

Garden House Rest Home Limited

Garden House

Inspection report

Garden House Rest Home
Priestlands
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Tel: 01935813188

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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

The inspection took place on 29 November 2016 and was unannounced. The inspection continued on 01 December 2016 and was announced. It was carried out by a single inspector.

Garden House Rest Home provides accommodation and personal care to up to 14 elderly people. The care home is established in the main house with an extension to the property named Trudy's Cottage. All rooms apart from one are on the ground floor. One room is situated on a lower level of the home and can be reached by steps or a stair lift. At the time of the inspection there were 14 people living in the main house and in the adjacent building. There was a communal snug area and separate living-come-dining area which was next to the main kitchen which led into a staff area and laundry room.

When we last inspected the service in August 2015 we found that the service did not have effective recruitment and selection procedures in place. We also found that care and treatment was not provided in a safe way and that good governance was not embedded. We asked the provider to take action which they had completed and improvements had been made.

The service had a registered manager in place. 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 registered manager had a good awareness of the Mental Capacity Act (MCA) and training records showed that staff had received training in Deprivation of Liberty Safeguards (DOLS). The service completed capacity assessments and recorded best interest decisions. This ensured that people were not at risk of decisions being made which may not be in their best interest. Staff had some understanding of the principles linked to MCA however specific training had not been delivered and there was no local policy in place.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and told us they had received safeguarding training. We reviewed the training records which confirmed this.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their lives. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines as prescribed.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, end of life and dementia.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. Competency assessments on staff were also carried out to ensure safe practice and reflective learning took place.

People were supported to maintain healthy balanced diets. Food was home cooked using fresh ingredients and people said that they enjoyed it. Food options reflected people's likes, dislikes and dietary requirements.

People were supported to access healthcare appointments as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs.

People told us that staff were caring. We observed positive interactions between staff and people throughout the inspection. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available to people. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected needs identified. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

There was system in place for recording complaints which captured the detail and evidenced steps taken to address them. People and relatives told us that that they felt able to raise concerns or complaints and felt that these would be acted upon. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The registered manager and others in the management team all encouraged an open working environment. All the management had good relationships with people and all worked shifts with staff.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring audits were completed by the management team. The registered manager reviewed incident reports and analysed them to identify trends and/or learning which was then shared. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and personal emergency evacuation plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Is the service effective?

Good ●

The service was effective. Capacity assessments were completed and best interest decisions were recorded. This meant people were not at risk of decisions being made that were not in their best interest.

People's choices were respected. Staff had some understanding of the requirements of the Mental Capacity Act 2005.

Staff received training, competency assessments and supervision to give them the skills and support to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

There was an affective menu planning system in place which captured people's feedback, likes and dislikes.

People were supported to access health care services and attend hospital as and when necessary.

Is the service caring?

Good ●

The service was caring. People were supported by staff who spent time with them and knew them well.

People were supported by staff who used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected each person's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge and up to date information about the people they provided care and support for.

People were supported by staff that recognised and responded to their changing needs.

People were supported to take part in activities which were linked with their own interests and hobbies.

A complaints procedure was in place which was up-to-date. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good ●

The service was well led. The management team promoted and encouraged an open working environment.

The senior and registered manager were flexible and worked care shifts regularly.

Garden House was led by a registered manager who was approachable and respected by the people, relatives and staff.

Regular quality audits were carried out to make sure the service was safe and delivered high quality care and support to people.

Garden 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 November and was unannounced. The inspection continued on 01 December 2016 and was announced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider had not received a Provider Information Return (PIR) from us. 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.

We spoke with five people who used the service and three relatives. We also spoke with the registered manager and senior health care assistant. We met with four staff. We reviewed three people's care files, policies, risk assessments and quality audits. We visited one person in their room. We observed staff interactions with people and observed a meal time in the dining room. We looked at three staff files, the recruitment process, staff meeting notes, incident reporting, training, supervision and appraisal records.

Is the service safe?

Our findings

At the previous inspection on 5, 7 and 11 August 2015 the home was found not to be meeting the standards in regards to fit and proper persons employed. We found that the home did not have effective recruitment and selection procedures in place. We also found that care and treatment was not provided in a safe way. The manager did not assess certain risks or take reasonable action to mitigate these risks. At this inspection we found improvements had been made.

