

Mr & Mrs R M Boundy

Garson House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Garson House is a residential care home for 13 people with conditions associated with old age including dementia. There are some bedrooms on the ground floor, but most bedrooms are on the first floor with access via a passenger lift. Communal lounges and the dining area are all located on the ground floor. The home is in the middle of a small town and so access to local shops and cafes is available. At the time of our inspection there were 12 people living in the service.

People's experience of using this service and what we found

Following our last inspection, we imposed conditions on the provider's registration which required them to complete a selection of monthly audits and report their findings to CQC. This was because we identified people were at risk of receiving unsafe or inappropriate care as care records did not always reflect their current needs and safety monitoring was not always completed. We also identified risks due to poor environmental management.

The provider had worked closely with the local authority and the service manager had received significant support around implementing a good governance framework. There had been improvements around the management of the service environment and financial investments had been made. The new arrangements were currently being embedded into the service to ensure they were fully effective.

People told us they felt safe at the service and staff knew how to identify and report concerns. People received their medicines when they needed them, however although there was no impact to people, we identified improvements were still needed around the management of medicines. The service manager had elected to delegate the medicines audit out as opposed to completing the audit themselves. This had resulted in an audit being completed inaccurately and had not identified the minor issues we found relating to medicines. We have made a recommendation about the management of medicines.

People's risks were now managed through an electronic care planning system which the service manager was implementing. There was now a formal system to review incidents and accidents to reduce risks to people. The service was clean and there were now systems to audit the cleanliness of the environment. The service worked well with other health professionals to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Improvements had been made around Deprivation of Liberty Safeguards (DoLS) applications and compliance with the requirements of the Mental Capacity Act 2005. The provider had sought advice and guidance following our recommendation.

There were new governance systems in operation to ensure the health, safety and welfare of people using the service and others. Auditing of care records, environmental risks and Mental Capacity Act 2005

documentation had been implemented and was being embedded into the service. The provider had now notified CQC in full about any significant events at the service in line with regulatory requirements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Inadequate (published 3 November 2022). The provider sent us monthly reports in line with conditions imposed on their registration.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the service sought advice and guidance from an accredited source to ensure the Mental Capacity Act 2005 and relevant supporting legislation was well embedded in the service. At this inspection we found improvements had been made in this area.

This service has been in Special Measures since 3 November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

Enforcement and Recommendations

We have made a recommendation about the management of medicines.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Requires Improvement ●

Garson House Care Home

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one Inspector.

Service and service type

Garson House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Garson House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. There was also another manager appointed who was involved in the day to day management of Garson House Care Home. We have referred to them in this report as the service manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with 6 members of staff which included the service manager, a representative of the provider and care staff. We spoke with 4 people who lived at the service and observed some interaction between people and staff.

We reviewed a range of records, including peoples' care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance. Following our site visit we received feedback from 1 healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not yet completely safe.

The service was currently using a new governance framework and electronic care planning system and it was evident more time was needed to ensure this was fully embedded to ensure people were safe.

Assessing risk, safety monitoring and management

At our last inspection we identified that inaccurate records relating to the delivery of care presented a risk. We also found the current safety management of the service environment and building presented a risk to people and staff in the service. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The risk of people receiving unsafe or inappropriate care had been reduced through records now reflecting people's current care needs. The provider had invested in a new care planning system for the service manager and staff. This had impacted positively on records being accurate and regularly reviewed.
- Records showed that where people's risks were assessed, records were now reflective of their current needs. For example, risk assessments were regularly completed and updated in relation to falls, their risk of skin breakdown and nutritional risks. The new electronic care planning system identified when reviews or care escalation was required.
- At our last inspection we found people were not weighed in line with their identified needs. Records now showed weights were regularly recorded and the care planning system identified when these were overdue. The care planning system immediately identified if a significant weight loss or gain had occurred to allow action to be taken where needed.
- During a review of records, we found that there were some minor areas where staff were recording care interventions differently which we identified to the service manager. Action was going to be taken to ensure consistent recording was achieved.
- The service manager told us that since the last inspection, the people currently receiving care had significantly reduced care needs to those accommodated at Garson House at the last inspection. There were currently no people with a significant risk of skin breakdown or malnutrition living in the service and people were more mobile. This had allowed the service manager to undertake accurate care reviews and maintain oversight in line with the conditions imposed on the service.
- Records showed people now had accurate individual emergency plans in place to ensure they were supported to evacuate in the event of a fire. These were now regularly reviewed and immediately available to the emergency services if required.

