

Caring Homes Healthcare Group Limited

Garth 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Garth House is a care home which provides care and nursing care for up to forty-two older people, some of who may have dementia. At the time of our inspection 39 people were living at the service.

There was a registered manager 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.

The inspection took place on 29 September 2016 and was unannounced.

There was positive feedback about the home and caring nature of staff from people who live here. People were safe at Garth House.

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team, CQC or the police.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Accidents and incidents were recorded and acted upon. In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building.

There were sufficient staff on duty to meet the dependency needs and preferences of the people that lived there. It was however felt that at weekends the staffing of the home was not always effective.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Staff were knowledgeable and received a comprehensive induction and on-going training, tailored to the needs of the people they supported. Staff could access on line training during their working day or at any time that they are not on duty. They also received regular supervision.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed.

Throughout the inspection day staff were heard to ask people for their permission before they provided care

or support.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and specialist diets either through medical requirements e.g. diabetic meals, or personal choices vegetarian meals were provided.

People were supported to maintain good health as they had access to healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help and made sure they received appropriate care and treatment.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with people and showing interest in what people were doing and comforting them in an appropriate manner.

People could have visitors from family and friends whenever they wanted and there were positive relationships between people and staff which allowed people to express their views.

Care plans were detailed and provided good guidance for staff to reference if they needed to know what support was required. People received the care and support that reflected their needs and preferences.

People told us they enjoyed the activities on offer. There was a range of activities that met their social needs however these were offered from Monday to Friday. One person told us that over the weekend activities were not always available.

People knew how to make a complaint if they needed to. Complaints had been effectively resolved in line with the complaint procedures.

People and relatives gave positive feedback about the management of the service and felt they could speak to the registered manager whenever they needed to. Quality assurance checks were effective at identifying areas where the service could improve. The registered manager notified us appropriately of incidents in the service. We saw that the records and policies in the home provided an effective tool for the registered manager to gain an oversight into how well and effective the service was run.

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.

Staff understood and recognised what abuse was and knew how and when to report it. Staff understood the roles of external agencies in safeguarding people.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered safely and people received their medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well; individual risk assessments provided clear information and guidance to staff.

Is the service effective?

Good ●

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people.

Staff received regular supervision.

People had choice of food and drink. People's weight, food and fluid intakes had been monitored and effectively managed.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff that supported

them. People were clearly relaxed with staff and felt happy and confident in their company.

Staff were caring and friendly. We saw good interactions by staff that provided care with respect and ensuring people's dignity.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

Is the service responsive?

Good ●

The service was responsive to people's support needs.

Care plans were person centred and gave detail about the support needs of people. People and their families were involved in care plans planning, and their reviews.

People were supported to do activities that matched their interests and abilities. Staff had the time to spend with people, in addition to providing them with personal care.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good ●

The service was well- led.

Quality assurance processes were up to date and used to drive improvement throughout the home.

Staff felt supported and able to discuss any issues with the manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

People and staff were involved in improving the service. Feedback was sought via an annual survey and regular meetings.

The manager understood their responsibilities about the regulations, such as when to send in notifications.

Garth 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 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 29 September 2016 and was unannounced. The inspection was conducted by two inspectors one of whom had nursing experience.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with six people who lived at the home, four relatives and six staff which included the registered manager. We also reviewed care and other records within the home. These included six care plans and associated records, six medicine administration records, six staff recruitment files, and the records of quality assurance checks carried out by staff.

At our previous inspection in August 2015 we rated the service as Requires Improvement and identified two breaches of regulations.

Is the service safe?

Our findings

People told us they felt safe living at Garth House and that staff were "Cheerful and very supportive". One person told us that the staff were "So reassuring and make you feel safe". Another person told us that they felt safe because there was sufficient staff on duty to "Reassure and support" them. A relative told us that their family member was "Safe and had made good relationships with the staff".

Staff told us that they knew the registered manager or any of the senior care team would act on any concerns they raised. Staff knew what their responsibilities were in relation to safeguarding. All staff had received training in safeguarding and knew what to look for and do should they suspect abuse or if they had concerns. Staff told us they were clear about what action they should take and could approach the registered manager or the deputy manager who would act on any concerns they raised.