People, relatives and staff told us that they felt the service was safe. A person said, "It's very homely here. Always warm in the house and in my room". Another person told us, "I feel safe here at Garden House. If I need anything I just need to ask". A relative said, "My loved one is very safe, (name) warm and comfortable". Another relative told us, "My loved one is safe here, I know that she's settled. It's piece of mind. This is the best home I feel for her".

Staff we spoke to told us that they felt the service was safe. They were able to tell us what systems and processes were in place to reduce and manage risks to people. For example, appropriate equipment, 24 hours staffing and risk assessments.

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training and training records we looked at confirmed this. We reviewed the home's safeguarding policy which was not up to date and did not include reference to the new Care Act principles or give clear contact details. The manager told us that this would be reviewed promptly.

We reviewed three people's care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. Staff we spoke to were aware of these. A staff member explained to us how the service had supported people who were assessed as high risk to falls. We found that the home provided appropriate equipment such as sensor mats and wheeled mobility frames. General risk assessments were completed for areas such as, medicines, use of wet rooms and bathrooms, electrical and fire safety and food. We noted that risk assessments were also completed for activities and trips away from the home. These demonstrated that the service ensured safe systems and practice were in place to minimise and manage risks to people.

People had Personal Emergency Evacuation Plans (PEEPs) which were up to date and formed part of their care plan. These plans detailed how people should be supported in the event of a fire. The service did not have an emergency contingency plan in place which could be used in situations such as fire, gas leaks, floods, failure of utilities and break ins. The registered manager told us that they would get a plan written up with contact numbers and clear guidelines for staff to follow. This showed good management and a continuous strive towards wanting to keep people safe from harm.

There were enough staff to support people. One person told us, "There are enough staff for me, they are always available". Another person said, "I think there are enough staff, I've never had to wait a long time

here". A relative said, "I think the staff ratio to people is very good for my loved one". A staff member told us, "There are enough staff here, we help each other out. It's a good team". Another staff member said, "Yes, there are enough staff, always the correct numbers working and the registered manager works care shifts as and when". We reviewed the last two weeks and following two weeks rota which confirmed that shifts were covered and reflected the numbers given by the home. We were told that Garden House did not use agency staff because they wanted to maintain consistency within the home.

Recruitment was carried out safely. We reviewed two staff files, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a new system in place which included evaluation of potential staff through interviews, references from previous employment and checks from the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Medicines were stored and managed safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from the pharmacy packaging which indicated they had been given as prescribed. We reviewed three people's MAR sheets which were completed correctly and showed no gaps. We checked two people's blister packs and found that one person's medicine had been taken from the Sunday that week and not the Tuesday. The MAR had been signed to say that it had been administered. The registered manager sent out a communication to all staff advising them of this and told us that they would discuss this with the staff member in supervision. We spot checked the stock for one person's medicine and found that the recorded number matched the number of medicines.

We found that staff were required to complete medicine training as well as undergo a competency test by management before administering medicines. This demonstrated that people received medicines safely. There was a comprehensive up to date medicines policy in place which staff were aware of, and had read. We discussed staff signing to say they have read policies with the registered manager who told us they would start this.

Is the service effective?

Our findings

At the previous inspection on 5, 7 and 11 August 2015 the home was found not to be meeting the standards in regards to consent to care and treatment. We found that the registered person did not seek consent from the relevant person when carrying out care and treatment and where people did not have the capacity to consent. The manager did not act in accordance with legal requirements of the Mental Capacity Act 2005. At this inspection we found improvements had been made.

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.

The registered manager was aware of the Mental Capacity Act (MCA) and worked within the principles of this. They told us that staff had received training in Deprivation of Liberty (DOLS) but not specifically in the Mental Capacity Act. The training record we reviewed confirmed this. We spoke to staff and asked them what the MCA meant to them. Staff we spoke to were able to tell us that it was about choices and decision making but did not have a clear understanding of the principles of this. We discussed this with the registered manager who told us that they would arrange training in this as soon as possible.