- Environmental safety monitoring had significantly improved. The provider had sought external advice and guidance and there was now a new system in place to monitor the health, safety and welfare of people, visitors and staff in relation to the environment and equipment within it. Electrical safety work was being undertaken and portable electrical equipment was now tested. This included checks in relation to electrical equipment, fire systems, water temperatures and mobility equipment. This was a recently introduced system that was being embedded into the service.

Learning lessons when things go wrong

- The service manager had introduced systems and processes that ensured accidents and incidents were monitored to identify any patterns or trends. This was not in place at our last inspection.
- Staff reported any incidents or accidents via the new electronic care planning system and it was now evident further steps were taken by the service manager to identify if any further risk reduction measures were required.
- The service manager told us that when and if the need was identified, care records would be adapted to reflect people's changing needs and reduce the risk of further harm.
- The current system to review incident and accidents was newly introduced to the service and was being adapted by the service management to ensure it was effective.

Using medicines safely

- Medicine systems were safe, and records showed people were receiving their medicines when they should.
- There were effective systems to order, store, administer and return medicines and the service used a dedicated pharmacy. The provider was currently in the process of exploring opportunities to move to an electronic medication system.
- Specific staff within the service were trained in the administration of medicines. Records showed their competency and safety knowledge was continually assessed.
- Protocols for medicines which had been prescribed to be taken 'as required' such as pain relief were mainly completed and available. However, we identified where some people who received 'as required' medicines, such as pain relief, did not have protocols in place. This was identified to the service manager who took immediate action. Records showed this had no impact on people as they received these medicines when needed, but this is an area for further improvement.
- One person did not have a photograph on their Medicines Administration Records (MAR). This was identified to the service manager who was aware of this, however records showed the person had been in the service for over a month.
- Medicines requiring additional security and recording were stored as required. Balances of these medicines were accurate.
- Medicines management audits were completed monthly by a dedicated member of staff; however, they were still being embedded and were not fully effective as they had not identified the minor issues we found.

We recommend the provider seeks advice and guidance from an accredited source on medicines management to ensure people are fully protected against the risks associated with medicines.

Staffing and recruitment

At our last inspection we identified that inadequate recruitment processes presented a risk. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 19.

- The recruitment of new staff had been limited since our last inspection, however we found new staff had been recruited safely. Relevant pre-employment checks had been carried out including obtaining references from previous employers. Additionally, Disclosure and Barring Service checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. Where relevant, the correct documentation was in place for staff that had been recruited internationally.
- There were sufficient staff on duty to meet people's needs. A recent successful recruitment of international staff had resulted in a significant positive impact on staffing levels.
- All staff we spoke with spoke very positively about the current staffing levels. One said, "It has made such a difference to us all."
- The service operated a set number of staff throughout the day to care for people and also employed additional staff such as activities, kitchen and housekeeping staff.
- The service manager told us there was no current agency staff use.
- We observed during the inspection that call bells were responded to promptly.

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

At our last inspection, we recommended the provider sought advice and guidance from an accredited source to ensure the Mental Capacity Act (MCA) 2005 and relevant supporting legislation is well embedded in the service. The provider had made improvements.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Advice and guidance had been sought from the local authority in relation to the MCA and how it was applied in a setting such as Garson House Care Home. We saw records and other supporting documentation was significantly improved since our last inspection.
- At the time of our inspection, there were no people living in the service that had an authorised DoLS. There were a number of applications pending progression by the relevant local authority.
- Where required, best interest decisions had been made and records showed a capacity assessment had been completed as part of the process.
- Some people had an appointed Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not have capacity to do so. Records of these LPAs were now held by the service manager.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as there were suitable reporting and escalation procedures for safeguarding.

