

Mr & Mrs A J Prior

The Garth Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: The Garth Care Home is a nursing home that provides personal and/or nursing care for up to 33 people, some of whom are living with dementia. At the time of the inspection 33 people lived at the service. Most people lived there permanently, and some people spent short periods there to provide respite to their main carers.

People's experience of using this service:

People told us they received safe care. Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Risks to people had been assessed and measures put in place to reduce these risks.

People told us they felt safe living in the home due to the support they received from staff. Individual risks to people had been assessed and measures were in place to mitigate those risks. For example, sensor mats were used to alert staff when people were at risk of falling. Appropriate actions had been taken when accidents or incidents occurred.

Feedback from people who lived in the home and their families was predominately good. People told us staffing levels were good and their needs were met, one person told us that at there had been the occasion when they had to wait for support, however happy with care. People reported to us that they were happy with the care that they received.

Sufficient numbers of staff had been recruited. Safe recruitment practices had been followed, and all records required were in place.

Medicines were managed safely and staff completed training regarding this.

Staff felt well supported in their role and able to raise any issues with senior staff and the registered manager. Regular training had been completed by staff and they received supervisions and an annual appraisal to further support them in their posts.

The food served at the home was of a good standard. Everyone we spoke with told us that they mainly enjoyed the food and we saw that it was plentiful and good quality. People's nutritional needs were known and met by staff.

The building was in a good state of repair and people told us they were comfortable. The décor was neutral colours throughout the communal areas, corridors and doors that made it difficult for some people to know where they were and where their rooms were. We spoke with the registered manager and providers who informed us that there was an agreed plan to use good practice guidelines for decorating the corridors and doors to meet the needs of all people living there. We saw the plans that these areas had been actioned.

The service worked with a lot of other professionals and agencies to help ensure people's needs were met

effectively. Advice provided was clearly recorded and followed by staff.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us staff were kind and caring and that their dignity was protected by staff. This was also reflected within the responses to surveys and within the compliment cards and letters we looked at. People told us the staff knew them and supported well, including their needs and preferences.

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required with changes in care and support clearly signposted. We saw that relatives were involved in supporting staff to understand how people wished to be cared for. There were activities provided at the home and people told us that they enjoyed them.

Systems were in place to gather feedback from people regarding the service and action was taken to improve the service, based on the feedback. The registered manager and senior staff also completed regular audits and addressed any areas identified as requiring improvement to improve the service provided to people.

We received information from professionals working with the service, all being very positive about their practices including this communication. 'The Registered Manager is proactive in engaging with all new initiatives, responsive to both health and social care in regards to working in partnership, always willing to share good practice and support new managers in their role through buddying. The staff team are proactive in supporting residents to achieve good outcomes, the provider is also proactive in ensuring the service is providing good quality and safe care'.

Rating at last inspection: Good (Last report published July 2016).

Why we inspected: This was a scheduled inspection based on the previous rating of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One adult social care inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The Garth Care and Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection we spoke with ten people and four relatives to ask about their experience of the care provided. We spoke with four members of care staff, the activities coordinator, the cook, two nurses, the maintenance officer, the in-house physiotherapist, the housekeeping manager, a domestic, the registered manager and the two providers.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

After the inspection we received additional evidence and information from professionals who had been invited by the registered manager to be involved at the service for areas including a dementia specialist that visits the home as part of the mental health service input for the home managing GP referrals and general queries from the staff regarding residents with dementia. Information was also received for end of life care, projects in The Garth called 'The Heart of Care' To develop community links and value all people.

Is the service safe?

Our findings

Safe – this means we looked for evidence people were protected from abuse and avoidable harm
People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware to report safeguarding concerns and acted accordingly following the correct procedures.
- Staff had received training on how to protect people from abuse and a policy was in place to guide them. Staff were knowledgeable about safeguarding processes and how to raise any concerns they had.
- The registered manager maintained a record of safeguarding concerns and referrals had been made to the local authority when required and to the CQC.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this. All staff spoken with told us that they would use the whistleblowing procedure without hesitation. All staff told us that they would speak to the senior staff and registered manager initially as they would listen and action would be taken.

