

Garrett House Residential Home Limited

# Garrett House Residential Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Garrett House Residential Home Limited is a residential care home providing accommodation and personal care to up to 45 people in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 30 people using the service.

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

There was an ongoing plan of refurbishment, redecoration and remedial action taken in the environment. There were some areas which had required urgent action. Not all of the improvements had been made in the environment. We were assured the improvements were being implemented and ongoing to reduce any impact on people using the service.

There were systems in place to reduce the risks of avoidable harm and abuse. Where incidents and accidents had happened, these were reviewed, and systems implemented to reduce future risks. People received their medicines when they needed them. The service was visibly clean throughout.

Staff were available to provide care and support when needed and they were recruited safely. Staff had received the training they needed to meet people's needs. We received positive feedback about how the staff were caring and respected people's rights, which was confirmed in our observations.

People's care plans included care plans and risk assessments which guided staff in how people's assessed needs and preferences were to be met. People's end of life decisions were documented. There was a programme of activities in place and people were supported to have visitors, which reduced the risks of boredom and isolation.

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.

The registered manager had plans in place for the ongoing improvement of the service. We received positive feedback about how the service was led. There was a complaints procedure in place and people were asked for their views about the service. Comments received were used to drive improvement.

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

This service was registered with us on 13 December 2022, and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 10 July 2021.

### Why we inspected

We undertook this comprehensive inspection because the newly registered service under the current provider has not yet received a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Garrett House Residential Home Limited

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by an inspector.

#### Service and service type

Garrett House Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Garrett House Residential Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 May 2023 and ended on 16 May 2023. We visited the service on 9 May 2023.

## What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

## During the inspection

We spoke with 8 people who used the service, we also observed staff interaction, such as during lunchtime. We spoke with 5 staff including the registered manager, senior, care and catering staff, we met and spoke briefly with the deputy manager, maintenance, reception, and laundry staff.

We reviewed 4 people's care plans and risk assessments, multiple records relating to medicines, 3 staff recruitment files and staff training records. We also looked at records relating to health and safety and governance, which included audits.

Following our inspection visit we received electronic feedback from 10 relatives and 3 members of staff and spoke with a staff member on the telephone.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place relating to safeguarding and staff had received training in how to identify and report abuse.
- Where concerns had been identified about the safety of people, safeguarding referrals had been raised appropriately.

Assessing risk, safety monitoring and management

- People's records showed risks were assessed and staff provided with guidance in how to reduce them. We observed staff were visible in the service and responded to risks immediately, for example a person was walking without their walking frame, they were reminded gently to use it by staff.
- Environmental risk assessments were also in place and health and safety checks undertaken, such as on fire safety and mobility equipment used to reduce the risks to people using the service.
- People told us they felt safe living in the service. This was confirmed by relatives. A relative said, "I feel [family member] is in safe hands and when the staff are called to [family member's] room they always appear with a smile." Another relative commented, "[Family member] is kept emotionally and physically safe at all times."

Staffing and recruitment

- The registered manager told us how they actively recruited to the service; this included the recent and ongoing employment of overseas staff. We had received a concern from a staff member which identified a language barrier with communication. However, the registered manager had assured us, as part of the induction and interview staff were assessed relating to their communication abilities.
- People's needs were assessed and used to calculate the staffing needs on each shift. The rota confirmed the staffing levels which had been explained to us by the registered manager. We observed staff were visible and responded to requests for assistance in a timely way, including call bells.
- People told us the staff were available when they needed them, and call bells were responded to promptly. A relative said, "Staff are always available to support [family member]." However, another relative stated, "Sometimes there is a short delay in their responding to the call." Another relative told us they felt there were not enough staff working in the service who were always available in the shared areas to monitor safety.
- Records showed staff were recruited safely, including the right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Records showed people received their medicines when they needed them and as prescribed.
- There were systems in place for the safe storage, obtaining, returning and administration of medicines.
- Audits demonstrated medicines management was monitored and supported the management team to identify and address any shortfalls.
- Staff responsible for supporting people with their medicines were trained to do so safely and had their competency checked.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People and relatives told us visitors were made welcome into the service. A relative said, "All staff are kind and helpful making me feel welcome on my visits." Another relative stated they visited their family member, "3-5 times a week, both giving notice and not giving notice."

