

# Countrywide Care Homes (2) Limited

## Garden Hill Care Centre

### Inspection report

32 St Michaels Avenue  
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Tyne and Wear  
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Date of inspection visit:  
23 July 2021  
26 July 2021  
29 July 2021

Date of publication:  
09 September 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Garden Hill Care Centre is a care home that provides personal care for up to 40 people, some of whom are living with dementia. At the time of the inspection there were 32 people living in the home.

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

People felt safe living in the home and with the support they received from staff. People spoke very highly of the staff and said they were kind, patient and always treated them with dignity. People and relatives said, "The staff are very good, and we have plenty of laughs. They are very kind and give any help we need" and, "The staff are lovely people and I have a great respect for them, they are empathetic to me as well."

People were safeguarded from abuse. Risks to individuals and the environment were well managed. There were enough staff to meet people's needs. The provider learned from accidents and incidents to mitigate future risks. Medicines were safely managed. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19.

People were well supported and cared for. Staff treated people with respect and supported them in a dignified manner and in line with their wishes. A relative told us, "The staff treat everyone with dignity and patience." People were encouraged to be as independent as possible, where it was safe to do so.

The home was well managed. People and relatives were complimentary about the home and care people received. A relative told us, "Generally we are happy with the care and service and wouldn't move [family member] anywhere else. Everyone appears well looked after. The atmosphere is good, the carers make it like they are all family." The provider had an effective quality assurance process in place which included regular audits. People and relatives were regularly consulted about the quality of the service through surveys, meetings and reviews.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was requires improvement (published 19 September 2019).

### Why we inspected

We received concerns in relation to people's care and support, staffing levels, and the management of the home. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, caring and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Garden Hill Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Garden Hill Care Centre

## 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 Care Act 2014.

#### Inspection team

The inspection team was made up of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Garden Hill Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. However, the registered manager left the service in March 2021 but had yet to cancel their registration with the Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider has recruited a new manager who is currently being supported by a registered manager from another home, a deputy manager and regional management. They had commenced the registration process at the time of the inspection.

#### Notice of inspection

This inspection was announced.

We gave the manager short notice of the inspection to ensure it was safe for us to visit the home and to allow the manager, being very new in post, to ensure appropriate people were in attendance to assist with the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people and four relatives about their experience of the care provided. We spoke with 13 members of staff including the regional director, the head of internal audit, the manager, a registered manager from another service, deputy manager, six care staff, a chef and the activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including five people's care records, medicines records and quality audits. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also gathered further evidence in relation to quality audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe. Comments from people and relatives included, "I feel safe because the building is safe but also because there are always staff about" and, "I feel she is safe because her mobility is very poor, but she's got carers around her all the time."
- Staff knew people well and were aware of how to report any safeguarding issues or concerns. Staff had completed safeguarding training.
- Safeguarding alerts were raised with the local authority in a timely way, when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed and managed risks to people's health, safety and wellbeing effectively.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
- Staff recorded accidents and incidents appropriately and in a timely way. Management monitored and analysed records to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff to meet people's needs safely. Comments from people and relatives included, "There are always plenty of staff about, I have never used my call bell but it's on my bed if I need it" and, "The staff have become my friends, always plenty about and always willing to have a chat."
- The manager determined staffing levels in line with people's needs.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely administered and managed people's medicines.
- Staff training was up to date and their competencies to administer medicines were assessed.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- People were protected from the risk of infection and the home was kept clean. People and relatives told us, "The Home is spotlessly clean, and the surroundings are excellent" and, "Cleanliness is brilliant, and [family member's] room is absolutely spotless."
- Staff followed appropriate infection control measures such as regular hand washing and wearing Personal Protective Equipment (PPE) when supporting people.
- Management carried out regular checks to ensure staff followed the provider's infection prevention and

control policies and procedures effectively.

- Staff and people were regularly tested for COVID-19. All visitors had to follow IPC protocols to protect people and staff from contracting COVID-19 such as completing a lateral flow test and wearing appropriate PPE.



# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were respected, listened to and well cared for. People and relatives told us, and, "I just ask if I need any help. The staff know me very well, they are very kind and considerate to us all and always have time for a chat" and, "The care workers love [family member], they are like his family, they are so caring and patient with him."
- Equality, diversity and human rights policies were in place to make sure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff spoke fondly about people and interacted with them in a warm and friendly manner.

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

- People were involved in making decisions about their care.
- Some people had relatives who advocated on their behalf which was clearly documented in care records.
- Staff knew people's choices and preferences in relation to their care. Care plans detailed these. One person told us, "The staff know my likes, dislikes and my mood swings. I please myself when I get up and when I go to bed."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a dignified way and respected their wishes and choices. People told us, "We are all treated with dignity, they always ask before doing anything" and, "The staff are very respectful and knock before they come into my room."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with. A relative told us, "[Family member] needs to be helped, but on a good day [staff] encourage her to help herself wash then assist dressing her."
- People's personal information was stored securely. Care files were electronic and encrypted. They could only be accessed by authorised staff.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff promoted a positive culture in the home. Comments from people and relatives included, "I am happy with the care I receive and most of the time I am content, it's a pleasant atmosphere" and, "The atmosphere is brilliant; it is a happy place to visit. I would recommend this home and have done so."
- The home was well-managed. The registered manager was no longer in post. A new manager had recently been recruited and were being supported by an established registered manager from another home as well as regional managers.
- People knew there had been a recent change in management and felt the new manager was approachable. People said, "[Manager] is new here. They've spoken to me quite a lot and seems approachable. I feel they would listen if I had anything to say to them" and, "The new manager has only just started but they've been to see us and speak with us, seems very nice."

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

- The provider and management acted on the duty of candour. They conducted themselves in an open and honest way.
- Statutory notifications were submitted in a timely way for significant events that occurred in the home, such as safeguarding concerns and serious injuries.
- The provider and manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement. Some improvements had recently been identified by the provider and subsequent action was being taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via meetings, surveys and reviews.
- The provider, management team and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, district nurses, speech and language therapists and dieticians.