Caring Homes Healthcare Group Limited

Garth House

Inspection report

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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

Garth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Garth House accommodates 42 people in one building.

At the time of our unannounced inspection on 21 January 2019 there were 29 older people living at the home, some of whom were living with dementia.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during our inspection as they were away from the service for a short absence. An interim manager had been brought in to oversee the service in the meantime.

At our inspection in December 2017, the service received a rating of Requires Improvement. This was because we found shortfalls within the environment, activities and records for people. We found at this inspection improvements had been made. However, we have made further recommendations to the registered provider which we will follow up at our next inspection.

People had opportunities to take part in activities, however we found further work was needed to ensure people in their rooms were not at risk of social isolation. We also found one person whose care plan was not being followed. We have issued a recommendation to the registered provider in both of these areas.

Although we found improvements to the environment and décor since our last inspection, further work was needed to help ensure that people lived in an environment that was fully fit for purpose. We have issued a recommendation to the registered provider in this respect.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care.

Staff said they received good support from their colleagues. Staff had established effective links with health and social care professionals to ensure people received the care they needed. The registered manager had notified CQC of significant events.

People who lived at the home, their relatives and other stakeholders had opportunities to give their views. Important areas of the service were audited regularly and action plans were developed when areas for improvement were identified.

People were supported by sufficient numbers of appropriately skilled staff to meet their needs and keep

them safe. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again.

People lived in a home which was clean and hygienic. People received their medicines safely and as prescribed. Appropriate equipment was available to suit people's needs and this was regularly checked for its safety.

People's needs had been assessed before they moved into the service to ensure staff could provide the support they required. Staff had the training and support they needed to carry out their roles effectively. Where people's needs changed, staff responded in a proactive way to meet those needs. End of life care for people reflected their choices.

People could make choices about the food they ate. People were supported to maintain good health and to obtain treatment when they needed it.

Staff were kind and caring towards people and there were positive relationships observed. Staff treated people with respect and maintained their dignity. People were supported to make choices about their care and to maintain relationships with their friends and families.

Further information is in the detailed findings below.

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 lived in an environment that was clean and checked for its safety. Although continued work was needed to update the environment.

People's medicines were managed safely.

Risks to people were responded to and staff knew how to recognise abuse and act upon it.

People were cared for by enough staff who had been appointed through robust recruitment processes.

Lessons were learnt from accidents and incidents and appropriate action taken.

Is the service effective?

Good

The service was Effective.

Staff understood the principles of the Mental Capacity Act 2005.

People's needs were assessed before moving in to Garth House and there were adaptations in place suitable for people.

Staff were provided with the training and support needed to carry out their roles. Staff worked and communicated well with each other.

People were provided with sufficient food and drink as well as support to access health care professionals when needed.

Is the service caring?

Good

The service was Caring.

People were cared for by staff who demonstrated a kind and caring approach to them. Staff showed people respect and dignity.

People were encouraged to be independent and make decisions about their care.

People were supported to maintain relationships that meant something to them.

Is the service responsive?

Good

The service was Responsive.

People had access to activities, however further work was needed to embed individualised activities for people in their rooms.

People's care plans were detailed and people were asked about their wishes at the end of their life. Although one person's care plan was not robustly followed by staff.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was Well-Led.

The registered manager had a drive to improve the service.

There was a wide range of quality assurance taking place.

People's views were sought.

Staff felt support and valued by management.

Staff worked effectively with outside agencies.

The registered manager had notified CQC of significant events.

Garth House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 21 January 2019 and was unannounced. This was a comprehensive inspection carried out by two inspectors, a specialist nurse and an expert by experience. An expert by experience has experience of caring for or knowing someone who has lived in this type of setting.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

We contacted 12 social care professionals for their views of the service before we visited. We received feedback from nine which we have included in our report.

During the inspection we spoke with or met eight people who lived at the home and four relatives. We also spoke with five members of staff plus the area manager, interim manager and clinical lead. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at 11 people's care records, including their assessments, care plans and risk assessments. We checked training records, two staff files and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

Good

Is the service safe?

Our findings

At our inspection in December 2017 we found that people were living in an environment that was not always fit for purpose as the kitchen area, clinical room and the service in general required refurbishment. At this inspection, we found some improvements had been made.

