Care Quality Commission

Croftwood Care Ltd

Garswood House Residential Care Home

Inspection report

Wentworth Road
Ashton In Makerfield
Wigan
Greater Manchester
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Tel: 01942728333

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16 June 2016

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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

We carried out an unannounced inspection of Garswood House on 16 June 2016.

The last inspection had been carried out on the 10 September 2014 and we did not identify any concerns with the care provided to people living at the home.

Garswood House is a large purpose built home on the outskirts of Ashton in Makerfield and is part of the Croftwood Care Group of homes. It is registered with the Care Quality Commission (CQC) to provide care and support for up to 40 older people. Services include a 10 bed specialist household for older people with dementia and a 30 bed residential unit. Day care and respite are also provided.

The home has three lounges, three smaller quiet sitting areas, a large sun terrace and a large dining room which is also used for various functions.

The home had a registered manager. 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. On the day of the inspection the registered manager was on duty and the area manager was also present for some of the time.

Overall we found the home to be clean and tidy, although it was in need of some re-decoration. Both the registered manager and area manager were in agreement with this and plans were in place to carry out this work.

All the people we spoke to told us they felt safe, as did relatives we spoke with. We saw that the home had appropriate safeguarding policies and procedures in place, with detailed instructions on how to report a safeguarding concern to all local authorities who have contracts with the home. Staff were all trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report safeguarding or whistleblowing concerns.

Both the registered manager and staff we spoke to had knowledge and understanding of the mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their own best interest. We saw evidence that DoLS is utilised within the home.

We saw that staffing levels were determined by the needs of the residents, with a dependency tool being used each month to ensure levels remained safe and effective. We saw that the home has sufficient numbers of staff to meet residents needs and the residents agreed with this saying they were well looked after and supported.

Robust recruitment procedures were in place to ensure staff working at the home met the required standards. This involved everyone having a DBS (Disclosure and Baring Service) check, two references and full work history documented.

Staff reported that they received a good level of training to carry out their role and were encouraged and supported to attend more if required. We saw that all staff completed an induction training programme when they first started and that on-going training was provided to ensure skills and knowledge were up to date.

Staff also told us that they felt supported through completion of regular supervision meetings and yearly appraisals. Team meetings were also held for all levels of staff, which they were encouraged to attend and contribute towards.

We saw that the home had systems in place for the safe storage, administration and recording of medicines. Each resident kept their medication in a locked cabinet in their bedroom and only staff authorised to administer medicines were allowed access. All residents taking medicines had a medication administration record (MAR) in place. The home carried out medication audits monthly, and through these had identified some instances of medication not being signed as taken, during the inspection all records we observed were filled out correctly and all medicine amounts tallied.

Throughout the day we observed positive interactions between the staff and people who used the service. Staff were seen to treat people with kindness, dignity and respect. This was mirrored in the feedback we received from both people who used the service and relatives, who were very complimentary about the standard of care provided.

We looked at six care plans which contained detailed information about the people who use the service and how they wished for staff to support them. The care plans also contained individual risk assessments, which helped to ensure their safety was maintained.

Everyone we spoke to felt that the home was both well led and managed. The manager was reported to be approachable and supportive .Staff told us they enjoyed working at the home.

The home had systems in place to monitor the quality of the service. These included audits of staff competency, medication, health and safety, environment and infection control. We saw evidence of action plans being drawn up and implemented to address any issues found.

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.

People we spoke with told us they felt safe living at the home. Staff were well trained in safeguarding procedures and aware of how to report concerns.

Staffing levels were appropriate to meet the needs of people and were regularly reviewed to ensure they remain so.

Staff had received training in medication to help ensure people received the correct medication at the right time.

Regular checks and monitoring was completed to ensure the all premises and equipment were safe, in good working order and fit for purpose.

Is the service effective?

Good

The service was effective.

Staff reported receiving enough training to carry out their roles successfully and provided with regular support and supervision.

