers to support activities.

We found the home to be very clean and free from odours during the inspection. Staff made appropriate use of personal protective equipment (PPE) to reduce the risk of infection. Other measures included; a regular cleaning schedule and use of specialist equipment and procedures for handling soiled linen. The kitchen and food preparation areas were clean and fitted with professional equipment. The home had received a maximum rating of five stars at its last food hygiene inspection.

Garswood had a robust approach to the recording and monitoring of incidents and accidents. The records that we saw were detailed and showed evidence of review and analysis by the registered manager. It was clear from these records that staff were open and honest in their reporting of incidents and accidents. For example, staff had reported their own medicines' errors. This had led to action plans being produced and performance monitoring being implemented. The provider had been equally open and honest in acknowledging and addressing issues arising out of the last inspection. It was clear that they had improved practice as a result.

# Is the service effective?

## Our findings

At the last inspection in October 2016 we identified a breach of regulation 18 because not all staff had been supported in their roles through regular supervision and appraisal. As part of this inspection we checked records to ensure that improvements had been made and sustained in accordance with the provider's action plan.

We found that the majority of supervision and appraisals had been completed in accordance with the provider's schedule. Where meetings had not taken place the reason was recorded and alternative dates had been entered onto an electronic record. Staff told us that they were well supported by the management team and could request additional support through informal or formal supervision as required.

We found the provider was no longer in breach of regulation 18 regarding staff support.

People told us that staff had the right skills and experience to meet their care needs. Comments included; "I appreciate the extra help I am receiving at the moment", "They are looking after me in the right way" and "[Relative] wasn't eating or drinking before coming here." A visiting GP was equally positive about the effectiveness of care at Garswood. They commented, "I usually deal with [staff name] and [they are] excellent, [they] know the residents really well and is always able to fully explain any issues they have. They are really proactive regarding health referrals".

People's needs and choices were assessed before moving to Garswood and subject to regular review. We saw evidence that care was delivered with reference to appropriate professional and clinical standards and best-practice guidance. For example, the home had worked with a dementia specialist regarding the physical environment and suitable activities.

We saw that staff had completed a range of training courses relevant to the needs of people living at the home. Examples included; medication competency, infection control, safeguarding and dementia. The majority of training was up to date and in accordance with the provider's schedule. Records were colour-coded to indicate when training was due to be refreshed. Staff spoke positively about the training which was delivered both internally and by suitably qualified external trainers.

People were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. The dining experience was supported by a choice of nutritious food which was well-presented and served in a dining room which was laid out with matching cutlery, crockery and condiments. People told us that they enjoyed the food and had a good choice. One person said, "If there is anything that I can't have or don't want they will always make sure there is something else for me to have." While another told us, "I have never had to ask for anything else because the food is that good."

We saw examples in care records of a small number of people who required support to maintain a healthy diet. In one record we saw that a person was refusing to eat their recommended softened food and requesting the non-softened alternative. Staff had liaised with healthcare specialists and a relative to reduce

the risk to the person while addressing their wishes. In another example we saw that a person had been experiencing weight loss. Their diet was supplemented which led to weight gain and an improvement in their general health.

People were supported with other health needs in conjunction with community-based healthcare professionals. We saw evidence in care records of consultations and appointments with; GP's, district nurses, speech and language therapists and opticians.

On an escorted tour of Garswood we saw examples of how the building had been adapted to meet the needs of people living there. The main building was bright, homely and welcoming. There were a number of spaces for people to sit and relax and specialist areas and equipment for activities. For example, a quiet room with computer access was used for people to contact their families. The dementia unit (Hazelwood) had additional adaptations to ensure that people living with dementia were able to move about the building as independently as possible. Lighting was bright and signage was clear. The staff had made excellent use of images and objects of reference to help people orientate themselves and to provide stimulation. Part of the rear garden had been fenced-off to allow people to access a safe and level area without staff support. Other parts of the garden had been developed to keep chickens and grow plants and vegetables.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made regularly to the local authority.

The records that we saw indicated that the service operated in accordance with the principles of the MCA. It was clear from care records and discussions with people that their consent was always sought in relation to their care and treatment.

## Is the service caring?

### Our findings

People spoke positively about the quality of care they received and the attitude of the staff and managers. Comments included; "The staff are like your own girls. They're lovely. Everything gets top marks", "Glad I came here. I settled I really well and the staff are super" and "Staff are great. We have a good banter together." A recent survey included the comment, 'More than excellent care and kindness shown. Over and above the call of duty.'