People lived in an environment where the interior decoration had improved, particularly in communal areas, the kitchen and clinical room. The clinical room was bright, clean and tidy. Improvements to the kitchen had also taken place and in March 2018 it received five stars from Environmental Health.

At our inspection in December 2017 we issued a recommendation to the registered provider in relation to staff deployment. This was because we observed people at lunchtime having to wait for their meal. We found improvements at this inspection.

People were cared for by a sufficient number of staff. One person told us, "There is always staff around." We did not see anyone having to wait for assistance throughout our inspection and when call bells rang these were answered promptly. Staff told us they worked well together and were able to attend to people in a way that ensured they had all of their care needs carried out in a timely way. Although we observed people in bed throughout the morning, this was either through their individual choice or due to a medical condition. A staff member told us, "I feel there is sufficient staff. We're doing better at working together. I feel there's enough staff to meet people's needs. People aren't kept in bed 'til the afternoon unless they want to be there." Another staff member said, "There are enough staff according to people's dependency levels." A third told us, "Staffing levels are fine. We have time to do what we need and also spend time with people."

The staff who cared for people had undergone a robust recruitment process. We checked two recruitment files which included previous employment details, references and a Disclosure and Barring Service (DBS) check. A DBS is a criminal record check which looks at whether the prospective staff member is suitable to work at this type of service.

People lived in a service where they were kept safe. We read in the quality assurance survey from May 2018 that all 11 respondents said they felt safe in the home.

Risks to people were recorded in their care plans and supported by guidance for staff. For example, where people had diabetes there was clear information to remind staff to ensure the person had low sugar foods. In addition, where people were at high risk of falls or unable to move independently, risk assessments had been drawn up to identify which equipment should be used, such as a full body hoist, slide sheet or walking stick and wheelchair. Staff were clearly recording when people were repositioned in bed if they were at risk of pressure sores. One person told us, "I have to have two staff for the hoist; they are good – take their time. It's very reassuring."

Staff were trained in how to recognise abuse and knew what they should do if they suspected it. A staff member told us, "I would take notes. I'd go to the nurse in charge or home manager. I know if it's not being

dealt with I can come to you (CQC) or the local authority." A staff member told us if we had not been greeted by another staff member, they would have been confident enough to ask for our proof of identity. A third said, "I would report it and record it in the daily notes. I would also record who I had reported it to." Any previous concerns of possible safeguarding had been reported to CQC by the registered manager as per the requirements of registration. We were aware the service worked in conjunction with the local authority's safeguarding team to fully investigate these. One person told us, "I think it's a good home. Staff are very willing. I feel safe." A relative said, "Yes, very safe."

People received the medicines they required and medicines management practices were safe. One person told us, "Yes, they (staff) always make sure I get my medicine. They stand and watch while I take it in case it catches in my throat." Where people had 'as required' medicines (PRN) there were protocols in place. This is important, particularly for people who are living with dementia, as they provide information to staff on how the person may indicate pain and what dosage/medicines can be given. Pain scales were used to monitor the pain level for people which again helped staff determine when medicines were required. Staff were seen to follow good administration processes when giving people their medicines. This included not signing the person's medicines administration record until they had seen the person take the medicines. Where people were using topical medicines (medicines in cream format) body maps were in place to show staff where to apply the cream. A healthcare professional told us, "I have seen a huge improvement in this area and on my last visit found no areas of concern."

People lived in an environment that was kept clean and checked for its safety. Housekeeping staff were seen cleaning throughout the day and we found communal areas, including bathrooms and toilets, clean. Where staff stored or cleaned equipment, such as commodes, these rooms were tidy and free from dirt. Staff were seen to wear aprons when serving lunch. We read in the quality assurance survey from May 2018 that everyone felt the house was either 'outstanding' or 'good' with regard to cleanliness. A staff member told us, "We have plenty of stock of gloves, etc. We use hand gel and if someone had an infection, we would barrier nurse them." We checked that equipment used within the service was regularly serviced and we found it was. There was information for staff and people on what to do in the event of a fire and a staff member told us, "If the fire alarm goes off, we meet in the front entrance and await instructions. I am always checking fire doors (are shut). We have never had an emergency."