We found that Garden House did not have a policy on the MCA in place. However we saw that capacity assessments were carried out by the registered manager and where necessary best interest decisions were made and recorded appropriately. Care files evidenced that people with capacity had consented to their care by signing their plans, whilst those who did not had been assessed and agreement made by key people involved in their care via a best interest meeting. This told us that people's consent to care was always sought in line with legislation. The registered manager told us that they will create and publish a local policy and procedure.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection there were two applications in process with the local authority.

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training records which confirmed that staff had received training in topics such as infection control, health and safety for care, moving and assisting and first aid. We noted that staff were offered training specific to the people they supported for example dementia and end of life. In addition to this 12 out of 13 staff had completed or were working towards diplomas in Health and Social Care. A staff member told us, "I'm offered enough training and can always request more. I recently did medicines and end of life training. I have an NVQ 3 in Health and Social Care". A relative told us, "Staff are well trained, I come at various times in the day and they are always professional". Another relative said,

"Staff are competent and appear confident in what they do".

Staff files held induction records which included the new Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff told us that new staff receive shadow shifts with experienced staff before working on their own. We spoke to one staff member who had been in post for a few months. They said that they had found the induction good with a mix of training, reading care plans and shadow shifts. The staff member said that they found the shadow shifts particularly useful as they offer an opportunity to be introduced to people, understand their needs and levels of independence. This demonstrated that people were supported by staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by the management team. A staff member mentioned that they found supervisions very useful and confirmed that they took place regularly. We found that competency assessments took place on staff whilst they carried out different duties such as personal care and assisting and moving. The registered manager told us that the senior had recently taken on the responsibility of assessing staff competencies. A staff member explained to us that they had recently been assessed during delivery of personal care. They told us that they had found this useful and had received positive feedback. This evidenced that people received effective care from staff that had the skills and knowledge to carry out their roles.

People, relatives and staff told us that the food was good. Meals were home cooked using fresh ingredients and people's likes and dislikes were recorded. We found that people were able to choose from two choices for lunch and dinner. The staff showed us the menu list that they asked people to complete each week giving the choices of food for the upcoming week. Alternative options were available should someone change their mind on the day a certain meal was served. A relative told us, "The food is very good, it is locally sourced and home cooked. I can eat with (Name) if I want to. I'm always offered a drink on arrival". A person said, "It's very good food, we are very lucky with that". Another person told us, "It's very good food, they have the food I like and we can choose a cup of tea or coffee in the morning and afternoon with a biscuit". We found that food and fluid charts were completed where appropriate, and were up to date. This demonstrated that the service was supporting people to eat and drink enough whilst maintaining healthy balanced diets.

We observed a meal time. There was a relaxed atmosphere in the room and staff continued to pop in and out to make sure people were enjoying their meal and offered any support if necessary. Most people said they liked to eat in the dining room, although they could eat in their rooms if they preferred.. Staff offered people choices of drinks, vegetables, sauce and puddings. People appeared comfortable in their company. We observed that meals for people who had chosen to stay in their rooms were taken promptly to them to ensure food was served warm. A person said, "Food is very good, we have choice and it's always served hot". A relative told us that people have a cake made for them on their birthday.

People were supported to maintain good health and had access to healthcare services. We noted that appointments were recorded in people's care files and communicated between the team. We saw that community professionals like GP's and community nurses visited the home and that people were supported to appointments. A relative told us, "An optician visits the home and saw (Name) recently. Chiropractors also visit as does the hairdresser". We saw the hairdresser offering people the opportunity to have their hair done on day one of our inspection.

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. Throughout the inspection the atmosphere in Garden House was relaxed and homely. A person told us, "Staff are caring, no concerns. We get the support we ask for". This person went onto say, "The best thing here is the way we are looked after". Another person said, "We are supported by lovely staff who are very caring". Another person referred to the staff as 'wonderful'.

A staff member said, "I listen to people, gain their trust and treat them as individuals". Another staff member told us, "I'm caring. I'm a people person. I'm always happy. My colleagues are just as caring". A relative said, "Staff really want to care for (Name) and have a good sense of humour too which helps".

We observed positive interactions between people and staff throughout our visit. Staff were seen to get down to people's level when communicating with them and made time to listen. We observed staff supporting people who required support when walking with mobility aids. Staff made sure that they walked at the person's pace and talked to the person to offer reassurance and guidance when passing furniture and going through door ways. This demonstrated that a positive caring relationships had been developed between people and the staff supporting them.