Assessing risk, safety monitoring and management

- People told us they felt safe living in The Garth Care and Nursing Home. This was because they received safe care and could talk to staff if they needed to. Relatives responses from a recent survey included, "I feel confident that [person] is safe and well cared for" and "I am very satisfied that my [relative] is getting the best care".
- Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people.
- Equipment and utilities were checked regularly to ensure they remained safe for use.
- Emergency procedures for keeping people safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and an overall emergency procedure plan.

Staffing and recruitment

- People and their relatives told us there were sufficient numbers of staff on duty to meet people's needs. Their comments included, "There always looks to be sufficient numbers of staff, busy but enough staff" and "Always seems to be enough staff, I can't fault them". One person commented "I do have to wait at times but it's not often and its usually in the morning when [staff] are really busy". We looked at four staff recruitment records and all were in order with all relevant checks completed.
- The service did not use agency staff as the in house staff team volunteered when required to fulfil any shortfalls. Staff told us that this ensured that staffing levels remained consistent and continuity of care was provided.
- Changes to the staffing structure had been made since the last inspection, including the introduction of a of a hospitality manager role, and a homemaker role.
- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.

- Registered nurse's personal identification numbers (PIN) had been checked to ensure they were registered with the Nursing and Midwifery Council (NMC) as fit to practice.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.
- Medicines were stored safely and the temperature of storage areas were monitored, recorded and within range.
- Staff had completed training and had their competence assessed to ensure they were safe to manage people's medicines.
- People told us they got their medicines when they needed them and a relative told us, "Staff know what [medicines] my [relative] needs and when they need them. There has never been any issues".
- Records of medicines administered were maintained and we saw that all but one had been completed accurately. All contained information regarding any allergies people had to medicines and photographs of people were available in line with best practice.
- The registered manager informed us of the use of a medical emergency grab bag that would be used and ready for an emergency medical situation. The registered manager told us this was because the home was in a rural area and emergency services could take longer to react. This practice ensures that medical actions can take place immediately by nursing staff.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Staff had received training and procedures were in place to maintain a safe clean environment for people to live.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

Learning lessons when things go wrong.

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.
- Staff we spent time talking with told us that any safety updates are communicated to them through 1-1 meetings, staff meetings and memo's. Staff understood their responsibilities to raise concerns and report incidents and near misses; they told us they are fully supported when they do so.
- The registered manager acted to ensure lessons were learnt from any incidents. For instance, changes were requested to how medicines were provided when audit checks showed in December 2018 that dissolved medication found in persons room that [staff] had omitted to administer but had signed for. Actions recorded that staff must not sign for medication until post administration as then acts as a reminder if you have been distracted during administration process.
- Monitoring records looked at were completed daily, weekly, monthly and quarterly. Information was collated onto a monthly plan called 'How are we doing' this information was extremely informative. Records included weekly weights of people, monitoring food fluid records, infection control outcome and percentages, notifications, gender preference, alarm bell responses and other health and safety checks. All areas had outcomes and actions taken where required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Conditions on DoLS authorisations were known and clearly recorded within people's care plans.
- Consent to care and treatment was sought and recorded in line with the principles of the MCA.
- When people were unable to provide consent, the best interest process was followed which included involvement from relevant people. For example, a person who lacked capacity to understand the effect of refusing their medicines, had a best interest decision made to administer them covertly (hidden in food or drink). This was agreed by the person's GP, next of kin, registered manager and input from the pharmacist had been sought as to how they could be administered safely. This was all clearly recorded within a plan of care.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Consent and relevant risk assessments were recorded for people who shared rooms.
- Staff had received training in relation to mental capacity and told us they always asked people for their consent before providing support and people we spoke with confirmed this.
- The service had produced a record for each person called 'hello this is me' that was based on good practice. The information was reflected through the care plans we looked at informing of the persons, likes, dislikes, their history and what was important to them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had access to best practice guidance, such as NMC Medicine Standards and The National Institute for Health and Care Excellence medicine guidance. Guidance from the local authority was also available, such as safeguarding procedures and thresholds.

- Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice.
- Detailed care plans were developed from initial assessments and included input from other health and social care professionals when required.
- When people had specific medical conditions, information regarding these conditions was held within the care files. This information also provided best practice guidance on how best to manage the condition to ensure people received safe and effective care.
- The inspector was informed by the registered manager and staff about the links with other organisations and how it supported their values. By working in partnership with other organisations that kept the service up to date with new research and development to make sure staff are trained to follow best practice.

Staff support: induction, skills, training and experience

- Staff completed regular online training in areas relevant to their roles, to ensure they could support people effectively. Staff were required to attend onsite training for practical training including moving and safe handling people and health and safety.
- People and their relatives told us they felt staff were adequately trained and able to meet their needs safely.
- New staff had completed a comprehensive induction which met the governments recommended induction standards. Staff competence was assessed during the induction process.
- Staff told us they received sufficient training and felt it helped to support them in their roles as it ensured they were kept up to date with good practice. Staff were supported by the providers to register for qualifications in care.
- Staff felt well supported and received regular supervisions and an annual appraisal to discuss their roles and any development required.
- Clinical supervision meetings were provided to all nursing staff in the home by an external company. The registered manager told us that this was implemented to ensure professional learning and development take place.
- Three staff working at the home were finalists in the 'Regional Great British Care Awards 2018'. One member of staff continued on to win the national award for 'Dignity in care' which is an accolade for the individual, people living at the home and staff.
- The Gold Standard framework accreditation for palliative/end of life care achieved in August 2018 at the Garth is testament to the dignified care and treatment provided by staff.

Supporting people to eat and drink enough to maintain a balanced diet

- The service protects people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health. Regular monitoring and reviews were carried out with people using the service and relevant professionals to ensure people's needs continue to be met.
- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet. Systems were in place to ensure these records were completed accurately and reviewed regularly.
- People told us they had enough to eat and drink. Comments from people and their relatives included, "Food is very good, I enjoy it", "It is always there if you want it because I don't feel like eating at some meal times. The staff will ask and make me something when I feel like it", "I can have food and drinks at any time", "Food is all right, they [staff] do try to provide nice food" and "Food is great, plenty of it, no complaints".
- We saw that people's weights were closely monitored and early intervention taken if people started to lose weight.
- We observed people having lunch during the inspection. Staff were on hand to support people who needed help. We were provided with information from the registered manager and dementia specialist who had

been providing training to staff on meal time experiences and were positive about the trials.

Supporting people to live healthier lives, access healthcare services and support

- Where people required supported from healthcare professionals this was arranged. Staff requested visits from other health a community nurse to support the needs of a person who was unwell.
- Staff had access to professional guidance relating to people's specific medical conditions.
- Any support people needed with their healthcare needs were recorded in their care plan.

Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.

• People told us that staff would always arrange for them to see a doctor if they were unwell. The service had close links with GP's at a local surgery and there was a weekly walk around to monitor people's health and discuss changes in their health. We spent time talking to the nurse practitioner who told us the service was very good at communicating the changes in people's health and acted accordingly to ensure their wellbeing.

- The effectiveness of having an in-house physiotherapist and team working at the home had a positive impact for the people living there. People were provided with an assessment on admission and we were provided with one to one reports where more support had been provided.
- The manager informed us of a pilot scheme called the 'red bag scheme' that the service was involved in. The scheme was implemented to enhance the experience of people transferring from the Garth into another location by providing good communication and co-ordination.