The service learnt when things went wrong. We reviewed the accidents and incidents log and saw that each incident had been recorded fully and reviewed by the registered manager. A 'live' report was kept which the registered manager could review to look for trends or themes. This kept an on-going record of falls in the service, recorded by those resulting in an injury, those that did not and whether people were admitted to hospital. Analysis looked at timings of calls and if there were a higher number on particular days of the week, for example, the weekend. Where one person had suffered some falls, their bed had been lowered and a 'crash' mat placed beside it to help prevent further occurrence.

Good

Is the service effective?

Our findings

We checked whether people were being supported to make decisions in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Individual decisions were considered for people as mental capacity assessments had been carried out where necessary. However, we noted that the individual decisions were recorded together on one capacity assessment. We spoke with the provider's DoLS lead about the process and they told us, "It is totally right that capacity assessments should be decision-specific." We were told that all paperwork relating to the MCA would be reviewed immediately and we had confidence that this would happen. Where people lacked the capacity to make a particular decision, staff had consulted relevant people, such as relatives and healthcare professionals, to ensure the decision was made in the person's best interests. This included people receiving their medicines covertly (without their knowledge). People had DoLS applications in place due to their lack of capacity to make the decision to live at Garth House.

Immediately following our inspection, staff sent us evidence to show that capacity assessments for the four people we had identified at our inspection had been carried out separately for each decision. We were told that a thorough review would be undertaken of everyone's documentation.

We did hear people being asked for their consent before staff did anything, such as checking it was okay to sit next to the person. A staff member told us, "I've had mental capacity training both online and face to face. It's about learning to be adaptable. It's respecting that everyone is an individual and giving them choices." Another said, "We have to assume they (people) have capacity and would always look at their best interests, not ours."

People's needs had been assessed before they moved into the service. We read assessments for people which helped to ensure that Garth House would be a suitable place for them to live. A person's pre-assessment formed the basis of their care plan. Where one person had recently moved in we read that staff had completed essential information and risk assessments for the person in order that they were safely and effectively cared for whilst the remainder of their care plan was developed. A social care professional told us, "Staff are very good at communicating and responding to assessment needs when required. They have helped us on more than one occasion with responding to emergency respite and carrying out assessments promptly, completing paperwork and informing us of changes in need."

People had access to adaptations suitable for their needs. There was a lift within the building to help people access upper floors. Bathrooms had adapted baths and there were shower seats available for use. People

were seen sitting in specially adapted, reclining chairs and those at risk of pressure sores were on appropriate mattresses.

Staff had access to the training and support they needed to carry out their roles and clinical staff were knowledgeable. They were able to explain to us how they gave covert medicines to people as well as how they should ensure people on pain patches had the site of application checked and recorded. A new staff member said, "The induction was really good. It introduced me to the residents and their likes and dislikes." Another staff member told us, "I have had all the mandatory training. I did a course on diabetes and I've done my medication training. I believe I have been trained to do this job." A clinical staff member told us, "I have had training in wound care and I know how to get help from the tissue viability nurse if I require it." We read in the quality assurance survey from May 2018 that the 11 people who responded felt staff had sufficient knowledge and skills. We observed staff transferring people between wheelchairs and lounge chairs and saw this was completed in a competent manner with staff talking to the person throughout. During lunch staff demonstrated good skills when assisting people to eat. They made sure that the spoon was not overloaded and that the person had finished one mouthful before proffering another spoonful. A relative told us, "They've lots of new staff in at the moment who are being trained up."

Staff also had regular supervisions which gave them the opportunity to meet with their line manager on a one to one basis. A staff member told us, "I have supervision every two months. The feedback I've had is really valuable." Another said, "I had supervision just a couple of weeks ago."

Staff worked well together and shared information. There was a daily handover meeting where staff could discuss updates on people living in the service. Staff told us there was a good team and that communication was good. One staff member said, "People (staff) try to work as a team and I like that." Another told us, "We pull together as a team. The communication is effective." A third said, "It's good to know you can rely on others (staff)."

People told us they enjoyed the food and could make choices about what they ate. One person told us, "The food is quite good and you get a choice each day. If there's nothing you fancy they will make you something else like an omelette or a sandwich." Another person said, "On the whole the food is good and there is a bit of variety. I've no complaints."