The registered manager had notified both CQC and the local authority of safeguarding incidents when they occurred. We looked at records which detailed the registered manager had taken appropriate action to ensure that people were protected. This included liaising with the local authority safeguarding teams to ensure incidents were investigated appropriately.

There were clear policies in place that staff were aware of which detailed the agencies that should be contacted in the event of a safeguarding concern. The policies included one in relation to whistleblowing which staff knew about should they need to use it. These policies were clearly displayed around the service including the staff study area.

Risks to people were well managed and helped kept them safe. There were assessments in place where risks to people's health had been identified. For example one person was primarily nursed in bed and required regular turning to minimise the risk of developing a pressure sore. Staff were aware of the actions they needed to take to support this person and understood the signs to look for in relation to their skin deteriorating. They had an air-flow mattress when they were in bed which was adjusted to the correct settings and a cushion for their wheelchair when they were out of bed. Staff told us that these had been adjusted to ensure that the risk of developing a pressure sore was minimised.

Another person was at risk of falls which meant their health and environment needed to be monitored. There were clear guidelines in place for staff to follow and action had been taken to ensure their health was maintained and their environment was checked regularly. The registered manager told us that they had capacity to make decisions for themselves but "Never the less" staff had clearly explained about the risks involved to them about their care and support.

The registered manager told us that all risks were reviewed on a regular basis and when required appropriate health professionals were involved. We saw in one care plan reviews undertaken by the staff after the person had a short stay in hospital. The service used information gained from health care professionals to develop a set of risk assessments to provide them with safe and effective future care.

All incidents and accidents were recorded appropriately and reviewed regularly by the registered manager to identify any themes or patterns. This was completed and action taken if needed to prevent them reoccurring. The registered manager showed us the process they undertook when reviewing these incidents. We saw one care plan had been amended after a person had an unobserved fall, the service had developed a strategy to minimise future incidents.

Equipment that was used whilst providing care such as hoists, slings, wheelchairs and bath chairs were regularly checked to ensure they were safe for people to use. The registered manager and staff carried out checks on the equipment to make sure they were maintained.

People would be kept safe in the event of emergencies. There was an emergency plan in place in the event of a fire. People had personal emergency evacuation plans in place (PEEP) which guided staff on how to safely support a person if there was an emergency. These were well written and very clear, they provided detailed instructions on how to safeguard the person in the event that the service had to be evacuated.

At our last inspection we found that there were not always enough staff on duty to meet people's needs. On this inspection we found that improvements had been made and there were now sufficient staff on duty to meet people's needs. The registered manager had redeployed staff and rotas had been changed to ensure that at peak periods there was a strong staff presence supporting people. Relatives told us that there were enough staff on duty during the week but at weekends staffing was "Sometimes problematic". The registered manager told us that they were aware that there had been an issue at the weekends; as a result they had ensured that more staff were on duty at the weekends which included senior staff.

One relative said, "There was always enough staff when I come to visit." Another told us "The staff are never too far away and can always be called if we need them". We observed staff supporting people in one of the day rooms. During our inspection we observed that there was enough staff on duty to effectively support the people in the room participating in activities. There were also sufficient staff elsewhere in the home providing care for the people who were in their own rooms. One member of staff told us that at times they were sometimes very busy but that "there was enough staff to help people".

The registered manager told us that they used a dependency tool to work out safe staffing levels. On the day of the inspection there were two registered nurses, seven care staff and ancillary staff working in the home. We looked at the staffing rotas and saw that these were the usual staffing numbers for the home.

There were robust systems in place to ensure that staff employed were recruited safely. Staff recruitment files were being audited at the time of our inspection. The file we looked at all contained information to show that the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, two written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Checks were carried out to ensure nursing staff had an up to date registration with the Nursing and Midwifery Council.

Medicines were managed well with the administration of them being carried out by qualified nursing staff. We observed a medicines round on the day and saw that nursing staff followed best practice whilst administering medicines. When medicines were being administered the trolley where they were kept was locked and only when the person had received their medicine was this recorded on the medication administration records (MAR) charts. MAR charts contained specific information about people such as allergies. There were no gaps in recording and there was relevant information about certain drugs such as the administration of trans-dermal patches and anti-coagulant medicines. Medicines were stored securely in

lockable cabinets in a secure room.

