Care Quality Commission

Ascot Care

The Gardens Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 17 and 19 March 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The Gardens Care Home was last inspected by CQC on 20 May 2014 and was compliant.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 Gardens Care Home is a care home for older people. The home has accommodation for 58 people, 52 with en-suite facilities. The home is in a quiet residential area of Darlington. On the day of our inspection there were 43 people using the service.

There were insufficient numbers of staff on duty in order to meet the needs of people using the service.

Summary of findings

The provider had a recruitment and selection procedure in place but did not always carry out relevant checks when they employed staff.

Training records were up to date however staff did not always show they understood what care people needed to keep them safe and comfortable.

Staff received regular supervisions and appraisals.

People who used the service and their relatives had conflicting views about the standard of care at The Gardens Care Home.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager and looked at records. We saw there were DoLS in place and in the process of being applied for. We found the provider was following the requirements of DoLS.

People were protected against the risks associated with the unsafe use and management of medicines.

We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible.

People had access to food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required.

The home had a programme of activities in place for people who used the service.

Care records were not always person-centred and reflective of people's needs.

We saw staff completed a range of assessment tools but they were not always up to date.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists.

People using the service, their relatives, visitors and stakeholders were asked about the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider did not always protect people against the risks associated with employing insufficient numbers of suitably qualified, skilled and experienced staff to meet their needs.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The provider had procedures in place for managing the maintenance of the premises and for ensuring medicines were stored, administered, managed and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always show they understood what care people needed to keep them safe and comfortable.

Staff were properly supported to provide care to people who used the service through a comprehensive induction, a range of mandatory and specialised training and regular supervision and appraisal.

The registered manager had knowledge of the Deprivation of Liberty Safeguards (DoLS) and had made applications to apply it in practice.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Is the service caring?

Good

The service was caring.

People were well presented and looked comfortable.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found care records were not always person-centred and reflective of people's needs.

The home had a full programme of activities in place for people who used the service.

Summary of findings

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

People who used the service had access to healthcare services and received ongoing healthcare support.

The Gardens 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.

This inspection took place on 17 and 19 March 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. We had received concerns from three whistleblowers and from commissioners of the service regarding the quality of care being delivered in the home.

There had been a high turnover of staff in the home in the past twelve months. 36 staff had left the home and 31 new staff were appointed. 8 staff had left in the last twelve weeks. The registered manager had been absent from the service for several months due to sickness. We spoke with the Local Authority before the inspection who confirmed they had taken the decision not to make any new admissions to the service and that the home was working with them to make improvements to the service.

During our inspection we spoke with five people who used the service and two relatives. We also spoke with the registered manager for The Gardens Care Home, two other registered managers for Ascot Care (Quality Team) and ten staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for five members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives had conflicting views about how safe it was at The Gardens Care Home. They told us, "I feel safe, I have no issues at all", "I am so content I don't need to raise anything" and "She is treated with dignity and respect most of the time but not when she is hoisted".

We saw a copy of the provider's safeguarding adult's policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We looked at the provider's managing and reporting accidents and incidents policy. Accidents and incidents were recorded however follow up actions with relevant professionals, for example, from the falls analysis, were not always documented. We saw an incident had been recorded that a resident had been found on the floor of their bedroom at 5.30am however as there was no records to support that staff had undertaken regular nightly safety checks, there was no way to confirm how long the resident had been left in need of assistance. The home did not always submit incident notifications to CQC in a timely manner. For example, three notifications submitted on 4 March 2015 referred to incidents which dated back to 10 October 2014. We spoke with the registered manager and advised her about the need to make appropriate notifications in line with the CQC registration requirements.

We discussed staffing levels with the registered manager and looked at documentation. The registered manager told us that currently there were three independent residents, twenty four residents which required 1:1 care and sixteen which required 2:1 care and support. She told us the levels of staff provided were based on the number of residents and not on their dependency needs. Any staff absences were covered by existing home staff. We saw there were six members of care staff on an early and a late shift and five members of care staff on a night shift. The home also employed two deputy managers, one cook, two kitchen assistants, two activities staff, four domestics, two laundry assistants, a maintenance man, an administrator, a training officer and a gardner.