People were regularly given opportunities to be involved in making decisions about their care. Staff told us that they provided people with information which supported them to make choices and decisions in relation to their care, support and treatment. For example, clothing, nutrition, activities and personal care. A staff member said, "We ask people everything from times they wish to get up/go to bed, where they want to eat, what they want to wear and the support they wish to receive. We respect them as people. This is their home". A relative told us, "My family member is supported to be as independent as possible".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. Care files held person centred care plans with pen profiles of people, recorded important people involved in their care, how to support them, people's likes and dislikes and medical conditions.

People's privacy and dignity was respected by staff. Staff we observed were polite and treated people in a dignified manner. We asked staff how they respected people's privacy and dignity. One staff member said, "I knock on doors and wait for a reply. I respect where they wish to be. We always ask people if they want full assistance with personal care and cover private areas. Doors and curtains are always closed". A relative told us, "(Name) is always kept nice and clean. They are respected and always presentable".

Is the service responsive?

Our findings

People, staff and relatives all told us that they felt the service was responsive to people and their changing needs. A relative told us, "(Name) has a history of swollen ankles. With support from staff at Garden House, an evaluation of medicines and professional input these have really improved". People told us that if they needed support whilst in their room all they had to do was call their bell. During a discussion with one person we tested their bell and saw that staff responded within just less than two minutes by knocking on the door and seeing if the person was ok. This showed us that staff responded efficiently to people's immediate needs.

We found that activities regularly took place. The home produced monthly newsletters which listed upcoming activities. We saw that activities for December included a Christmas party, a pantomime trip, a Christmas meal at a local lodge and carol singing. A person told us, "I went out on Monday. I sat in the front behind the driver. I felt very special that day". Another person said, "There are lots of activities and trips out. It's nice to get out and do different things". People told us they could choose to take part in activities or not. A relative told us, "They go to the extreme at Garden House. They organise summer, Christmas and Easter parties which include egg hunts for the grandchildren. Families are always welcome". We found that activities were linked to people's likes and dislikes which were reflected in their care files. We observed on the first day an activity which was taking place in the communal living area. The activities co-ordinator was showing people old items such as a silver afternoon tea pot. We saw that people were engaged in discussions linked to their own memories. This demonstrated that staff knew people's preferences and that people were supported to take part in activities and trips away from the home that they had an interest in.

The registered manager explained that the home was currently introducing a new online recording system. We saw that they were tailoring the system to meet the needs of people who lived at Garden House. We found that day to day recording was being completed online whilst some existing assessments were being reviewed and updated in paper format until they were fully uploaded onto the new online system. Staff told us that they had received training in the new system and found it user friendly. We reviewed staff meeting records which confirmed this. We reviewed some people's daily notes and found that these captured key information from morning, afternoon and night shifts such as personal care provided, any changes in people's needs and choices of meals.

Garden House provided personalised care and responded effectively to people's changing needs likes and interests. We saw that people received weekly and monthly reviews logged in their files. These captured information linked to people's needs. For example, we found that one person had recently started antibiotics due to an infection. We also found that these reviews captured other information such as falls, likes, dislikes, feedback on food and activities. A person told us, "Staff respond to us well if we aren't feeling our best and treat us very well". A staff member said, "We do monthly reviews with people. If people's needs change, for example, their skin is found to be breaking down we would record this, involve professionals, re-assess and meet the new needs safely". A relative said, "I'm always kept up to date with (Names) health. If their needs change they contact me. I'm involved in planning and reviewing (Names) care".

Pre-admission assessments were completed prior to people's admission and covered areas such as mobility, personal care, independence and medicines. These then formed the foundation of people's care plans and risk assessments. A relative told us that they were able to bring in their relatives furniture such as chair, TV side unit and pictures which made their room more familiar to them and homely.