People were seen being supported by staff to sit at tables for their lunch. No one was rushed and staff took their time assisting people to eat where they needed it. One person did not like the options on the menu and instead staff made them an alternative. People were being offered a variety of drinks and we observed people saying, "Cheers" to each other prior to drinking. There was clear information in people's care plans around their individual requirements, such as details on what counted as fork mashable foods for one person.

People's dietary requirements were recognised and where people were at risk staff took appropriate action. One person had been referred to the dietician in response to some weight loss and staff were recording their food and fluid intake to help ensure they had sufficient of both. Other people had been seen by the Speech and Language Therapy (SaLT) team where staff had noted concerns in relation to them eating. We read how staff had introduced soft foods to a person whilst they waited for the person to be seen by SaLT, in order to keep them safe in the interim period.

People were supported to stay healthy and to obtain treatment when needed. There was evidence in people's care plans to show they had been seen by the GP, district nurse, chiropodist, optician and other health services. Where guidance was giving by professionals this was being followed by staff. For example,

one person was noted as needing to, 'sit upright for 20 minutes after eating' and we observed this happen. A relative told us, "The staff are very good. The senior is particularly good at chasing things up with the doctor and getting things done." A healthcare professional told us, "I have always found the manager and clinical lead open to any feedback and actions completed following my visit."

Good

Is the service caring?

Our findings

People were happy with life at Garth House. One person told us, "The staff are wonderful. Always helpful and friendly."

Relatives and professionals reiterated what people had told us. One relative said, "The attitude of the staff is very positive and kind. They work very hard." Another told us, "The senior nurse is brilliant. She involves me fully in everything that's going on. I feel I can talk to her about anything."

People's rooms were individualised and we read in the May 2018 quality survey one person had commented, 'very nice garden and the atmosphere is delightful in the house I live in'.

Staff knew people well and could describe to us people's individual characteristics and the reasons they were living at Garth House. We observed a staff member sitting with one person enjoying a cup of tea together. They were discussing general topics and a film that was on television. Another staff member had assisted someone and left them saying, "If you need me, just call me." One person had commented in the May 2018 quality assurance survey, 'caring staff who take time to chat'. A social care professional told us, "I am impressed by the manner in which staff talk about their residents with compassion. It shows me that [registered manager] and her colleagues genuinely care about them."

People were encouraged to make decisions about their care and maintain relationships with people who were important to them. One person liked to walk around a lot and staff respected this whilst regularly checking that the person was okay. We read in people's care plans that reviews of their care regularly took place and a staff member told us, "We have conversations with them (people) throughout the day for feedback." Relatives were seen to visit throughout the day and it was evident from the way they spoke with staff, that they were welcomed into the home. We heard staff talking to one relative and reassuring them. A relative had left a comment which stated, 'I have absolutely no regrets. From [registered manager] down to cleaning, staff are all lovely people and accepted me as family. They treat my wife with care and attention. Could not have chosen a better home'. One person told us, "Whenever the family come to see me they always seem pleased to see them and ask if they would like a cup of tea. If I want to have a bit of private time with them they will help me get back to my room. It never seems to be a problem, me asking for help."

People were given individual attention from staff. One person had a birthday on the day of our inspection and staff made a fuss of them, bringing in a cake and singing Happy Birthday. A staff member gently roused one person by rubbing their back and speaking softly to them to ensure they woke up slowly. One person was being transferred from their wheelchair to a chair when the person asked if they could go to the toilet. Staff patiently transferred the person back into their wheelchair to be taken for personal care. One person told us, "They (staff) are all very helpful. They know when I like to get up and how I like things done." A social care professional told us, "With my visually impaired client, they take the time and tell her when they are entering her room, who they are, what they are doing etc."

People were put first by staff. During our inspection one person called out from their room and the staff

member left us to immediately respond to the person. Another staff member told us they were unable to speak to us at that particular time as they were attending to people.