We spoke with people who used the service and their relatives about whether they thought there were enough staff on duty, they told us, "The number of staff could be improved, I respect the staff and appreciate them but they are stretched", "Some are too rushed to get to know my mother well, they need more staff", "I am trying to be independent but if I press my buzzer I can wait 10 minutes", "My relative's buzzer can be out of reach and the staff are rushing about so she has to yell for help to go to the toilet, I can walk in and find her in that situation. I raised it with the manager, who is lovely, and there has been no further problem". We discussed these comments with the registered manager who told us she would review the number of staff on duty.

We looked at the selection and recruitment policy and the recruitment records for five members of staff. We saw that appropriate checks had been undertaken before two of the staff had begun working at the home. In one of the other records we saw that a Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), check had disclosed a criminal record and there was no evidence to show this had been discussed or risk assessed. When we spoke with the registered manager about this they were not aware of the criminal record check. In the remaining two staff records there was no evidence that proof of identity had been obtained. We spoke with the registered manager who was unaware as to why this information was unavailable. This meant the recruitment checks in place did not always protect people from staff who maybe unsuitable.

We found that the registered person had not protected people against the risks associated with employing insufficient numbers of suitably qualified, skilled and experienced staff to meet their needs. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Gardens Care Home is care home for older people. The home is a single storey building, set in its own grounds, in a quiet residential area of Darlington. The accommodation

Is the service safe?

comprised of 58 bedrooms, of which 52 were en-suite, 3 lounges, a dining room, several communal bathrooms, toilets and a hairdressing room. There were also enclosed gardens with a patio area. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place.

We saw the home was clean and tidy with no unpleasant odours. We saw information displayed on notice boards advising people of the homes two infection control leads and the appointed first aiders. We looked at five staff records and saw they had all completed infection prevention and control training.

En-suite bathrooms were clean, suitable and contained appropriate, wall mounted dispensers. We saw weekly cleaning schedules were completed but not always up to date. Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. They contained appropriate soap and towel dispensers. All contained easy to clean flooring and tiles. Grab rails in toilets and bathrooms were secure.

During the first day of our visit we saw two bathrooms were out of order. Bathroom 5 was being used for storage of equipment and bathroom 6 was awaiting essential maintenance work as a result of a leaking skylight. We mentioned these issues to the manager who told us the repair to bathroom 6 had been reported and she would address the storage issue in bathroom 5. We saw bathroom 5 was in use on the second day of our visit.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw wheelchairs were checked monthly and the slings and hoists had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) in October 2014. We saw windows were fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls. The provider's employers and public liability insurance was up to date.

We observed up to date records for portable appliance testing, electrical installation and gas safety. We saw evidence of daily light checks, weekly guttering checks and weekly kitchen fan cleaning rotas. We also saw a book which recorded details of general maintenance work required in the home and when the work was completed.

For example, an entry on the 14 March 2015 recorded "Room 53, television has no signal". The maintenance man had signed and dated to say this was resolved on 16 March 2015. This meant the provider had arrangements in place for managing the maintenance of the premises.

Hot water temperature checks had been carried out and some exceeded the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. For example, the bathroom in zone 4 recorded temperatures of 53.2 degrees on 4 March 2015 and the temperature recorded for the bathroom in zone 7 on 12 March 2015 was 46.5 degrees. We discussed this with the maintenance man who told us that was the way the heating system worked. In order for some of the home to be within range the other part exceeded the recommended range. We discussed this with the registered manager who agreed to look into this matter and undertake a risk assessment in the meantime.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw regular fire drills were undertaken, a fire risk assessment was in place, fire fighting equipment and the fire alarm test certificate was up to date and an emergency grab bag was located in the senior carer's station.

The service had Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service. These included the person's name, assessed needs, details of how much assistance the person would need to safely evacuate the premises but would benefit from inclusion of any assistive equipment they required. We discussed this with the registered manager who agreed to amend the plans.