Throughout the inspection we observed that staff were vigilant in monitoring people and provided care in a timely and respectful manner. They spoke to people with a clear understanding of their histories, preferences and needs and used gentle re-assuring language when people were confused or distressed. In one example we saw a staff member sitting next a person gently holding and stroking their hand. They told us that the person had a hearing impairment and responded best to physical touch rather than words. Later the same person interrupted a conversation with staff to ask for support. The staff member responded immediately and re-assured the person that it was okay to interrupt the conversation. They introduced the inspector and explained the purpose of the inspection before providing the support requested.

We did not directly observe anyone who was particularly distressed or needed emotional support during the inspection. However, staff shared examples of how they had supported people through periods of anxiety and/or loss. They were clear that anticipation and early intervention were important to reduce the impact of distress and had individual approaches to achieve the best outcome. Examples of this approach were also recorded within care records.

Garswood utilised a range of methods to encourage people to express their views. It was clear that staff explained to people what their plan of care was and asked for their views before delivering care. Staff also ensured that people were given the opportunity to discuss changes in their care needs during reviews or have their views represented by a nominated family member. Surveys were distributed and information about developments and potential changes was discussed at regular meetings. The registered manager told us that it was a priority to ensure that every person who attended had the opportunity to have their say. The home also made good use of a welfare committee whose members visited Garswood regularly to meet with people and gather their views on the service.

We saw evidence in records to indicate that staff listened to and acted on people's comments. For example, one person had asked for an additional piece of equipment to be purchased for the garden. It was confirmed by the person and the registered manager that this had been acted on. In another example a member of the welfare committee had discussed the benefits of purchasing sensory equipment. We saw that it was in use when we looked around the building.

We asked staff how they ensured that people's rights to privacy and dignity were maintained. Each staff member was clear about the basic precautions that they took when providing personal care. For example, closing doors and curtains and covering people up where practical. They were equally clear about the need to maintain confidential information securely and we saw that this was born-out in practice.

The home displayed information about independent advocacy for any people that needed it. None of the people living at Garswood at the time of the inspection were using the services of an independent advocate.

People had access to lounges and other rooms if they needed privacy to meet with friends or relatives. Each person also had en-suite facilities with a shower for the provision of personal care although they could choose to use an accessible shared bathroom if they wanted a bath. We also saw that most people had locks on their bedroom doors.

Staff understood how people's behaviours might sometimes compromise their dignity. They noted that this was a particular issue for people living with dementia. They explained how they monitored behaviours and intervened early and discretely to prevent situations developing. For example, when people weren't fully dressed or needed support with personal care.

## Is the service responsive?

### Our findings

The people that we spoke with were complimentary about the range of activities available to them at the home. Comments included; "Really good especially the quizzes and outings", "The activities are really good, so many to choose from, [activities coordinators] are excellent", "Activities are great and we are involved in what we do, we have a good laugh together."

Garswood ensured that people received personalised care that met their needs. We saw that care records had been produced with the involvement of the person and their relatives and were subject to regular review. Care records contained extensive information about people's personal histories, families, care needs and preferences. For example, one file not only recorded the person's history, but also the job that a parent held. A different record detailed a person's preferences for dress and activities. This information helped staff to get to know people and provide care which reflected their individuality. We spoke with staff who clearly knew people well and were able to observe staff using personal information about family members and histories in conversations.

Care records were respectfully worded and showed clear evidence of review and development when people's needs changed. For example, one record reflected advice from a dietitian to introduce full cream into the person's diet to aid weight gain. Other records had been amended when people's behaviours had changed.

The home employed two coordinators who organised individual and group activities. We saw evidence that they had worked with people to record their histories and preferences and reflect the information in creative ways. For example, near the entrance to Hazelwood we saw large picture frames with photographs and objects of reference for each person living on the unit. The displays were produced to a high standard and gave a genuine insight into the people concerned. Similar displays were placed in other areas of the home. They were used to promote conversation and provide stimulation.

We saw evidence of individual activity programmes including; painting and gardening. We also saw that an extensive range of group activities took place including; bingo, quizzes and trips-out. Information about activities was displayed throughout the home and on the dining tables to encourage participation. Activities were subject to regular review and in one case staff had worked with a person to identify an alternative way to complete an activity. A monthly report identified that a person was becoming distressed by what they read in the newspapers, but enjoyed the crossword. It was agreed to cancel the newspaper delivery and purchase a crossword book.

Garswood is run by Christadelphian Care Homes and primarily provides care and accommodation for people of that faith. However, other faiths were recognised and fully accommodated by the home. For example, one care record described the person's faith as Roman Catholic and explained how their faith needs were met through regular communion and contact with a local convent.