People were shown respect, privacy, dignity and independence. One person told us, "They (staff) always knock on the door when they come to help me, even though it's wide open all the time. But they shut it when they are getting me washed and dressed of course." A healthcare professional told us, "Residents have been treated with dignity and respect whenever I have visited the home." People had tags on their doors to indicate if personal care was taking place and we observed and heard staff speaking with people in a respectful manner. One person required their finger nail cut and the staff member asked them, "Are you okay if I file your nail down in here (the lounge) or would you like to go back to your room?" Another said to a person, "Shall we go to your chair darling? You may as well sit and relax before lunch." A third staff member moved one person's side table and took the time to check with the person they could still reach everything. We noticed people moving around the service throughout the day freely and sitting in different areas as they wished. All 11 people who responded to the May 2018 quality assurance survey stated they found staff polite and helpful. A staff member told us, "I would ask if they (people) want to be covered during personal care and if they'd like to wash their face themselves. I give them choice." A second told us, "We're all very caring and passionate about delivering good care here." A social care professional told us, "My residents are always dressed beautifully, you can tell the staff have spent time matching clothes etc."

Good

Is the service responsive?

Our findings

At our inspection in December 2017 we issued a recommendation in relation to ensuring people were not at risk of social isolation. At this inspection, we found improvements to the availability of activities to people but there was further work to be done.

People had opportunities to participate in activities and their social interests were recorded in their care plans. For example, one person was noted as liking poetry, reading and drama. One person told us, "There's always lots going on and there's a room full of craft stuff there that you can just help yourself to if you want to." There was a skittles game during the morning and people were clapping and congratulating people as they knocked down the pins. 'Prizes' were given out to the winner. The activities lead told us, "There is one person that loves flower arranging so we made a tissue display that looked like flowers. Another likes tactile items and I've given her wool to hold." Another staff member took one person, who liked being outdoors for a walk. Other activities included bingo, baking and a monthly church service. We also heard that the local church community were recruiting a clergyman who would be dedicated to the service. The activities lead told us, "The school come in at Christmas time, but I want to explore more links like getting the toddler group in here. I feel like my ideas are listened to and taken on board. We have chair exercise lady, music therapy, and wild science." A staff member told us, "Activities are really good. There's yoga, a choir, cocktail afternoons and music." However, they commented that people in their rooms could do with more interaction and we felt this on the day as we observed people in their rooms receiving little social interaction with staff. Most interactions were task orientated, such as taking the person their lunch. We spoke with the interim manager at the end of the inspection who told us, "I wouldn't dispute that (lack of interaction for people in their rooms)." They went on to tell us that activities staff were new and their work was being embedded into the daily routines of the service. They said there was further work to be done with regard to individual interactions. We will check at our next inspection that this is happening. A relative told us, "I just wish staff did more to encourage them (people) to get up and go downstairs and join in."

We recommend the registered provider ensures that people are not at risk of social isolation.

People's care plans contained relevant information to the person and their care needs. Some people told us they had been involved in discussing their care plan when moving in. Where one person had epilepsy, there was a separate care plan in place outlining what staff should do if the person had a seizure. This same person was recorded as, 'to be sat up in bed to reduce the risk of aspiration (when eating)' and we saw this happened. Where people suffered from pressure sores, staff were responsive towards this and as such people's wounds healed well. There was a clear wound care protocol that staff followed which included the action to be taken and the rationale behind this. Body maps were maintained to show the site of the wound and photographs taken, with monthly progress and measurement. Separate care plans were also in place.

A social care professional told us, "I have witnessed that they (staff) spend time with residents and give reassurance when they are distressed." However, we found in the case of one person, staff could have done more to ensure that the person received responsive care. We found the person struggling to eat their lunch. This person's care plan stated that the person was independent in their eating and would often refuse

assistance, but that staff should prompt them. This was not happening. We spoke with staff about considering a more consistent monitoring routine during mealtimes to help ensure that should this person require assistant they received it. We checked the person's weights and charts and had no concerns that they were at risk of malnutrition or dehydration.

We recommend the registered provider ensures that people always receive responsive care.

People's care records contained information about them as a person, their background, personal history and likes and dislikes. One person was noted as liking classical music. Another person was recorded as liking to hold hands and have a teddy with them. We saw teddies in their room. A further person would tell staff to 'go away' as a sign that they did not wish to interact any more. Staff gave thought to people and considered ways of improving their lives within the service. A staff member told us, "[Name] had a yoghurt and banana every morning for breakfast. I wouldn't like that, so one day I suggested porridge. She now loves it and it's so much nicer for her." A social care professional told us, "I feel they spend the time to get to know the residents and their personalities / tailoring the care and support around their wishes."