Care plans demonstrated people had been involved in their care and support needs and consent sought.

Referrals were made to medical and other professionals to ensure individual needs were being met.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2015) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

Is the service caring?

Good

The service was caring.

All the people we spoke to were positive about the care and support they received, this was also reflected in the comments of relatives.

Throughout the inspection we observed positive interactions between staff and people. Staff members were friendly, kind and respectful and took time to listen to what the residents had to say.

People were able to make choices about their day such as when to get up, what to eat and how to spend their time. Staff had an understanding of the importance of promoting independence.

Is the service responsive?

Good

The service was responsive

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

The home had a complaints procedure in place, so that anyone could raise concerns. Action plans were clearly documented to show these had been acted upon.

Care plans and other records were regularly reviewed and signed off, with any changes circulated to the staff teams.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager in place who had over 30 years' experience in care settings.

Audits and monitoring tools were in place and used regularly to assess the quality of the service.

Everyone we spoke to stated that the home was well managed and they felt supported.

Regular meetings were held with all members of the team, from care staff through to domestics, to ensure they have input into the running of the home and made aware of pertinent information.

CareQuality Commission

Garswood House Residential Care Home

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.

The inspection took place on Thursday 16 June 2016 and was unannounced, which means that neither the home or provider knew we would be visiting.

The inspection team consisted of two adult social care inspectors.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance and safeguarding's teams at Wigan Council and Wigan Health watch.

During the course of the inspection we spoke to the registered manager and eight staff members, who included team leaders, care assistants and night staff. We also spoke with five people who lived at the home and five visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included: four staff files, six care plans, a policies and procedures file, and four audit files, covering areas such as medicines and infection control.

Good

Is the service safe?

Our findings

We asked people who used the service whether they felt safe at Garswood House. One person said to us; "I feel safe because the staff come and check on me in the night." Another person said; "I would say I am safe and you get the attention you need. I had a fall recently and they sorted me out straight away." A third person added; "I feel much safer than I did at home because I had a few accidents so I feel better now." A relative also said; "If my family member has a fall they [the staff] always seem to handle it well."

We looked at the home's safeguarding systems and procedures. The home's safeguarding file contained information about how to report safeguarding concerns, along with detailed flowcharts for the four local authorities the home had contracts with. This ensured that anyone needing to report a safeguarding concern could do so successfully.

We spoke with staff about whistleblowing and safeguarding vulnerable adults. Each member of staff displayed a good understanding of how they would report concerns. One member of staff told us; "I would not hesitate to report concerns to the manager. I would also speak with social services or the police and refer to the policy and procedure if needed." Another member of staff said; "Some of the different types of abuse can be physical, mental and verbal. Signs can include bruising or flinching towards certain people. If people were being ignored then that would be neglect."

We viewed four staff files to check if safe recruitment procedures were in place. Each member of staff had a Disclosure and Baring Service (DBS) check in place; the DBS check helps prevent unsuitable people from working with vulnerable groups and is a requirement when working in a care setting. All staff also had two references on file as well as a full work history, fully completed application form and interview questions along with their answers.

We spoke to the registered manager about what procedures and systems were in place with regards to infection control. We found there was sufficient staff hours in place to ensure the home was kept clean. We saw toilets and bathrooms were clean, tidy and contained appropriate hand hygiene guidance, paper towels and foot operated pedal bins. We also looked in several bedrooms and communal areas and found these to be clean and tidy also.

We spoke with one relative during the inspection, who raised concerns about the cleanliness of the dementia unit (Wentworth). During the inspection we observed domestics carrying out cleaning duties in the unit throughout the day. In regards to the relative's concerns, in one bedroom which was empty, we saw there was some dried food down the side of a chair when we lifted up the cushion. We were also shown some dirty skirting boards on the unit and saw there were cobwebs in one corner of the ceiling in the lounge area. We raised the concerns with the manager and when checked later in the day the skirting boards and ceiling had been cleaned.