Adapting service, design, decoration to meet people's needs

- Bathrooms were adapted to ensure they could be accessed by all people.
- Improvements had been made to the environment to help ensure the environment was suitable for people living with dementia and the registered manager and provider had plans to develop this further. We discussed the colour of the décor in communal areas as it was all neutral shades. We were told by the registered manager they were in the process of looking at good practice guidelines for colours and were also working with dementia specialists to support this.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to attend appointments at hospitals, to support their specific health needs.
- All people had access to a GP when they needed them and there were weekly visits to the Garth for people from the local surgery.
- Other health professionals were contacted and provided advise, treatment and support when required.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them with respect. One person told us, "Staff are very kind, nice people" and another person said, "All the staff try their best for you, they are really kind", and "Staff are very good, very kind I couldn't go to a better place than here".
- Relatives agreed and their comments included, "The home is really lovely and the treatment of my [relative] is really good", "Staff are approachable and knowledgeable and welcome us [family] when we visit", "Can't fault them [staff]" and "They treat my [relative] like a friend, its lovely to hear the conversations".
- Comments in recent relative surveys included, "My [relative] is treated with care, love and respect" "The staff treat [relative] as if he is their own family", "The care provided is really good and my [relative] health has improved immensely" and "I could not fault any of the staff." Compliments and thank you cards and emails received by the service were viewed.
- Health and social care professionals told us staff were, "Very caring and professional", "Very approachable and knowledgeable about the people living at the home" and that "Staff do care about their residents".
- Staff knew the people they were supporting well, including their needs and preferences. We were informed about the keyworker system used that involved people having allocated key staff working with them and understanding their unique requirements. This knowledge was used to develop individual plans of care that reflected the support people wanted and needed.
- We observed positive, familiar interactions between staff and people living in the Garth throughout the inspection and staff spoke warmly of the people they supported.
- Staff understood how to communicate with people most effectively for the individual. They knew when people required additional support due to hearing or visual impairment. When people were not able to communicate verbally, staff told us about specific body language signs they looked for to help understand the person's needs.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had choice and could make decisions about their support. People got up and went to bed whenever they chose, ate their meals where they wanted to and only took part in the activities they chose to.
- Not all people recalled being asked their views of the service, however records showed that they had completed surveys as a means of gathering their views.
- Regular resident meetings were also held, although not all people we spoke with were aware of the meetings. Records showed that people were asked their opinions during the meetings and whether anything could be improved. We saw that action was taken based on this feedback for example changing the menu's.
- People and their family members told us they felt confident to be able to raise any concerns they had with

the management and that they would be dealt with.

- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.
- Records showed that people were consulted regarding their care and supported to make decisions in relation to this. Advocacy services were available to people and we were told by the registered manager that there were five people currently using an advocates support.
- The Garth was requested to pilot a project initiated by NHS Executive called 'Heart of Care' that consists of meeting other people and providers in the local community. There are eight members currently involved at the service including a person living at the home, a relative and five staff. The registered manager told us its extremely valuable to share information and exciting to be a part of vision to develop a supportive, caring community.

Respecting and promoting people's privacy, dignity and independence

- Most people told us they felt staff protected their dignity and privacy. One person told us staff always knocked on their bedroom door and another person said they felt their privacy was respected as, "Staff keep everything confidential as far as I am aware".
- A member of staff won an award for 'Dignity in care' at the Great British care awards 2018. The registered manager informed us that this was a phenomenal outcome not only for the individual but represented the care provided by all of the staff.
- Staff clearly described how they protected people's dignity and privacy, including closing doors and curtains when providing personal support and helping people to remain covered with towels.
- Records regarding people's care and treatment were stored securely.
- People told us that staff encouraged them to be as independent as they could be and records reflected this.
- Staff signed confidentiality agreements when they were recruited, to help ensure information regarding people using the service was treated appropriately.
- Different forms of communication were used at the home for people including a walkie talkie when an individual wanted to spend time alone in the grounds. A lap top was available and relatives contacted the home via different applications.
- Professionals working with the service told us that the registered manager and staff team were proactive in supporting people living there to achieve good outcomes, ensuring the service was providing good quality and safe care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs preferences, interests and give them choice and control