Where medicines people took 'as needed' (PRN) medicines such as pain killers they had a PRN protocol held with the MAR charts which described the reasons for use, the maximum dose, minimum time between dose and information on any possible side effects. Medicines were disposed of safely using an external provider. These were removed from the service after being signed out prior to being taken away for destruction.

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for them. Staff had training in order to undertake their roles and responsibilities to care and support people effectively. The induction process for new staff was based the Skills for Care training scheme. The scheme had been designed to take care staff through a robust training process and ensured that they would have or to develop the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices.

One person told us that they though "All the girls (Care staff) were very well trained." One relative said, "The staff give you a reassurance that your family member is in safe hands". One staff member told us that they "shadowed another carer for a couple of weeks". They also told us that before they were started supporting people on their own the manager spoke to them to ask if they felt they were ready to "Go solo". The registered manager told us that if staff did not think they were ready or the senior staff felt that some more time might be beneficial they would arrange for them to have more shadowing until they felt they had the effective skills to support people on their own. This familiarised staff with the standards of the service and enabled them to get to know people that they supported.

There was an in-house trainer who provided regular courses to staff to make sure they were trained appropriately. A record of staff training needs was maintained so that staff were kept up to date with current best practice. Training was provided specifically to assist staff in understanding their roles better. This was updated at training sessions or during staff meetings. Areas covered included moving and handling (which included the use of hoists), dementia awareness, skin care and eye care. This ensured staff was able to understand and help people they supported. The service ensured that the nursing staff were given opportunities to complete their professional training and updates in line with Nursing and Midwifery Council's guidelines.

Staff told us that they felt supported in their work. Staff had regular one to one meetings or supervisions with the registered manager or senior staff. The staff also received an annual appraisal. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. One staff member said, that they were give "Loads of training and it was not rushed" and that they "Can sit in the staff room and work on the computer E learning course". During our inspection we saw one member of staff complete a section of E learning on the Mental Capacity Act 2005 (MCA). Which they said was very "Thought provoking".

At our last inspection there was a breach of Regulation 11 of the Health and Social Care Act 2008 in relation to consent. During this inspection we saw that the registered manager had ensured that mental capacity assessments were completed correctly and decisions were made for people by others who had the legal right to do so.

Staff were able to describe the principles of the Mental Capacity Act (MCA) 2005 in detail and how they applied it in their work. Staff told us that they understood they needed to act in people's best interest. Where

people lacked capacity to make some decisions, there were mental capacity assessments completed. The 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.

One person had a significant health condition. A best interest meeting had been held and it was established that they had the capacity to make their own decision but this was kept under review to ensure they received appropriate care and treatment.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Detailed assessments of people's mental capacity for specific decisions had been completed appropriately. People also had access to advocacy services which offer help to people who may not have anyone else who can help them with decision making.

We saw that for day to day decisions staff ensured that people's choices were respected. We saw staff ask permission before they moved people for example. One member of staff told us that they would respect people's wishes if they did not want to do something and would go back to them afterwards to see if they had changed their mind. We saw this happen on the day of the inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

We observed the lunch time period and saw that this was a social occasion for people and staff interacted well with people. Two relatives had joined their family members for lunch which staff told us was a regular occurrence. Comments about the food included it was "Very nice" and "Very good". One relative told us that the meals are "Very pleasant" and they "Always look nice." Another relative told us that they come to the service every day to have lunch with their family member they said that there was a good "Atmosphere during the meals" and that the staff do not "Rush anyone."

People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People were weighed regularly to ensure that they were maintaining a healthy weight. The registered manager told us that this would be increased if a person appeared to be losing or gaining weight. The service used a Body Mass Index (BMI) chart for all the people who they support in order to calculate a healthy weight for each person.

People received support to keep them healthy. One person was fed through a tube in their stomach; staff were aware of this and ensured they supported them appropriately. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people when the GP came to visit the service or if they felt unwell. One person told us that the staff were "Very kind and offer to stay when the doctor visits".

A health care professional told us that the staff were very "Quick" to contact the surgery if they were worried

about people's health. They continued to tell us that when they did contact the surgery they had all the relevant information required. The provider had introduced adaptations in line with best practice around the home to better meet the needs of people, especially those who are living with dementia. There was more use of primary colours, grab rails and appropriate furniture that would offer people more substantial support.