Staff recognised the need to communicate with people on an individual basis. Information was most often

provided through face to face conversations. We observed staff using language which was simplified and repeated for some people to aid their understanding. Information was also presented in written form, using large text and images. This individualised approach to the provision of information ensured that Garswood met the Accessible Information Standard. The Accessible Information Standard promotes the use of alternative or simplified methods of presenting information to aid people's understanding.

As part of the inspection we checked the complaints policy, any record of complaints and spoke with people. Information about how to make a complaint was displayed and available to people and visitors. People we spoke with, were clear about how they would complain, but told us they had not felt the need to do so. When we checked the record of complaints we found that only one had been received in 2017. This had been addressed promptly and professionally in accordance with the provider's policy.

Staff and managers were conscious of the need to support people and their wishes at the end of their life. We saw and heard examples of how end of life care was planned for in conjunction with the person, their family and healthcare professionals. People's end of life wishes were recorded. For example, some care records contained do not attempt cardio-pulmonary resuscitation (DNACPR) instructions. None of the records that we saw had a specific plan relating to end of life care, but information about their wishes and preferences was recorded in other parts of their care records. A visiting GP commented, "The [person] I have come to see is end of life and has been difficult to manage. The staff have been really good and I have no concerns about the care they are providing." We saw an example where somebody receiving end of life care was restricted to their bed. They were provided with sensory equipment as part of their care. Staff explained how the person found this equipment comforting. This showed that the home considered people's need for engagement and stimulation as part of their end of life care.



# Is the service well-led?

## Our findings

At our last inspection in October 2016 we identified a breach of regulation 17 because quality assurance and audit processes had not been effective in identifying and addressing concerns. As part of this inspection we checked processes to ensure that the necessary improvement had been made and sustained.

During this inspection we saw evidence of regular audits being conducted and action taken when issues were identified. Since the previous inspection the home had implemented six monthly provider inspections that looked at a full range of relevant areas such as; health and safety, MCA/DoLS status, medicines, welfare, maintenance and activities. In addition to the provider inspections, the home carried out monthly trustee inspections to highlight any additional issues/concerns.

There was evidence of action taken following these inspections. For example, during the maintenance inspection it was highlighted that a window replacement was required. This had been actioned. It was also identified that some care plans required updating and a number were reviewed and updated.

We found the provider was no longer in breach of regulation 17 regarding quality assurance processes.

Garswood had an extensive and clear management structure with a focus on people's experience of care and the provision of support to maintain healthy, stimulating, independent lives. People spoke positively about the management team, their openness and support. One member of staff said, "Roles and responsibilities are clear. Management are approachable. I can have a rant and it's over with." While a person living at Garswood commented, "I can't think of anything that would improve it. Everything goes so smoothly."

Garswood was part of the Christadelphian Care Homes group and had a clear and consistent vision. The home's mission statement identified a commitment 'To provide loving individual care enabling people to lead fulfilling lives within a spiritual environment centred on the Christadelphian ethos.' This vision was consistently evidenced in promotional materials, discussions with staff, care records and observations.

Throughout the inspection the staff and managers were open and responsive. They were able to provide evidence on request and clearly understood management systems and what was required of them. The registered manager and other senior staff understood their responsibilities in relation to regulatory requirements. However, we identified that two notifications relating to DoLS authorisations had not been submitted to the Commission in a timely manner. The matter was raised with the registered manager and corrected before the end of the inspection. Other notifications had been submitted as required.

People living at Garswood were engaged and consulted about changes through surveys, meetings and reviews. We saw evidence of regular meetings being held which clearly documented the wishes and feelings of people living at the home. For example, 'I'm very content at Garswood, I'm pleased I chose to come here.' Welfare committee meetings were held every three months to look at the welfare of the residents. The welfare committee is an external community organisation linked with the Christadelphian community.

There was evidence of action taken following points raised during the meetings. For example, in one meeting there was a discussion around the benefits of sensory equipment for people with advanced dementia. It was agreed that this would be of benefit and sensory equipment was purchased.

The home demonstrated a commitment to continuous learning and development by supporting staff to access learning opportunities and through attendance at local and national events which promoted innovation and best-practice. They also linked well with specialists to improve practice in key subjects such as dementia. Information taken from the provider information return (PIR) further demonstrated a commitment to continuous development by identifying potential areas for improvement. For example, 'Establish more relationships with best-practice organisations' and 'Consider introducing themed supervisions focussed on (CQC's) key lines of enquiry.' These areas for improvement had not been introduced at the time of the inspection.

We saw evidence that the home worked effectively in partnership with other agencies. This included health and social care professionals and agencies from the local community. For example, the home had worked with a local school to facilitate a children's choir performance. We also saw strong evidence of partnership working with GP's, district nurses and speech and language therapists for the benefit of people living at Garswood.