

# Countrywide Care Homes (2) Limited

## Garden Hill Care Centre

### Inspection report

32 St Michaels Avenue  
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Tyne and Wear  
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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Garden Hill Care Centre is a residential care home providing personal and nursing care to 36 older people and younger adults, including people who may live with dementia. The service can support up to 40 people.

The care home accommodates people across three floors. One of the units specialises in providing care to people under the age of 65.

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

Improvements had been made since the last inspection and people, relatives and staff were very positive about the changes. These included changes to staffing, records and person-centred care. Further improvements were required with regards to governance, staffing levels and medicines management.

People told us they felt safe with staff support and staff were approachable. One person told us, "[Name] is certainly safe here." We have made a recommendation that staffing levels and staff deployment should be kept under review so people receive timely care.

Appropriate checks were carried out before they began work with people. People received suitable support to take their prescribed medicines.

Communication was effective, staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about safeguarding and the care provided.

There was an improved standard of record keeping to ensure people received personalised care that met their needs. People's privacy and dignity were respected. A person told us, "There are no faults, smells nice and privacy when you want it."

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support. People were supported to access health care professionals when required. People had food and drink to meet their needs.

Risk assessments were in place which identified current risks to people as well as ways to reduce those risks. Staff worked well with other agencies to ensure people received appropriate care.

People and relatives told us the service was well-led and all said they would recommend it to others. A relative said, "I've looked at other care homes, [Name]'s been here for respite, when they came back, they were greeted like an old friend."

People were cared for by staff who were kind and compassionate. The atmosphere within the home was

friendly and welcoming. One relative commented, "From walking in it felt like a family place. It's a lovely happy place."

Activities and entertainment were available to keep people engaged and stimulated during some parts of the day. We advised of further improvements that could be made to occupy people, when staff were busy.

People and their relatives were involved and supported in decision making. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a stronger and more effective governance system in place. We discussed further improvements that could be made. The management team carried out a regular programme of audits to assess the safety and quality of the service. There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 February 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Garden Hill Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and two Experts-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. .

#### During the inspection

We spoke with 15 people who used the service and eight relatives about their experience of the care provided. We spoke with one visiting professional and 13 members of staff including the regional manager, registered manager, administrator, a senior practitioner, an agency nurse, seven support workers and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and four medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staffing levels were sufficient to ensure safe and person-centred care to people across all areas of the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made after the inspection and the provider was no longer in breach of regulation 18.

- Some improvements had been made to staffing levels to ensure people were supported safely. However, staffing levels were not always consistently maintained.
- Our observations during the inspection and the numbers of complaints and safeguarding incidents showed that further improvements were required so people received safe and timely care. People and relatives told us more staff would be appreciated. One person said, "Too much going on downstairs, hardly any staff up here."
- One nurse, one senior practitioner and six support workers were available to care for 36 people, including one person who received one-to-one support. After the inspection we were told support staffing levels were to increase to eight support workers throughout the day.
- The home was recruiting permanent nurses and replacing support workers who had left.

We recommend that the provider keeps staffing levels and staff deployment under review to ensure people receive safe and timely care.

- Effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Information from risk assessments was transferred to people's care plans to ensure people were supported safely. One person told us, "I'm aware of when to ask for help, staff said when you need us just buzz."
- Staff understood where people required support to reduce the risk of avoidable harm. One person told us, "I feel safe, staff insist on me using my trolley to walk. I need to use it for balance."
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others.
- The building was well-maintained. Regular checks took place to ensure people were kept safe. We advised the nurse call system should be checked more regularly to ensure people's buzzers were in working order if they needed to call for staff assistance. Equipment was regularly serviced and personal emergency evacuation plans (PEEPs) were in place.

#### Using medicines safely

- People usually received their medicines safely.
- An electronic medicines system was used. There had been some reported issues since the last inspection where not all people had received their prescribed medicines in a safe and timely way.
- Staff responsible for administering medicines were trained. We discussed with the registered manager that all staff who used the electronic medicines system, including agency staff should receive a thorough induction and training in its use.
- Medicines were stored securely within the medicine's trollies and treatment rooms. Checks of fridge and treatment room temperatures took place to ensure medicines were kept at the correct temperature. However, records showed some gaps in daily recordings. We discussed this with the registered manager who told us it would be addressed as some permanent nurses had been recruited and this would reduce the use of agency staff, who were not as familiar with systems in the home.

#### Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents. For example, to discuss any trends in medicines errors.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse.
- People and relatives said people were kept safe at the home. One person said, "It's wonderful here, it's a safe environment, it's taken the stress away from the family."
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

#### Preventing and controlling infection

- There was a good standard of hygiene. One relative told us, "It's always clean here, it smells nice."
- Staff had received training in infection control practices and used personal protective equipment such as gloves and aprons which was provided for them.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection the provider had failed to ensure robust systems were in place to ensure people received sufficient food and drink. Support staff had not all received training to meet some specialist nutritional needs. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made after the inspection and the provider was no longer in breach of regulation 12.

Staff support: induction, training, skills and experience

- Staff received training including any specialist training to ensure people were supported safely and their nutritional needs were met. One staff member said, "We get plenty of training. Support staff get observed and signed off before they can do PEG [Percutaneous Endoscopic Gastrostomy] feeding." PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.
- Staff were competent and knowledgeable, permanent staff carried out their roles effectively.
- Staff completed an induction programme at the start of their employment, that included the Care Certificate. New staff shadowed experienced staff until they, and the registered manager were satisfied they were competent to work alone.
- Staff received supervision and appraisal. They told us they were well-supported by the registered manager and other senior staff. One staff member told us, "The manager is very approachable. We get regular supervision."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional health was assessed and supported to ensure they were eating and drinking enough.
- We observed one tea trolley was available to cover all three floors so people did not receive drinks in the morning and afternoon at regular times as the second and top floor had to wait until the ground floor had been served. When the trolley was delayed on the ground floor, this meant other people had to wait for their mid-morning drink. We discussed this with the registered manager who told us more trollies would be obtained.
- Improvements had been made to record keeping to reflect people's daily food and drink intake. Systems were in place to show this daily intake was monitored, A staff member told us, "Night staff check the food and fluid charts each night and will communicate at the next morning handover if there are any concerns about a person's hydration or nutrition."
- Timely and proactive referrals to dieticians were made for those at risk of malnutrition

- There was a range of food available and menus were based on what people said they liked to eat.
- People spoke positively about the food provided. Their comments included, "I get a menu every day, it's lovely, there's always something I like" and "The food is home-cooked, plenty of stews and casseroles."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's care and treatment was provided in line with law and guidance.
- People using the service, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interests' decisions where needed.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. These assessments had regard to good practice. A relative told us, "The manager came out to do [Name]'s assessment."
- Assessments included information about people's medical conditions, dietary requirements and other aspects of their daily lives.

Adapting service, design, decoration to meet people's needs

- The home environment met the needs of the people it supported. One relative told us, "[Name]'s room is comfortable, we can change it around the choice is ours."
- Ongoing improvements were being made to the decoration and facilities in the building. We spoke with the registered manager about ensuring the redecoration included areas of stimulation to ensure a dementia friendly environment.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- There were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals. A person commented, "My GP and nurse practitioner come here to see me."
- Access to regular primary health services, such as GPs, chiropody and opticians was well-documented. One relative told us, "When [Name] had shingles, they got the GP in very quickly."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection the provider had failed to ensure systems were in place for people to receive person-centred care. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made after the inspection and the provider was no longer in breach of regulation 9.

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

- Improvements had been made to ensure people received more person-centred care. Staff were allocated to work on different floors of the home. However, we observed staff were still busy and did not always have time to engage with people. We received mixed comments from people, "There are too many people for the number of carers, they concentrate on tasks", "Staff have no time to talk, in and out" and "Staff are rushed when the buzzer goes but when they are calm they say they love their job." We discussed this with the registered manager who said this would be addressed.
- We saw positive interactions between people and staff members. People's comments included, "It's like living at the Ritz, lovely staff, they do anything for you" and "From walking in it felt like a family place." A relative told us, "[Name] is not just a number, they're a person. They're really well-cared for, staff do extra little touches."
- Staff demonstrated a good knowledge of people's preferences and interests. They used this information to ensure people received personalised care that met their needs. One person told us, "Staff are very mindful of your needs, they're marvellous."
- Staff had received equality and diversity training. They showed respect for people's individuality, preferences and beliefs. People were asked about their preferences during the pre-admission assessment.