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said the service was, "Excellent, I am very well looked after." Relatives were also positive about the care staff. One relative said, "I see what goes on nearly every day and they have always been very nice and friendly." Another relative told us that they felt the care their family member received was done in a way that showed they "Cared about people." A staff member told us that Garth House was a "Great place to work everyone is so caring."

It was evident throughout our observations there was a high level of engagement between people and staff. It was noted that because of this people, appeared at ease to express themselves and receive appropriate care in a warm and inclusive atmosphere.

People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing. It was however observed that one person was dressed with their nightdress over their day clothes. They were also wearing another person's shoes which were a size too big for them which could have caused them to trip or fall. The staff saw that the person was wearing another person's shoes but did not attempt to remedy the situation. The staff told us that this person dresses themselves and they will try to support them but that it was "their choice". One member of staff told us the person could become very agitated if they intervened in their choices. We looked at the person's care plan and this was not noted risk assessed.

People's privacy and dignity was respected. People told us that staff always respected their private space by knocking on their doors and waiting for a response before entering their rooms. We observed that when people required personal support when they were in the public areas this was provided discreetly and in a way that upheld people's dignity. We observed one member of staff helping a person during lunch. The person accidentally spilt some of their meal the member of staff positioned themselves in a way that blocked people from being able to look when they helped clear away the spillage to help maintain their dignity.

Staff were also observed in the dining room asking people if they wanted to wear protective aprons. The people who did not want to had their wishes respected. Staff were kind and attentive and treated people with dignity and respect at all times. They did not intervene unless the person could not manage or requested help and this was done in an unobtrusive and caring manner.

Staff were very caring and attentive to the people they supported. Staff demonstrated that they knew the people they supported by talking about things of interest to them and involved them in making decisions about their daily lives. Throughout our inspection staff were positive and warm towards people. We observed one staff member reassuring one person by simply moving to sit beside them and talking to them in a reassuring way and doing the same exercise as the person. One person said, "They talk to me too and keep me company and encourage me." A relative told us that they visit the home very regularly and were always "Impressed" by the interaction the staff have with everyone.

People were given information about their care and support in a manner they could understand.

Information was available to people in their home, such as their care plans and daily care records. A relative said that they "Liked" the way their relative was always included about the way they were supported. They also told us that the day to day care their relative received was "Always done in the way that was agreed in the care plan". This ensured the person received a consistent level of care no matter who was supporting them.

People's rooms were personalised which made it individual to the person that lived there. One person told us how important it was for them to have some of their own possessions around them and how it made them "Secure and comforted". One relative told us that being able to surround their family member with all the things they loved at home made "Moving into the home so much easier for them to accept."

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs. People had access to religious services in the home so they could practice their faith. The service organised members from local churches to come into the home to provide religious support and care. A member of staff told us that people could either join in with a religious service as part of a group in the public rooms or individually in their own rooms.

There were regular house meetings which everyone in the home was invited to. Relatives also attended to ensure that there was an open and positive process in place to ensure that everybody's views were included. One relative told us they attended all the homes meetings and "Actively" participated in them.

Is the service responsive?

Our findings

People's care and support was planned with them, in conjunction with their families and with health care professionals. People's needs were fully assessed before they moved into the service to ensure that their needs could be met. One relative told us the manager came to their home and sat down with everyone to discuss what their family members needed and how they could develop their care plan. They told us that their family member lacked capacity to make important decisions so it was important that the family was "Included to make sure that the care plan was in place" before their family member moved into Garth House.

Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

Staff told us that once the pre-admission assessment had been completed a person centred care plan would be developed. People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. There was detailed information concerning people's likes and dislikes and the delivery of care, which included all aspects of their personal and healthcare needs, social needs and risk assessments.

For example one person was living with dementia and was at risk of falling. The care plan detailed specific guidance for staff around this. The care plans were reviewed regularly and if people's care needs changed this would be reviewed sooner if needed. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person centred and focused on their individual needs. Care plans addressed areas such as how people communicated and what staff needed to know to communicate with them. We read in one care plan that because the person had a hearing impairment staff should stand in front of them and speak directly to them.

Staff had regular handovers to discuss any changes to people's health or well-being. The registered manager told us that all staff who supported people should attend these handover meetings. Staff told us this was a useful way of keeping up to date with how people were and to make sure that people received appropriate support. We saw that staff used daily records of care which were detailed and showed that people's preferences were taken into account when they received care, for example, in their choices of food and drink.