We looked at how falls, accidents and incidents were managed at the home. We saw the home maintained a monthly overview of any falls that had occurred and monitored any trends, such as people who were falling

more frequently. There were also specific incident record forms in people's care plans, along with any action that needed to be taken to prevent re-occurrences. Whilst looking at falls records we noted one person had been having frequent falls in recent months. In response, we saw the home had made a referral to the falls team in order to seek further advice, resulting in the falls team assessing this person's mobility to see if anything needed to be changed.

We asked staff for their views and opinions of staffing levels within the home. One staff member said; "At night there is only one staff to cover the dementia unit, we currently have eight residents so it is hard to support them all, as often we have one or more up at night, ideally we need two staff in there." However a member of the day staff said; "There are only eight people living on the unit at the moment so it is enough. It's definitely manageable at the minute." A third member of staff said; "I think they are fine. I never feel rushed and all over the place."

We saw the home used a dependency screening tool to determine the number of staff needed to meet resident's needs. This was completed on a monthly basis and we saw copies of the last six months. The most recent data indicated that the home currently had sufficient staff to care for people and their needs both during the day and at night and accounted for instances of disturbed sleep.

We checked the alarm call system, which is installed in all peoples rooms and is used to request assistance or in case of emergency. The data showed that all standard calls for the last two days had response times of between one and three minutes. The one emergency call during this time period, which occurred at 03.56, had been responded to within 60 seconds. This shows that there was adequate staffing in place to effectively meet peoples needs and keep them safe.

In all of the six care plans, we saw standardised risk assessments, which were person centred, detailed and easy to read and follow. We also saw that separate individual risk assessments had been completed for two people due to incidents that had occurred which could affect their wellbeing. These assessments contained detailed action plans, which we observed to be in place.

We looked at medicines management within the home. We observed that each person had a lockable medicines cabinet in their bedroom, in which their medicines and Medicine Administration Record (MAR) chart is stored. We observed four people being given their medicines during breakfast; these were given at the dining table, with the staff member retrieving the medicines from the person's room, carrying them to the dining table in a small pot before returning to the bedroom to sign the MAR chart.

We viewed seven MAR charts during the inspection; all prescribed medication had been administered and signed off correctly. One person had refused their medication; the appropriate code had been recorded on the MAR to indicate this. We completed stock checks of three peoples medication, choosing those with MAR charts that had some on-going balance information missing. All medicines we checked had the correct amount remaining, indicating that all medicines had been administered correctly.

We saw that all staff who are authorised to give out medicines had their competency assessed on at least two occasions as part of the training process and that unannounced audits of competency were completed to ensure good practice was maintained.

We observed that medicines audits were completed on a monthly basis by the registered manager, we also saw evidence of audits by the area manager and Boots pharmacy, who supply medicines to the home. We saw that action plans were in place to address any issues raised.

Good

Is the service effective?

Our findings

We asked people living at the home for their impressions of the food. One person said; "If you tell the staff you don't like something then they will get you something else. The food is nice." Another person said; "We get plenty of food and drink. It's nice I would say." Another person said; "I can't complain with the food. I enjoy porridge, grapefruit, beans, bacon and toast for breakfast. There is plenty of choice." Another person added; "I eat everything that gets put in front of me because it's good."

We asked relatives for their views on the food; one stated "The food is very good; I usually leave with my mouth watering. My mum is well catered for, there is good variety". Another relative told us that she had complained about the food on one occasion as they had given her mum sausage roll and salad, when she needed softer options. A third told us "my relative is on a high protein diet and they ensure he eats as he should, he asks for and gets bacon and egg for breakfast every morning".

During meal times we observed that staff were clearly aware of their roles, ensuring that everyone was served in a timely manner and empty dishes removed promptly. Everone was asked if they wished to have their chosen option, with alternatives available. Those pepole that required a tabard were asked if they wished to wear one, before being supported to put them on.