People and relatives told us they felt able to raise concerns and said that they would discuss them with staff or management. A relative said, "I have never had to raise issues, concerns or make a complaint. We are able to feedback to staff and/or the manager anytime". The registered manager told us that they had recently updated the local complaints policy and had sent it out to people and families. They told us that they had complaint/feedback forms in the hallway for visitors/family/friends to complete as and when. We found that the home had not received any complaints in the past 12 months. We reviewed the complaints system and saw that it captured complaints and reflected the steps taken to resolve them. The registered manager said "I see complaints as a positive learning opportunity. They allow us to take note of issues we may not otherwise have been aware of and then make changes". This told us that the service was open to, listened to people, and learnt from their views.

People were given an opportunity to come together in house meetings. We found that these took place bi-monthly and were chaired by either the registered manager or senior staff. We were told that people were encouraged to attend and get involved in discussions. The registered manager said that those who do not attend the meetings are met with on a one to one basis. We reviewed the meeting notes file and read that people had requested to go to Lyme Regis earlier in the year. We then saw that the activity had taken place in the summer and feedback was reflected in the notes. We also found that food and menus were discussed in all meetings. We read that in the last meeting one person had asked for net curtains and other people had requested for a calendar to be displayed in the communal living area. We asked the registered manager about these requests. The registered manager told us that the net curtains had been ordered and showed us that a 2017 calendar had been purchased. These meetings showed us that people were provided with regular opportunities to feedback to the service and their views were listened to and acted upon.

We discussed satisfaction surveys with the registered manager who showed us that the most recent one focused on food. The registered manager told us that they were in the process of reviewing the current one and the questions asked. The registered manager acknowledged that it had been some time since the last survey had been sent out and told us that they will work with the senior to create a new version and send it out in the new year.

Is the service well-led?

Our findings

At the previous inspection on 5, 7 and 11 August 2015 the home was found not to be meeting the standards in regards to good governance. We found that the manager did not securely maintain records in relation to persons employed. At this inspection we found improvements had been made.

Since the last inspection there had been changes to the management at the home. A new registered manager had been appointed who had worked hard to implement changes to improve the delivery of service to people and staff. The registered manager told us, "There has been a lot to do since taking over management of Garden House. There have been a lot of improvements and the staff team is stronger now". They went on to say that they found the last inspection useful and that they believed things have changed for the better. A staff member said, "The last year has been really good, positive changes and strong management".

People, staff and relatives all told us that Garden House was well led. A person told us, "The registered manager is excellent. The way they manage the staff and makes sure that everything is done right". A staff member said, "The registered manager works really hard and long hours. I have to take my hat off to them. The team respect the manager now and professional boundaries are in place". A relative told us, "The registered manager is very good, if there is something to be done it gets done. They are always professional and approachable. The senior is very good too and the provider is very nice. It's like a big family, its lovely". Another relative said, "The registered manager is very good, always solves a problem, is hands on and goes the extra mile". This told us that the home was managed well and that good leadership was in place.

A person told us, "I really like the open and friendliness at Garden House it's important to me. I feel we are lucky here". We observed the management delivering care and support to people during the course of our inspection. People appeared relaxed, comfortable and happy around them. Staff told us that they thought it was really good to have management working with people. This showed us that an open, inclusive and empowering culture was set within the home.

We noted that in the staff office there was a year planner which highlighted specific dates for different events. For example, care plan reviews were at the start of each month and a variety of monthly audits, fire tests, fire evacuations, staff meetings and supervisions were also booked in. The deputy manager worked from this and showed us evidence that the tasks on the calendar were completed. This demonstrated good leadership and a creative approach in management.

Team meetings took place every two to three months. We were told that staff found these meetings useful. We saw that topics recently covered included the new online care system and staff user log ins, new updated PEEPs and their location, as well as the Christmas rota and party. These meetings enabled staff to be up to date and competent to carry out their role.

We found that both the registered manager, director and senior all had very good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and

supported us with questions we had and gathering the evidence we required.

As far as we are aware the service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

A person told us, "I would rate the home a nine or 10 out of 10 for general attitude and attention to detail. Nothing is too much trouble at all". We saw that Garden House carried out quality monitoring regularly. These audits covered areas such as medicines, environment and health and safety. Actions and comments were logged and followed up by the management team. We were told that information from incident reports was recorded. This data was then analysed to look for trends and learning which could then be shared. This demonstrated that the service had systems in place to monitor and deliver high quality care.