### Learning lessons when things go wrong

- There were systems in place when incidents and accidents happened, this included putting measures in place to reduce future risks.
- Falls were monitored and assessed. When people were at risk of falls, systems were developed to mitigate them, including using equipment to keep them safe and referrals were made to appropriate professionals to seek guidance and support.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- To ensure people were cared for in a safe and well-maintained environment which met their needs, a programme of redecoration, refurbishment and remedial actions in the environment were being undertaken. Actions were taken by the registered manager to reduce the impact on people whilst the improvements were being made.
- People's bedrooms were being decorated, and new flooring was being laid. The registered manager told us of further plans for the environment, however, some things had happened which required urgent action. This included a leak in 2 bedrooms, which had now been addressed. A person told us they had moved rooms and had decided they wanted to return to their original bedroom now the leak was repaired.
- There were 2 passenger lifts which there had been issues with since before and when the new provider took over, which we had been notified of. One had been repaired and the other was waiting repair. We were assured the few people affected by the loss of the lift were being provided with choices of moving bedrooms and received the support they needed. A person told us, "It is just inconvenient, staff bring up my meals, I do not want to move, I am happy in my room."
- There had been issues with the boiler, which we had been notified of. A part was ordered, and the service was waiting delivery. The registered manager told us hot water was intermittent, but people received their personal care needs, as required. A person told us, "I have not noticed, I can have a bath and wash when I want one. The water is hot enough when I want to use it. The staff keep me updated." During our visit, there was hot water available, and the heating was on.
- A person showed us outside their bedroom, which had doors which opened up to a flat roof. They said prior to the new provider taking over there had been fencing installed, leaving a small area outside they could use when previously they had access to the whole space, the person referred to this as the, "Pig pen." The fencing had not been sanded nor painted and was not attractive. The registered manager assured us the provider was aware and there were plans to address this.
- A relative told us, "There have been improvements to the garden and the living areas, but I have always found them warm accessible and comfortable. [Registered manager] has recently informed us of the development plan and changes following the change of owners. This is all very positive and reassuring."
- There were large attractive gardens people could use. However, we noted part of the fencing to a neighbouring property was a trellis style, which did not provide privacy for people using the gardens.

Staff support: induction, training, skills and experience

- There was a programme of training in place to provide staff with guidance on how people's needs were met. Staff confirmed they were provided with the training they needed. A staff member said, "I have always

been given adequate training and always enjoyed my job."

- Training records showed training was kept under review and when training needed updating or refreshed this was identified. As well as training such as moving and handling and safeguarding, staff received training in people's diverse needs, including dementia.
- There were records of staff 1 to 1 supervisions, which provided staff with a forum to receive feedback and identify any training needs. The registered manager told us they recognised staff were not always being provided with supervision meetings as planned, "Every couple of months," but said they spoke with staff regularly. They assured us these would be undertaken.

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

- Prior to moving into the service, people's needs were assessed, with the input of the person and their representatives, where appropriate. A relative said, [Registered manager] is great and made moving in a breeze."
- The needs assessments were used to inform the care plans and risk assessments, and these were kept under review.

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

- People told us the staff called the GP when needed. A relative said, "[Staff] keeps us up to date regarding medical issues and has promptly arranged for [family member] to see a doctor when required."
- Records demonstrated referrals to health care professionals were made, as required, and when there were concerns regarding people's wellbeing. There were no people using the service who had pressure ulcers, however, for those assessed at risk, equipment and creams were used to prevent them developing.
- Where people required support by health professionals, for example district nurses, this was recorded in their care records. If concerns were identified, such as weight loss, monitoring of what people had eaten took place and referrals made to dieticians.
- People's oral care needs were assessed and guidance in care plans provided to staff in the support required. Staff had received training in oral care.

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

- During our inspection visit we saw people were provided with a choice of meals and had access to hot and cold drinks, which they were encouraged to have.
- Lunchtime was calm, and staff provided support to people, with their consent, and at their own pace.
- The cook understood people's specific needs and how they were met. There was information kept in the kitchen relating to people's needs, such as a softer diet and guidance in place relating to textures required. The service had achieved the highest food hygiene rating in a local authority inspection in February 2023.
- We received positive feedback about the food provided. A person said, "The food is very good." A relative stated, "The food is fantastic." Another relative told us, "[family member] absolutely loves the food and regular meals and we often get tea and cake when we visit. They regularly change [family member's] water which [they have] access to at all times." However, another relative said their family member was not able to independently take the lid from drink jugs nor pour a drink. Records showed people's fluid intake was being monitored where risks were identified.

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 MCA 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). We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People's capacity was assessed and recorded in their care plans. Where best interest decisions were made this was recorded, as was any appointed persons to assist people in their decision making.
- Dols referrals were made, where required, and these were kept under review.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received positive feedback about how the staff were caring and compassionate, which was confirmed in our observations. Staff interacted with people in a caring way, they took time to speak with people and listened to them.
- A person said, "Staff are lovely, I see them as my grandchildren, and they see me as their [grandparent]." A relative told us, "Staff are very patient and understanding... I visit [family member] most days and witness kindness and respect shown to my [family member] and others" Another relative commented, "From day 1 the care and kindness shown has been 1st class, nothing is too much trouble for the staff."
- People's records included information about their diverse needs, including their religious observance, and how these needs were promoted, respected and met.