We looked at how people were supported to eat and drink. We saw people had appropriate nutritional care plans and risks assessments in place, which provided staff with information about people's nutritional and how best to support them. We also noted that where people needed to be weighed each week or month, there were records showing this was done by staff in a timely manner. We saw the home were responsive when they had concerns about people's nutritional status. In one instance, a person had gradually lost 4kg over a six month period and as a result, staff had contacted the GP to make them aware and see if there was anything specific they needed to do. Staff had also observed another person coughing and struggling to swallow their food and due to these concerns, made a referral to the local SALT (Speech and Language Therapy) team.

The staff we spoke with during the inspection told us they had enough training and support available to them. One member of staff said; "I am up to date with all my training. I feel really well supported." Another member of staff said; "You get all the training you need and can ask for more if you feel you need it. I asked for more dementia training in the past and was provided with it." The four staff files we looked at showed that each had received training in manual handling, health and safety, food hygiene, fire safety, infection control, dementia awareness, safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The training matrix confirmed that all other staff at the home had received the same level of training.

As the home has an advertised 10 bed specialist dementia household, we looked at what training had been provided. All staff received basic dementia training as part of their induction programme, with over 70% also completing more in depth dementia training. The registered manager was also a dementia care mapper. We asked staff what dementia model they worked towards and they were unable to answer. We asked the

manager who told us that there wasn't a specific dementia model in place at the home.

The staff we spoke with said they received regular supervision from their line manager. One member of staff said; "They take place quite often actually and I have just had an appraisal as well." Another member of staff said; "They are usually every three months and they always take place. I find them to be useful sessions where we can discuss concerns." A third staff member told us "I feel listened to and supported, supervision meetings are held every three to four months with my allocated supervisor, we also have team meetings which are helpful."

We viewed staff supervision records and appraisal documentation. Each of the four staff files looked at contained development plans, which were working documents, along with completed supervision record forms and yearly appraisal forms. All files also contained evidence that competency checks had been carried out both prior to commencing a new task and on an on-going basis to ensure good practice was maintained.

We asked staff about their understanding of MCA/DoLS. Staff told us they had undertaken training in this area. One member of staff said; "I'm aware that people have DoLS in place if they can't make decisions for themselves and could be being restricted in some way. I would always work in people's best interests". Another member of staff said; "If a person had dementia and didn't have capacity, yet wanted to leave the home, then I think a DoLS would be needed".

At the time of the inspection, eight people at the home had a DoLS in place. We saw that as well as MCA/DoLS information being stored in people's care plans, the home had a separate file, stored securely in the registered managers office, which contained all DoLS related documentation along with a register of when each one needed to be renewed. We were able to confirm that all renewal times were being met.

We asked staff how they aimed to seek consent from people living at the home. One member of staff said; "It I'm assisting a person to the toilet I ask them what they want me to do first, such as waiting outside or staying with them. I try to read their body language if they aren't communicating well." Another member of staff said; "If people are able to make decisions then I would always ask them verbally. It's very important to speak to them clearly, so that they can let us know what they want." During the course of the inspection we observed staff asking people who use the service if they would like to eat lunch, take their medication, engage in planned activities. People who required support with walking or to transfer in and out of wheelchairs, were asked for their consent before staff commenced the procedures and received reassurance throughout.

We completed a walk round of the home upon our arrival. Whilst the home was clean and tidy, it was in need of some re-decoration. Some walls contained marks or stains, paint on some of the woodwork was chipped and due to the age of some of the PVC windows, the frames were discoloured. We spoke to the registered manager and area manager about this and were provided with a 'home improvement plan', which had been drawn up in March of this year. This indicated that re-decoration was scheduled to take place. We saw that recent work had taken place to replace some windows and all bathrooms and toilets had been repainted.