We discussed the medicines procedures with two senior carers and looked at records. We saw medicines were stored securely in locked medicines trollies which were secured to the wall in a medicine store room which was kept locked at all times when not in use. We looked at the medicines administration charts (MAR) for six people and found no omissions. Records were kept for medicines received and disposed of.

We saw that medicines audits were up to date. We also saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and their competency was observed and recorded on medication knowledge sheets

Requires Improvement

Is the service safe?

by senior staff. People who used the service told us, “They always ask if I need my pain killers” and “The nurse gives them to me and stays while I take them”. This meant that the provider stored, administered, managed and disposed of medicines safely.

Requires Improvement

Is the service effective?

Our findings

People who lived at The Gardens Care Home received care and support from trained and supported staff. However, staff did not always show they understood what care people needed to keep them safe and comfortable. People who used the service told us "It is very good and a happy place" and "I once visited homes, this is good and better than others, it is nice and quiet". The people we spoke with all said the staff asked before doing things for or to them.

We looked at the training records for four members of staff and we saw that staff had received a thorough induction which followed the "Skills for Care Common Induction Standards". The records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, first aid, fire awareness, safe handling of medicines, safeguarding adults and health and safety. We asked people who used the service and their relatives, if the staff knew what they were doing, they told us, "They give the impression they do, but how do I know", "They seem to know what they are doing" and "Yes, they do".

Records showed that all staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. In addition staff had completed more specialised training in, for example, end of life care and dementia awareness. We also saw further training was planned. For example, first aid, moving and handling, health and safety and food safety were booked for March 2015, fire training, infection control and catheter care was booked for April 2015 and safeguarding, mental capacity act and deprivation of safeguards was booked for May 2015. Staff files contained a record of when training was completed and when renewals were due.

We saw staff supporting people to go into one of the lounges for an exercise group, some in wheelchairs. The wheelchair footrests were not in position and some did not have the breaks applied. The registered manager came in and addressed this. We saw two staff assisting people from their wheelchairs into armchairs in another lounge to watch television. The hoist was used correctly but the brakes were not applied to the wheelchairs during the manoeuvres.

We saw one member of staff was unable to reassure an anxious resident with her description of the proposed manoeuvre. The same member of staff did not look confident using the sling or hoist and had to ask another member of staff for advice. Another member of staff entered the lounge and was able to describe every stage of the process to the person in a calm and gentle manner. Staff carried out the manoeuvre, ensuring the person was safe and comfortable, often providing reassurance to the person. On another occasion we saw two staff had not placed the person's wheelchair close to the hoist before undertaking the manoeuvre resulting in the person being left to hang in the sling until a member of staff brought the wheelchair to the hoist. This meant that staffs knowledge and understanding did not always protect people from the risk of harm.

We discussed our observations about the skill mix of the staff on duty with the registered manager. She told us about the recent high turnover of staff and how she was proposing to address the skill mix through regular supervision and training.

We saw staff received regular supervisions, six times a year, and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The staff records we looked at contained a form, signed by the member of staff, giving consent for their files to be viewed. Discussion items in supervisions included, for example, workload and performance, staff welfare and health issues, training and staff development and policies and procedures. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Requires Improvement

Is the service effective?

We found no evidence of mental capacity assessments or best interest decision making in the care records we looked at. We discussed this with the registered manager who told us this was being addressed and provided evidence of the documentation to be implemented.

We saw that consent to care and treatment had been discussed with some residents or their relatives and each care file contained a form which recorded whether people wanted to be involved in the planning of their care.

We discussed meal time arrangements with the staff. A member of staff told us that the home had been operating two sittings for lunch and tea for four weeks. People were given the option to choose which sitting they preferred on a daily basis. People who used the service had been consulted on the new arrangements. One person told us, "I can choose first or second sitting".

People had access to a choice of food and drink throughout the day. We saw staff going around the home in the morning with a menu asking people what they would like to eat for lunch and tea and which sitting they preferred. We observed staff supporting people in the dining room at meal times when required. People were supported to eat in their own bedrooms if they preferred.