- People's individual needs had been assessed and care plans developed to meet those needs.
- Care plans were detailed regarding the support people required and had been reviewed regularly.
- Information was recorded regarding people's preferences in relation to their care and treatment, daily routines and how they liked to spend their time.
- Relatives told us they were aware of the plans of care in place and were always informed of any changes.
- Staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.
- Staff completed daily logs to record the care provided, so all staff had up to date information regarding people's care. Daily logs reflected that planned care was delivered.
- A range of activities were available to people, both within the home and the local community. People told us the activities available had greatly improved. Staff encouraged people to continue hobbies and interests they had enjoyed before moving into the home. The service invited external people to provide activities and these included, local children from nurseries and entertainers. The registered manager told us that the service was involved with a local dementia alliance action group supporting them in being a dementia friendly provider.

care quality in response to complaints or concerns

- A complaints policy was available and this was on display within the home.
- Most people told us they knew how to make a complaint should they need to and relatives agreed.
- Relatives who had raised concerns were happy with the action taken to address the issues.
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately.
- The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- Although nobody was receiving end of life care at the time of the inspection, staff had undertaken training to enable them to support people effectively at the end of their lives.
- We looked at the care planning and advanced care planning that was focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health and future wishes.
- The registered manager told us they had a qualification in end of life care with 17 years experience of working at a palliative care provision.
- End of life meetings were held at the Garth with professionals invited to attend. Good practice was shared for example a set of cards bought at an End of life conference which

helps people talk about what their wishes were for the future.

- The service worked closely with the community nurses and GP's during these times, to ensure people received appropriate care and support.
- The registered manager told us that they offer bereavement support to family and friends.
- The Gold Standard framework accreditation for palliative/end of life care was achieved again this time at Platinum standard in August 2018 at the Garth. This was testament to the dignified care and treatment provided by staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The people living at the Garth and staff told us the service was consistently well-led. The providers and registered manager shaped its culture by engaging with staff, people who use services and other stakeholders. It has clear, person-centred vision and values that include honesty, involvement, compassion, dignity, independence, respect, equality and safety. The providers and registered manager monitors their practice against their values.
- Ratings from the last inspection were clearly displayed within the home as required.
- CQC had been notified of all relevant incidents that had occurred within the home as required. The registered manager and senior staff understood what incidents CQC needs to be notified of.
- The registered manager and staff understood their roles and responsibilities within the service. Job descriptions were available within staff files and policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Most people living in the home told us they knew who the manager was and would tell them if they had any concerns.
- Relatives and health and social care professionals told us the service was managed well. Comments included, "[Registered manager] is very good at her job, open to change and good practice", "The manager listens and is proactive. We are invited to join projects that will improve the service in the Garth and links into the community". "The manager is very approachable and has made a lot of positive changes" and "[Registered manager] is genuinely interested in continued service development".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gather feedback from people regarding the service. These included regular surveys and meetings, as well as complaint processes. A suggestion box was also available for use.
- Surveys were also provided to health and social care professionals to gain their views and feedback was positive.
- Staff meetings were held regularly and staff told us they could raise any issues and felt listened to.
- Staff told us that the registered manager was very good at sharing information and had really good communication skills including updating them on new good practice guidelines.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was supported by the registered provider, as well as a team of senior staff. The in-house physiotherapist who had two students working alongside her told us that the manager initiated actions required and ensured the staff worked as a team.
- The registered provider had a plan for continued improvements within the service.
- Most people told us they were happy with the support they received.
- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.

Continuous learning and improving care

- A health and social care professional told us the manager used the last inspection report as a tool for improving the service as well as closely monitoring the care, health and wellbeing of all of the people living at the Garth.
- The registered provider had systems in place to assess and monitor the quality and safety of the service.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- When recommendations for improvement were made following external audits, we found that action had been taken to respond to those recommendations.
- The registered manager engaged with local initiatives to help improve care. This included dementia awareness, working with community specialists, being the lead of projects for linking into community care called 'Heart of Care'.
- We found that improvements to the service had been made in several areas since the last inspection.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. Health and social care professionals spoke positively about communication and joint working with the service.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.