We saw the home had large easy to read signage around the building to indicate the television lounge, toilets and bathrooms. We did not see any in the corridors to direct people where to go, however we observed four people leaving the communal areas to return to their rooms and all did so without problem. People had the choice to have a picture of themselves on their bedroom door, these pictures varied from recent shots as they are now through to pictures taken when they were younger. Some had chosen not to

have a picture and just had their name next to the door.

Good

Is the service caring?

Our findings

The people we spoke with told us they liked the staff and found them to be caring. One person said; "I've never had any problems with the staff and they are nice to me." Another person said; "The staff are 100%. They take me for a walk and treat me well." Another person told us; "The staff are pretty good. They are kind and helpful." When we asked a fourth person about the staff we were told; "I really do find the staff alright. They seem to enjoy their jobs and seem like caring people."

The people we spoke with said they felt treated with dignity and respect by the staff who cared for them. One person said; "I feel well treated by the staff and they always aim to preserve my dignity." Another person said; "I'm always treated how I would expect to be treated since I have lived here." A third person also said; "I can do quite a bit for myself but when I watch other people being cared for, how they are treated really is very good."

A relative told us "Mum is always treated with dignity and respect, her wishes are being met and she never has any complaints…she is being well looked after, the staff are all very friendly and caring."

Over the course of the inspection we spent time observing the care provided in all areas of the home. We saw staff members warmly greeting people upon first seeing them, saw them sitting and chatting with people and making appropriate physical contact such as hand holding. When walking with people, the staff members altered their pace to match the person and made sure they remained at their side.

We observed staff members stop what they were doing to engage with people who called out to them as they were walking through an area. The staff gave no indication to the person that they were busy or tried to rush them.

During administration of medicines, after explaining what the medicines were the staff asked the person if they were okay to take them with the drink they had, which was either tea or orange juice, or would they prefer water. On two occasions the person asked for water and so the staff went away to get them a glass of water.

During meal times, we observed good staff interactions with people, despite them having to serve food and clear away the tables. They were polite and respectful to all, asking if they were enjoying their meals, had any problems, wanted something different, and remained smiling throughout.

The staff we spoke with were also clear about how to treat people when providing care. One member of staff told us; "If I'm supporting a person to the toilet then I will ask them if they would like me go outside and come back when they are ready. I also cover people with a towel both before and after I have assisted them in the bath or shower." Another member of staff added; "I always knock on doors before entering people's bedrooms, speak to people politely and close curtains when delivering personal care in people's bedrooms."

During a walk round of the home, we noticed one person's bedroom door had been left open and as a result we could clearly see packets of incontinence pads stored under a dressing table in the corner of the room. We passed this on to the manager, who stated that although the door is normally kept closed by the resident, they would look at different storage options to maintain dignity and confidentiality.

The staff we spoke with displayed awareness and understanding of how to promote people's independence. One member of staff said; "One person likes to help with the dishes so it's very important we continue to let her do this. Wherever possible I promote it, even if it is just something like letting people put milk and sugar in their drinks." Another member of staff said; "It people are able to walk, then I wouldn't offer them a wheelchair until they really needed it."

At the time of the inspection there was nobody receiving end of life care. We noted people had end of life care plans in place, which took into account things people would like to achieve, preferences before and after death, support needed from staff and relevant people to keep informed. One relative who had come in to collect her Mum's belongings, told us that she had requested her Mum return to the home from hospital to receive end of life care. Despite not being a nursing home, the manager had agreed to this request as it was likely to be for a short time. The relative told us, "this was what Mum wanted as she was happy here."

Good

Is the service responsive?

Our findings

The people we spoke with told us they liked living at Garswood House and were happy with the care they received. One person said; "I think it's great. Everybody knows everybody and we are well looked after". Another person said; "It's pretty nice I would say. They take good care of me". Another person told us; "I find it okay you know. I prefer to spend time on my own but I am happy with the care I am receiving". A fourth person also added; "I think the home is very nice. They are looking after me very well and the staff are all very nice".