Everyone we spoke with told us they could choose something else if they did not like what was on offer. We observed staff chatting with people who used the service. The atmosphere was calm and not rushed.

The provider promoted a protected meal time policy to allow residents to enjoy their meals without unnecessary interruptions from visiting relatives or health/social care professionals. People who used the service and their relatives told us, "The food is nice", "It is very good", "It is hot", I like salads and get them", "I can ask for more or another drink if I wish", "There is plenty, "It is alright, the presentation has improved in the last two months", "I have put on weight" and "They help me by cutting up my food".

We spoke with the cook who was most knowledgeable about people's special dietary needs and preferences. We saw from the staff records we looked at, that all of them had completed training in food safety, focusing on undernutrition, delivered by NHS Durham and Darlington.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia.

Good

Is the service caring?

Our findings

People who used the service and their relatives had conflicting views about the standard of care at The Gardens Care Home. They told us, "I am very well looked after", "Yes the staff are a great help", "I am happy with my care during the daytime, but they only come in for a specific reason", I don't know anything else so I cannot compare, I think this is one of the better homes, I expect I could find things they could do better" "She gets good care from some but staff varies", and "I admire the staff, there are some awkward residents but I see how staff handle people, they are very good".

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example, encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms. All the people we spoke with felt the staff knew them well. For example one person told us, "Yes, I think so after five years" and "They definitely listen to me, we have good rapport and good humour".

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the resident's needs. We observed staff interacting with people in a caring manner and supporting people to maintain their independence. People who used the service told us, "They encourage me to be independent as much as possible" and "I do a lot for myself".

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. We spoke with people who used the service, who told us, "I am always treated respectfully" and "They are very good and clever like that". We saw information displayed on notice boards advising people of the homes two dignity champions. This meant that staff treated people with dignity and respect.

All the people we spoke with told us they could have visitors when they wished. For example one person told us, "My husband and daughter can come any time", "I asked the home if a group from church could come in and meet in the lounge with me, they all came in this morning and were given tea and biscuits", "I can go out with the family", and "Everyone is warmly welcomed by the staff".

We saw bedrooms were individualised with people's own furniture and personal possessions. People who used the service told us they felt their possessions were safe. We saw from care records that each person had a property list. There was evidence the lists had been updated but would benefit from recording a more detailed description of the items listed. We raised this with the manager who agreed to review the lists.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. One of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which meant if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). This was up to date and showed the person who used the service had been involved in the decision making process.

A person who used the service told us, "The manager had a meeting with residents and explained about DNAR and asked if they could let the home know their opinions". We also saw some staff had completed training in end of life care.

We saw information for residents and their relatives prominently displayed on notice boards throughout the home including, for example, local advocacy services, visioncall, chiropodist services, disability services, local charities and sensory support services.

We looked at records and spoke with people who used the service, their relatives and staff and saw how the service celebrated special occasions. For example, arranging a 100th birthday party.

We saw copies of the home's March 2015 newsletter in the reception area and on the notice boards. It included a resident's poem and memories, resident's birthdays, planned events for example, church services and resident's meetings, memorable dates for example, red nose day and St Patrick's Day, flower of the month, March birthstone, sign of the zodiac and information about the Easter raffle.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives had conflicting views regarding the choices they had about how they wanted to receive the care they needed at The Gardens Care Home. They told us, "I have to get up when they say", "They make me get up at 7am regardless of what I want. They don't ask me, I spoke to someone but it is still the same. I can go to bed at any time", "I get up at 8.30am but go to bed anytime", "You have to comply with their routine", "I get up at 7am but I was later today, so having breakfast now", "They ask me if I want to get up, I don't like to refuse as it implies you are throwing the system out. I can only go to bed when they have given me my tablets. I have to wait for them depending who is on, it can be after 10pm" and "They bring me my Parkinson's tablet at 6.30am to give it time to work. I then get up at 7am and they bring me my breakfast, no one has asked if this is what I want, I would prefer it later, but I know when they are coming so I conform". Staff told us, residents have a choice when to get up and when to go to bed.