Each person had a summary care plan in their room. This contained the essential information about the person and any charts that staff needed to complete, such as food and fluid, repositioning and hourly or night-time checks. People told us they received the help with washing, dressing, medical assistance, in line with their agreed care plan. A staff member told us, "The nurses look after the main care plans, but the ones in people's rooms are really easy to follow. People's backgrounds are held in their main files in the office. It is good to know their (people's) past as sometimes it can help you understand why they do things like they do now."

Where people were on end of life care there was information and responsive actions from staff to help ensure they were pain-free and as comfortable as possible. One person was being reviewed regularly by the GP and their pain was being assessed on a daily basis. A PRN protocol was in place to help ensure they could receive medicines when they needed them. Other people had chosen not to talk about their end of life care or had given general information to staff on whether they wished to remain in the home or go into hospital. We read feedback from one relative who had written, 'excellent care and attention you gave our relative. You made him as comfortable as possible'. We read a compliment received by the service from a relative which commented on how personalised staff were and how well cared for their family member was right up until they passed away peacefully. The staff had arranged for one person, who was receiving end of life care, to marry their long-term partner. The registered manager told us in an email that the person moved into Garth House on a Monday and by Tuesday afternoon they were married at Garth House. The following afternoon the staff hosted a wedding breakfast for some guests and family complete with a wedding cake, flowers and confetti. They told us, "Emotional but so well worth the hectic couple of days – could not have achieved this without the wonderful team I have here."

There were appropriate procedures for managing complaints and concerns. One person told us, "I wouldn't put up with any nonsense. If there was something wrong I'd say so straight away. I'd speak to the manager and if I got nowhere there I'd take it further. But they are fairly good and I think it would be sorted quickly if there were any problems." We reviewed the complaints folder and found that individual complaints had been investigated by the registered manager, statements gathered and outcomes reported back to the complainant. A social care professional commented in relation to a concern, "I have been impressed by the way [registered manager] has handled the situation. Arranging 1:1 meetings, discussing the particular family members' concerns and involving the appropriate people."

Good

Is the service well-led?

Our findings

At our inspection in December 2017 we found the care records for people were not always accurate. We found at this inspection this had improved. However, we did identify that the registered provider had not carried out works to the environment as told to us at our last inspection. We also found that this had been referred to by people, relatives and staff.

We found that improvements to the general living areas such as people's bedrooms and the hallways had not been made, despite being told by the area manager at our last inspection that these would start in early 2018. We also read that people, relatives and staff had commented on the décor and furnishings in recent feedback surveys. This included staff who had commented, 'no money is spent on this home. Can't make it better without investing money to the well-loved house. Too many broken plans to improve home. Refurbishment has still not taken place which has been noted by many'.

The regional manager told us at this inspection there was a service improvement plan for the service and we read in relative's' meeting minutes that work was on-going. We saw some of this on-going work being undertaken on our inspection as some bathrooms were being updated. We will check at our next inspection that improvements to the décor and furnishings in the home have been carried out.

We recommend the registered provider ensures that the environment that people live in is fit for purpose.

People's care plans were reviewed regularly as the service ran a 'resident of the day' system. This helped to ensure their accuracy. We read one person's care plan showed they had been resident of the day once a month so their file had been audited. We also read necessary action had been taken when changes were identified. Such as where one person had experienced weight loss and the chef was instructed to fortify this person's diet and staff changed to weekly weights.

Other quality assurance systems were in place. Both internal and external medicines audits were carried out. The most recent external audit was completed in November 2018 and we noted no major shortfalls had been identified. The internal audits took place monthly. We read in the November audit that gaps in people's medicine administration records had been found yet there was no record of what action had been taken. Following our inspection, we were sent evidence to show that this had been followed up with staff at the time.

The register manager completed a daily walkaround of the service to check on staff presentation, meals and the health and safety aspects of the home. Weekend and night spot checks were carried out. We noted from the December 2018 night check, staff were found not wearing the correct uniform, hourly check charts had been pre-filled and no night checks had been completed since 1am. Again, there was no record of what action had been taken. We were shown evidence following our inspection that actions identified were followed up immediately.