We spoke to relatives about the care being given, one told us "Overall I think my dad is fine here and is very well cared for. He really seems to like the food. We visit two to three times a week and always find him to be clean and well presented. My dad went to hospital and someone came in on their day off just to go with him". Another told us "the staff do a good job, they have fun and a laugh with the residents. There is one carer and I always know when they have been working with mum due to how happy she is, she enjoys the craic she has with them". Another stated "staff are excellent, especially on the dementia side, really caring and do their upmost for everyone".

From the beginning of the inspection we saw evidence of person centred practice, with people being able to determine how they spent their time. They could attend breakfast at a time of their choosing and had a choice of where they wished to eat; this could be the dining room, one of the lounges or in their bedroom. They also get to choose what they wish to eat and we observed staff supporting people to go through menus for the following day and make the choices.

During meal times people were free to get up and leave or move around when they wanted. Encouragement to remain and finish their meal was observed being given by the staff; however the choice was left with each person. We observed one person return to their room without eating, saying they were not hungry. Staff later went to the person's room to ask if they could bring them something to eat, after discussing possible options the resident agreed to have a snack.

We looked at whether the home was responsive to people's needs. All the care plans looked at contained a past experiences document. This took into account people's background, school attended, memorable places, employment, war experiences, hobbies and past times and spiritual/religious background information, the files also contained an activity profile which detailed the things they enjoy or would like to do, these two documents helped formulate the residents care. Two people had told staff they enjoyed old movies and would like to be able to watch these in the lounge, we observed this happening on the day of the inspection, with both people in attendance.

All the care plans we reviewed provided guidance around nutrition, communication, getting ready for the day, toileting, mobility, skin integrity, falls, personal care and end of life plans. Each person had risk assessments in place which were all specific to the individual rather than being generic. All care plans were reviewed and updated regularly with all having a latest review date of June 2016. We asked relatives if they were aware of the care plans, everyone asked knew about them with one telling us "I am aware of the life

plan, this has been discussed with me, I am kept well informed with what is going on and get to have my say."

We also noticed that people had access to medical services as requested. Any involvement by the GP, dentist, advanced nurse practitioner (ANP) who visits the home, was detailed in the care plan along with any feedback.

We looked at how the home cared for people with pressure sores, although at the time of the inspection staff told us there was nobody living at the home who had a pressure sore. We noted people had specific care plans in place with regards to their skin, as well as waterlow assessments to identify if people were deemed to be at risk. We saw these had been updated regularly and ensured staff had appropriate guidance and information available so they could care for people safely.

We looked at the most recent satisfaction surveys which had been sent out in March and May 2016. We saw people were asked for their opinion about feeling happy, the care and support they received, the staff, food, keeping occupied, cleanliness and laundry service. People were also asked to make suggestions, the things they enjoyed the most and if they would recommend the home to other people. We noted the feedback from these surveys was largely positive, with summary provided against each section about what the information meant and how it impacted on the quality of service provided.

Staff told us that residents' meetings were held every two months; these were open to both people and their relatives. We saw minutes of the last three meetings, which confirmed this. The minutes contained action points and explanations to demonstrate that points raised in the meeting had been carried through.

The home had a customer feedback and complaints file. There were three complaints in the file, all of which were issues raised by relatives. All complaints had detailed action plans and successful outcomes. The residents we spoke with told us they had not made a complaint since living at the home, but knew who speak with if they had concerns. One person said; "I would speak with the manager and I feel they would sort it out straightaway". A further two people said they would contact the manager and felt they would take any necessary action to resolve it.

We spoke to the registered manager about how the home ensures people were not socially isolated. She told us that some people were members of various clubs and organisations which they attend; there is a local church that uses on of the lounges, which residents link in with, some residents visit the local library. We saw evidence in care notes which confirmed this..