This meant the provider did not always ensure that people received person-centred care and treatment that reflects their personal preferences. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now Regulation 9 (1) c of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We saw that the home operated a keyworker system. A keyworker is a member of staff, who with a person's consent and agreement, takes a key role in co-ordinating a person's care and promoting continuity, ensuring a person knows who to access for information and advice. The people we spoke with all knew who their keyworker was.

We saw that pre-admission assessments had been carried out which included personal information, next of kin, GP and social worker details, medical history, communication needs, medication, dietary requirements and any mobility issues.

We looked at care records for four people who used the service. We found care records were not always person-centred and reflective of people's needs. For example, one resident's care record showed conflicting information regarding an allergy to penicillin. Another person's care record had not been consistently updated regarding their preferences for eggs.

Care plans were in place for personal care, skin integrity, medicines, continence, eating, drinking and nutrition, moving and handling, emotional needs, routine on waking and bathing/showering.

We saw a care plan for communication, which described a person's ability to communicate. This meant that staff knew how to communicate with the person effectively. Care plans contained useful guidance for staff, for example, herbal and homely remedy advice from Boots, safeguarding information from the Local Authority and National Institute for Health and Care Excellence (NICE) Guidelines. Each care plan was reviewed and evaluated regularly. Daily progress sheets were also completed and regularly updated.

Each care plan had a risk assessment in place. Assessments contained control measures and recommendations from professionals including speech and language therapists. Risk assessments were regularly reviewed and changes were made if needed. We saw evidence of referrals to and visits by healthcare professionals for example, a speech and language therapist and a dietician. A relative of a person who used the service told us, "My relative had a swallowing problem so the speech and language lady came and put them on a soft diet". This meant the service ensured people's wider healthcare needs were looked after.

Records for weight, (MUST) which is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition, waterlow and body maps were completed but were not always up to date. There was evidence that a urine sample had been taken for a person but the results had not been followed up. Records showed a person's blood pressure had been taken but no time had been recorded. The food charts, for a person who had an individual support plan in place for undernutrition, had not been completed on a regular basis, for example, there were no lunch records for six days and no tea records for eleven days in March 2015. We saw a food chart for a person also contained fluids. We saw fluid charts for a person did not record an optimum total or target and did not always record quantities, instead recorded "sips" or "cup of tea".

Requires Improvement

Is the service responsive?

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw in the staff meeting records dated 27 February 2015, there had been discussions about developing a "one page profile" for people who used the service. A one page profile is a short introduction to a person, developed with the person or their relative, which captures key information on a single page and details what is important to that person including people's individual needs, interests, preferences, likes and dislikes and how best to support them. This meant the service were looking to enable staff and health and social care professionals to see the person as an individual and to deliver person-centred care that was tailored specifically to the individual's needs.

The service employed one activities co-ordinator and an activities assistant. We saw the activities plan on the notice board which included a church service, dominoes, manicures, music and movement, St Patrick's Day dvd, flower arranging, film afternoon, reminiscing, pet therapy, hairdresser, 1:1, sport on television, magazine reading and the Rotary Club Annual "Songs of Praise" with transport provided. People who used the service told us, "I go to all the activities, I go to all of them", "The activities are wide ranging but I do not get involved", "There is a church service in the home and I go to that and they take us out in the mini-bus" and "My relative takes me home and to church".

We saw people engaged in activities during our visit for example, on our first day, we saw several people participated in an exercise session and four people watched a "Riverdance" dvd for St Patrick's Day. On the second day of our visit, we saw several residents participated in arts and crafts, three residents watched the "King and I" dvd and other residents enjoyed a pet therapy session. The home also provided a computer workstation for residents or their relatives to use. A member of staff told us how some relatives would bring data sticks in containing pictures of their holidays and share them with their family member.