Staff were responsive to people's needs. During the inspection we saw that staff responded flexibly to people's requests to do things that they wanted. We observed one person who initially wanted to sit on their own reading books they soon tired of this and staff promptly asked if they wanted to join in with a group activity. The person said that they would like to join the group and staff escorted them into the exercise group.

People's individual routines and preferences were respected. We saw that people were free to spend their

time as they wished. One person wanted to sit quietly reading a book which staff respected but ensured that they were still happy or if they wanted a drink. People told us that they could get up and go to bed at times of their own choosing and that the staff supported them when they wanted them to. One staff member told us that they were very flexible around this people's choices and made sure that their decisions were "Respected and supported."

People were able to access a range of activities that were designed to help engage with others or on their own. There was a weekly programme for people which the activities coordinator organised and developed to meet people's needs. Activities included events that might interest people such as quizzes, gentle exercises and reminiscence sessions. Information was available to people around the home on notice boards and event planners.

On the day of our inspection the activities coordinator organised an exercise group for people which generated a lot of noise and interest for those that took part. One relative told us that during the week activities were well organised and people had "Fun". Another relative told us their family member enjoyed being included in the activities, as they had been quite isolated when they lived at home. They however told us that over the weekends the activities were not always available. Another relative told us that there had been an "overall improvement" as far as their family member accessing activities that were appropriate to them. We spoke to the registered manager on the day of the inspection and they told us that the service had planned to extend the days covered by the activities coordinator to ensure that meaningful activities would continue into the weekend.

There was a complaints policy in place, and people had a copy in their rooms. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

People were supported by staff that listened to and responded to complaints or comments. People said they felt their complaints would be listened to and dealt with. One relative said, "I would speak to the manager. I feel I have a very good relationship with them." Another relative told us that not all complaints were dealt with effectively as they had "Raised the same concerns more than once, but they had not been fully resolved."

There had been three complaints received at the home in the last 12 months. These were clearly recorded and responded to in accordance with the complaints policy. We saw that two complaints had been partly upheld and action taken to try to stop the issues occurring again.

Is the service well-led?

Our findings

There was a positive culture within the service, between the people that were supported, the staff and the registered manager. One person said, "This place is great I can do what I like and they are easy to talk to". People told us the service was well managed. One relative said, "Yes, I do think it is well run. We are new to this. It's the first time we've had to use a home but and it's been good so far". A health care professional told us that the registered manager "Led by example" and they were always keen on getting extra support from professionals outside the service if it provided better support for the people.

One relative told us that they had raised concerns about the poor activities on offer at the weekends; they said, "There was still no action to change this". We spoke to the registered manager during the inspection who confirmed that there had been discussions to improve the weekend staffing and activities. They told us that they planned to redeploy an activities coordinator immediately to cover the weekends and to ensure that staff were more available and visible over the weekend. This would then ensure that everyone living at the home could access appropriate activities and support from suitable care staff and management.

During our inspection we observed positive interactions between the registered manager and the people who lived at the service and their visitors. The registered manager, nurses and the senior carers ensured the people who lived at the service received a good standard of care. Staff told us that the registered manager had a hands on approach to care and support, and were very visible in the home on a daily basis. This made them accessible to people and staff, and enabled them to observe care and practice to ensure it met the needs of the people who lived there. We saw this to be the case of the day of the inspection.

Staff told us that Garth House was a "pleasant" place to work and that they enjoyed working in the home. One staff member told us that the registered manager was "knowledgeable" and encouraged staff to participate in the training offered by the provider.

Staff told us that they felt supported and able to raise any concerns with the registered manager. One staff member said, "The manager is good" and will "listen to them". Another staff member "If I had a problem, I'd not hesitate I would go straight away to talk to the manager". Staff understood what whistle blowing was and that concerns should be reported. They knew how to raise any concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as health and safety, and medicines. In addition the registered manager also carried out spot checks to see that people received a good standard of care. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

We saw that after the registered manager had completed an environmental audit the flooring in two bedrooms and public areas of the home had been identified as in a poor condition. On the day of our inspection a contractor was replacing the flooring in the areas that had been highlighted during the audit.

The registered manager was aware of their responsibilities about reporting significant events to CQC and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return (PIR) when it was requested, and the information they gave us matched with what we found when we carried out this inspection.