We saw there was an activities poster displayed on all notice boards showing activities available which included arts/crafts, chair exercises, reading groups, bingo, quizzes and board games. The home employs an activities co-ordinator for 30 hours per week, who divides their time between the dementia and residential units; however they were not present during the inspection due to being on annual leave.

The planned activity on the day of inspection was bingo, this did not take place, however we did observe 11 people watch a movie in one of the lounges in the afternoon. One person said to us; "I'm aware that the co-ordinator is on holiday so there hasn't been much going on recently". We spoke with the manager about ensuring appropriate cover was provided so that activities could still continue when staff were not on duty. We also spoke to relatives about activities, one told us 'I have no issues with the activities, all seem suitable and plenty of choice'

Good

Is the service well-led?

Our findings

The staff we spoke with told us they felt the home was both well-led and managed. One member of staff said; "The manager is fine. She is nice and is approachable. The manager has come in during the night before to do spot checks which is good." Another member of staff said; "It's a very well managed home. If you have an issue, it will be addressed." A further staff member told us; "You can go to the manager with any concerns. I have always found I can go to the manager with anything." Whilst another said "I love working here, I feel supported. The manager is a good boss, any issues between the staff she sorts straight away". A fifth member of staff reported; "The manager is really good. If she can help in any way she will do and supports us on the floor as well."

We also spoke to relatives to get their views. One told us; "The manager is very approachable," whilst another said "The manager is very good, she is a really nice person and has been a great help to us."

The staff we spoke with said there were regular team meetings where they could discuss their work. One member of staff said; "There are plenty of meetings taking place. We can raise concerns and contribute towards the agenda." Another member of staff said; "I find them to be useful sessions where we can voice our opinion."

We saw evidence that meetings took place in the form of minutes. The home held meetings with all categories of staff from care team leaders and regular care staff, through to the cooks and domestics. These were all attended by either the registered manager or the home manager and often both. This showed that information is being shared with everyone involved in the operation of the home.

Agendas for the meetings were reflective of the staff who attended, with the care staff and team leaders covering areas such as safeguarding, medicines, health and safety, care planning and infection control and the cooks looking at all aspects of running the kitchen and ensuring people received the appropriate meals. It was also suggested in the most recent cooks meeting that they attend the residents' meetings, in order to receive direct feedback from them on what they would like to eat, any issues they have with the meals provided.

The staff we spoke with told us they enjoyed their work. One member of staff said; "I love my job, absolutely love it. The training and support networks are both very good." Another member of staff said; "Everything is going well from my point of view. It's an excellent place to work and I get a lot of job satisfaction."

We saw that the home had a comprehensive policy and procedure file in place. This included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were regularly reviewed at provider level, with updated copies being available on the company's portal. We saw evidence that staff have both access to and an awareness of policies and procedures as part of their induction and training programme.

The home also has a detailed 'Guide to Living at Garswood House' in place which provided people with all

the information they needed about the service including, what to expect, how the home is run and how to make a complaint. The manager informed us that copies are given to all new residents and copies are placed around the home.

We saw that there were systems in place to regularly assess and monitor the quality of the service. The home completed regular audits in a number of areas including medicines management, staff competency, infection control and quality assurance. Action plans were generated from these audits which we saw were carried through.

The manager completed monthly performance reports which were sent to the area manager. These covered a number of areas including: occupancy levels, any external visitors to the home such as social workers, GP's or consultants, any CQC notifications, safeguarding issues, complaints, accidents, incidents or medication issues.

Every month the area manager, or a home manager from another service run by the provider, carried out a quality monitoring visit. During these visits they checked all of the areas included in the monthly report, to ensure the information given is correct, as well as reviewing a range of sample documents to ensure they have been completed correctly. We looked at the last three months and saw that they were detailed as well as containing action points and timescales for completion.

The area manager also completed a report every four months, which the manager described as 'a mock inspection report, which covers all the same things as a CQC inspection' these include a rating of the home. All of these checks helped to protect people from poor care and ensure the service is effective.