We saw a copy of the complaints policy on display in the reception area and in the service user guide. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and the Care Quality Commission, if the complainant was unhappy with the outcome. People, and their relatives, we spoke with were aware of the complaints policy and what to do if they had a concern. They told us "I would go to the manager", "There is a box on the bench to put complaints in but I would not go to the manager, I would not be comfortable do it", "My relative would go to the manager if necessary, they have done that and the response was good and dealt with. The manager is very good", "I am sure the staff would welcome my opinion" and "I sometimes feel uncomfortable if I complain, I only get an update about my mother if I ask".

We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. People who used the service and their relatives told us, "The manager is lovely, as are most of the staff" and "Yes, I can talk to the manager, I am happy to".

Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. Staff told us "I enjoy working here".

We looked at what the registered manager did to check the quality of the service. We looked at the provider's audit files, which included audits of care plans, health and safety, staff files, training and development, infection control, medicines, quality assurance, electrical appliances, fire alarm and extinguishers, emergency lighting, laundry, gas safety, 5 year electrical certificate, hoists and slings. All of these had last been audited between October 2014 and March 2015 and included action plans for any identified issues.

We saw that the home achieved a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 28/04/2014. The home also displayed the Social Care Commitment Certificate for signing up to the sector's promise to prove people who need care and support with high quality service by pledging to improve the quality of the workforce.

We looked at what the registered manager did to seek people's views about the service. We saw the home held resident's meetings and regularly sent out quality assurance questionnaires to people who used the service, their relatives and professionals. From the questionnaires returned in October 2014, some of the issues raised included, hot drinks at supper were often cold and dining room chairs were poor quality. We saw records to support both of these issues had been satisfactorily addressed by the registered manager.

Staff meetings were held regularly. We saw a record of several meetings held on 23 February 2015. A total of fourteen staff were in attendance at the meetings. Discussion items included person centred care, wheelchair cleanliness, keyworker role, communication, documentation and accurate recording, code of conduct, confidentiality, moving and handling and the importance of considering resident's preferences before task deadlines.

As a result of the recent concerns raised about the home, the provider undertook a further quality assurance exercise in February 2015 and sent out questionnaires to people who used the service, their relatives, staff and visitors. The questionnaires asked people for their views about the quality of the service provided at The Gardens Care Home. The results were generally positive but there were areas that required improvement. For example, responses from people who used the service included, "Everybody is very kind and helpful", "there is a shortage of staff", "I would like more 1:1 time", "I would like to go to bed when I want and not when I am told", "I have recommended the home to others", "I like lunchtime with two sittings" and "No issues it's wonderful". A visiting professional replied "I am always made very welcome". However, some staff stated that "staff morale was poor", the home required "more staff", they wanted "more information on handover" and requested "counselling for bereavement".

We saw the provider had drafted a comprehensive action plan and set up a quality team which included registered managers from other Ascot Care North East Limited. We looked at the provider's action plan for 2015 which sought to address the findings from recent Local Authority monitoring visits, whistleblowing concerns and the 2015 quality assurance surveys. We saw the action plan contained the areas for improvement which included, for example, moving and handling practices, mental capacity assessments, preferences and choices, care planning, record keeping and staff morale. The plan identified the desired outcome, responsibility and date of completion.

This meant that the provider was gathering information about the quality of the service from a variety of sources and was putting systems in place to promote continuous improvement.

We saw a copy of the provider's business continuity management plan. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises.

The service had policies and procedures in place that took into account guidance and best practice from expert and

Good

Is the service well-led?

professional bodies and provided staff with clear instructions. For example we looked at the provider's Information Governance Policy which referred to the Data Protection Act 1998. We saw the provider's whistleblowing and confidentiality policies dated 1 February 2015 and a record that 39 staff had signed to confirm they had read and understood the policies.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP's, speech and language therapist, podiatrist, community matron and dietician. This meant the service ensured people's wider healthcare needs were being met through partnership working.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: People did not always receive person-centred care and treatment that reflected their personal preferences. Regulation 9. (1) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided were not being maintained. Regulation 17. (2) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: There were insufficient numbers of staff on duty in order to meet the needs of people using the service. Regulation 18.