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

- Staff supported people to make decisions about the care and support they received. One person told us, "I choose when I want to go to bed and when to get up" and "You can have your breakfast in your room, I choose what I eat."
- During the inspection we saw staff responded to people's individual needs and requests.
- People were directed to sources of advice and support or advocacy.
- Detailed guidance was available in people's care plans which documented how people communicated and about their level of understanding to help them be involved.
- People's families said they felt involved in their family member's care. One family member told us, "Staff

tell us how [Name] is, whenever we visit."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected. Staff respected people's personal space and were observed knocking on people's bedroom door before entering. One person commented, "Staff shut the door every time they come into help" and "Staff always close the curtains."
- Staff supported people to retain their independence. People's comments included, "Staff encourage me to do exercises" and "Staff encourage me to do as much as I can for myself."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider had failed to ensure records were up-to-date and accurately reflected people's care and support needs. These were breaches of regulations 9 (person-centred care) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made after the inspection and the provider was no longer in breach of regulations 9 and 17.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements had been made to record keeping to ensure they were up-to-date and provided guidance for staff about how people needed and wished to be supported.
- Care plans were developed from assessments, which covered all aspects of people's physical, emotional, psychological and social needs.
- Daily recording information was held on the electronic care records system about the care interventions carried out by staff.
- Care was delivered by a team of staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. One person told us, "We're reviewing my care plan next week."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be provided in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.
- Information was available in people's care records about how they communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to

- People had access to a range of activities along with entertainment and external trips. One person told us, "There's a coffee morning each week, music and old photographs." Another person said, "There's a choir

that comes and I go out to church" and "We play games and bingo."

- We observed when the activities person and staff were unavailable or busy people were left unoccupied. Games, magazines, jigsaws, rummage boxes, whatever may be of interest to the person were not available around the home for people to use if they wanted. We discussed this with the registered manager who told us it would be addressed immediately.
- Links with the community were developed and people had the opportunity to go out on bus trips and to the shops. One person said, "The Boys Brigade came a few weeks ago and we have tea dances." Regular church services took place.

#### End-of-life care and support

- Relevant people were involved in decisions about a person's end-of-life care choices. Health care information was available about the end-of-life wishes of people.
- Information was not available about people's cultural or spiritual preferences and how they wished to be supported at this important time. We discussed this with the registered manager who told us it was being addressed.
- Staff worked closely with other healthcare professionals, so people could stay in the home rather than being admitted to a hospital if that was their wish.

#### Improving care quality in response to complaints or concerns

- People knew how to complain. They had a copy of the complaint's procedure. One person told us, "I was given information about how to complain, I have no complaints."
- A record of complaints was maintained. They were investigated and responded to following the provider's complaints procedure. A relative said, "If there is a problem, I speak about it."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The audit and governance processes had either failed to identify deficits identified at inspection including record keeping, staff training, staffing levels and staff deployment.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17.

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

- At this inspection improvements had been made to several aspects of the running of the service to ensure people's safety and that they received more personalised care. However, further improvements to staffing levels and staff deployment, were required to contribute to more individual care to people.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. We advised the registered manager, due to the number of complaints about people's care, more regular auditing of the daily accountability electronic records, for all people should take place to ensure they were completed daily and reflected the care provided.
- Improvements were being made to the running of the home with the recruitment of permanent staff, including a deputy manager and registered nurses. The management and staff structure provided clear lines of accountability and responsibility, to help ensure staff at the right level made decisions about the running of the service.
- The provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey responses.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for the duty of candour.

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

- Changes had been made. The service was no longer in breach of its legal requirements. Stronger arrangements were being introduced to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.

- People, relatives and staff all spoke very highly of the registered manager. One person said, "The manager is pleasant and professional, they'll agree if something's not right, they get it done" and "The manager comes around and gets involved, they listen."
- The registered manager was very enthusiastic and had introduced many ideas to promote the well-being of people who used the service and staff. A person told us, "It's 100% good, very caring, a certain atmosphere that's free and easy." A relative said, "We'd recommend the home, friends say it's where they want to go."
- There was a positive culture where staff and management took pride in the care and support that they provided. Staff members said morale had improved and the registered manager was approachable. A staff member told us, "Staff are much happier, we work as a team with this manager"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was committed to protecting people's rights with regard to equality and diversity
- People received a range of information and were kept informed about events in the service.
- People's views were regularly sought. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward.
- The registered manager had an open-door policy and people came with any concerns and other matters.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to. One staff member told us, "There's been lots of changes working here. It's much better, I do feel listened to."

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up to date with best-practice in the service.
- Records confirmed staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.