- The service had a safeguarding policy; however this was not readily available for staff and formed part of the new electronic third party policy system the provider had recently started using. We discussed the benefit for a policy to be readily available for staff and the service manager told us action would be taken to address this.
- People told us they felt safe with staff and we made observations to support this. One person said, "I'm happy here, they look after me well."
- Staff had received training in safeguarding and understood both internal and external reporting processes.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. Infection control auditing was now being completed as part of the providers governance arrangements.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- There were currently no restrictions on people visiting the service.

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.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant there was some inconsistent areas of governance. It was evident more time was needed to ensure an effective governance system was fully embedded to ensure people were safe.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection we identified that inadequate and ineffective governance arrangements may present a risk to people and staff at the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made in relation to governance to monitor the health, safety and welfare of people and staff at the service.
- The provider had complied with the conditions imposed on their registration at the last inspection. This required them to improve governance and oversight arrangements and send monthly reports to us showing their findings and progression. These conditions will remain in place for the immediate future.
- Auditing was now being completed on care records, the care and support people received, and the service manager had implemented a system to monitor falls, incidents and accidents. These systems were new to the service and were currently being embedded to ensure their effectiveness.
- It was identified that further improvements were needed around the auditing and management of medicines. The service manager had elected to delegate this audit out as opposed to completing the audit themselves. This had resulted in an audit being completed inaccurately and had not identified the minor issues we found relating to medicines. Additionally, there was no action plan completed based on audit findings which would assist in the development of a safer system. This information was fed back to the service manager.
- The provider had ensured the service environment and associated equipment in use was safe for people to use. Portable appliance testing had been completed, mobility equipment and hoists had been serviced. The new governance arrangements in operation for the environment reduced the risks to people and staff in the service.
- We identified the service had a copy of the most recent inspection available in the entrance foyer but the rating was not clearly displayed as required. This was rectified on the day we inspected. The current CQC performance rating was displayed on the providers website.

At our last inspection we identified the provider had failed to notify CQC of deaths and a serious injury in line

with requirements was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

- The provider had notified CQC in full about any notifiable events at the service in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- Whilst there were no formal systems currently in operation to seek continuous feedback from people, their families and staff, communication was frequent. Due to the service size, the current arrangements in place were suitable for people. Communication had resulted in changes to things such as activities and menu choices. No concerns were raised with us about communication.

- There were no formal staff meetings, however staff we spoke with told us that communication was very frequent due to the small staffing team and all of the staff felt the current systems in place were sufficient. The service manager told us they had recently held a meeting with activities staff about the provision of activities to people moving forward.

- A staff survey had recently been completed, however at the time of our inspection the results of this were still being reviewed and compiled by the provider.

Continuous learning, improving care and working in partnership with others

- The newly introduced monitoring system to review incidents and accidents reduced the chance of recurrence and improved learning. This was currently being fully embedded in the service and adapted to suit the needs of the service manager.

- The service manager continued to learn and evolve to the changing guidance during the Covid-19 pandemic and had copies of relevant guidance and legislation to support learning. The providers current infection control policy reflected guidance.

- The service manager explained that the community links prior to the Covid-19 pandemic were still not as they were but action was being taken. Some people living at the service attended the local church when they wished and the local town hall was starting coffee mornings that people could attend. The service manager said they were looking to reconnect with the local school and the grounds of the service are being used for people and the local community for the Kings Coronation.

- Staff and the service management team worked with other professionals to ensure people's needs were met appropriately. The registered manager commented positively on their relationship working with other professionals.

- We contacted 3 healthcare professionals and received feedback from 1 of them. This feedback was positive and mirrored the feedback received at the last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff told us they had confidence in the leadership at the service. Staff said that the service manager was always available for them.

- Staff spoke of a positive working environment. They told us the newly recruited staff had significantly reduced the significant pressures and challenges the service faced at the time of the last inspection.