The 2018 clinical governance audits had been collated for the year and as such accidents and incidents,

deaths within the service, complaints and compliments, infections, safeguarding concerns and wounds were reviewed and reported on. There was also information on when other audits had been carried out, such as mealtime, kitchen, housekeeping, night-time visits and medical audits. The provider's health and safety/maintenance last audit had resulted in 99% compliance.

Twelve people had responded to a meal time survey which had recently taken place. They had recorded they felt meals were unhurried, they were able to choose where they wished to sit, mealtimes were flexible, they received the support they needed and there was a good variety of foods. People had written, 'nice chef and friendly team', 'good choice of meals' and 'helped at meal times with a care assistant'.

Eleven people had responded to the May 2018 quality survey. People had commented how the management of the home had improved since the registered manager had taken up post. One had said, 'Since [registered manager] has taken over as manager, the home has greatly improved'. Another had written, 'Very good. I know I can speak to the manager and she will sort it out'.

Relatives and stakeholders were invited to give their views. We read feedback was equally as positive from relatives, with one relative commenting, 'the change in my mother, for the time she has been there is amazing. She is singing and laughing and enjoying her time each day'. Nine stakeholders had left feedback between March and September 2018. We read that they felt welcomed into the home, felt people's needs were met, people were safe and they had an 'excellent' relationship with the service. Comments included, 'very good improvements this year' and, 'always very welcoming and helpful, from manager to staff'.

We received positive feedback about the registered manager. One person told us, "She is a good manager. Very friendly and she listens to you. She's always around and she always stops to speak to you and check whether everything is alright." Another person told us, "I think this is a good home. The manager is always prepared to talk to you and listen to your point of view." A relative said, "I think the manager is very good. There have been problems here (as noted as previous inspections) but she is working hard to sort them out and bring the standards up. The staff seem to like and respect her and that's half the battle." A second relative said, "When we come in we often see the manager in the corridors or chatting to people in the lounge. She's not one of these people who shut themselves in an office and you never see her. She makes the effort to come and speak to you, check whether you're happy with everything." A social care professional told us, "I have found the Garth management extremely caring and professional. There is a culture of compassion and dignity."

People, relatives and staff had the opportunity to meet together. Relatives meetings were held and we read in the October 2018 meeting that staffing and redecoration was discussed. Relatives were also told about a CQC inspection and what could be expected. There was also a 'you said', 'we did' system. We read that comments had been made about the condition of the hairdresser room and the lounge. These had both been actioned. Regular staff meetings were held. This was confirmed by staff. A staff member had commented in the staff survey, 'having staff meetings enables us to communicate to everyone in the team'.

Staff told us they felt supported. One staff member said, "I feel management are approachable. I feel very valued and it makes such a difference to me." Another told us, "I have worked here for two years. I have seen a lot of change in the last few months. Better care, better environment, more staff and the manager is very supportive. I am much happier now. It is positive and getting better." A third said, "The manager is very charismatic. A good leader and very approachable. She made me comfortable and feel welcome." Staff were encouraged to complete a staff survey. The most recent survey was carried out in July 2018. Staff had commented, 'the home has made a significant change; it's a nicer more friendly place to work'. Staff had commented positively about the management of the home, caring staff, the atmosphere was good and

residents 'lovely'. They felt that the registered manager and staff within the home were committed to providing a good service.

The registered manager had a drive to improve the service and was keen to listen to people. This was demonstrated by their response to feedback from people. They had made plans to establish a seasonal service newsletter which would be used to share news and information. They were also registered with the National Activity Providers Association (NAPA) which focused on meaningful activities for the elderly. A healthcare professional told us, "The current manager is engaged and has made improvements. I have had no recent concerns in regards to Garth House since it has been under new management."

Staff worked closely with external agencies. One staff member told us, "We work very closely with the tissue viability nurse." The service had worked with the local authority on a Commissioning for Quality and Innovation (CQUIN) scheme. This is a framework which supports improvements in the quality of services and patterns of care. A healthcare professional told us, "The staff, including the home manager are pleasant, professional and engage with our service as needed." Another professional told us, "The home are engaging fully with the Quality Care Home team and have undertaken recent training with them."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.