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

- People and relatives were being involved in the decoration of the service and their views were being valued and listened to.
- People's care plans included their likes and dislikes and how they wanted to be supported. This ensured people's preferences were considered when planning their care.
- Relatives told us they were kept updated about their family member's wellbeing and actions being taken. A relative said, "I am made aware promptly of any concerns the staff have regarding my [family member] via telephone/email and on occasions both."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence were respected. We observed this in practice. For example, staff knocked on people's bedroom doors before entering.
- A person told us how they went out regularly with their friends and their independence was always respected.
- Where people chose to manage their own medicines, there were risk assessments in place to reduce risks and these were kept under review.
- People's records identified how their privacy, independence and dignity was to be provided. This included the areas of care people could attend to independently and where they needed support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care records included how their assessed needs and preferences were to be met. Daily notes identified the support provided to people.
- We received positive feedback from people and relatives about the support provided and the responsiveness of the service. A person said, "I am very well looked after." A relative told us, "Since arriving at Garrett House I have noticed an improvement in [family member's] health and general wellbeing." Another relative stated, "There are a mix of residents who have different needs, and the staff are very alert and responsive to any of the residents who have dementia."
- However, a relative told us they felt their family member's care plan had not been reviewed to reflect their changing needs.
- During our inspection visit we saw staff were attentive to people's needs and responded to requests for assistance promptly. For example, a staff member supported a person, which was living with dementia, during lunchtime. The staff member encouraged the person to go to the dining room, they were very patient and supported the person to make their own decision, which was respected. However, a relative told us staff had not been responsive when their family member required support.
- We observed staff ask for people's consent before providing any support and people's decisions were respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's records included how they communicated and guided staff in how to communicate effectively with the person.
- The registered manager told us, where required, documents could be provided in accessible formats, including larger print.

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 them

- There was a programme of group activities planned. People chose what they wanted to do and also received 1 to 1 support where required, including going for a walk outside with staff.
- During the morning of our visit we saw a group activity, people were doing adult colouring, and a person

was doing a crossword in the group and being supported by a staff member. During the afternoon, people were doing a group activity of moving to music.

- There were also planned activities for occasions, including Easter, birthdays and the coronation of the King. One person said about the coronation celebration, "The party for coronation was excellent."
  - People told us they had things to do. We received mixed feedback from relatives about the provision of activity. A relative said, "Activities at the home are encouraged for those that wish to participate and a variety of games and interests are planned." Another relative commented, "I am aware [family member] has taken part in quizzes, bingo, art and craft, music events and some exercise groups. As always more activities would be great but clearly limits on how many things can occur. [Family member] has also been escorted around the garden on many occasions."
  - However, we also received comments which were not so positive. A relative told us there were a, "Lack of activities or general stimulation for both physical and mental well-being." Another relative said they would like the staff to encourage their family member more to participate in group activities.
  - The registered manager told us how they had invited people and relatives to help with the gardening, which had happened prior our inspection visit. Bulbs had been planted in readiness for summer. They said this had been a positive way of working together and including people in the changes in the service.
- Improving care quality in response to complaints or concerns
- There was a complaints procedure in place and records showed complaints were addressed and responded to in line with the procedure.
  - Relatives told us they felt concerns raised would be addressed. A relative said, "I have never had to make a complaint but feel confident that I could approach the management team if I needed to raise a concern." Another relative commented, "The management team have been and continue to be approachable regarding any matters that may have been raised."

#### End of life care and support

- There were no people in the service receiving end of life care. Staff had received training in end-of-life care.
- People's records included the decisions they had made for their end-of-life care, where they had chosen to discuss. This included if they wished to be resuscitated and where they wanted to be cared for.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the management team undertook a range of monitoring and audits to assist them to identify shortfalls and put measures in place to address them. This was to ensure people received good quality care which met their needs. A relative told us, "We know [family member] is well fed, safe and cared for to a very high standard. I think the fact that [they] call it home already says it all for us. [Family member] is happy and contented."
- We received positive feedback from people and relatives about how the service was led. A relative told us, "I have a good relationship with [registered manager], [they are] very approachable and I consider [registered manager] to be very good at [their] job." Another relative said, "[Registered manager] regularly makes a point of conversing with the residents and visitors making us all feel welcome on visits. The home is kept exceptionally clean and tidy, and we often say it is like the residents own hotel."
- We also received positive feedback from staff about how the service was led. A staff member told us, "[Registered manager] has no qualms about getting stuck in as part of the team. [Registered manager] has great leadership and I feel so happy that the home is going in the direction all the staff and management team want it to go." Another said, "Management has always gone out of their way to assist any problems I have ever had."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of their role, this included formal notifying us of specific incidents, which was required.
- The registered manager told us of what had happened in the service since the provider had taken over and plans for the development of the service going forward. We were assured the registered persons knew where they wanted to improve, and this was in the process of being addressed.
- We were assured the provider was aware and taking actions to remedy the issues in the environment, including the hot water provision and actions in place for this to have a limited effect on the people using the service. People's comments received during our inspection showed impact was low and their choices were being respected and they received the care they needed.
- There was a duty of candour policy in place, and this was understood by the registered manager. Records demonstrated this was actioned as required.
- Staff spoken with were committed to providing good quality care to people. A staff member told us, "I am

happy here, I love it. We all help each other and are supportive, it is a great place to work."

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

- People and relatives were asked for their views of the service in satisfaction questionnaires and meetings. Comments about the service were valued and used to drive improvement. For example, a relative said in response to a questionnaire completed, "Some ideas put forward such as better use of the garden, activity advertising etc have been acted on."
- Relatives confirmed they were asked for their views about the service. A relative said, "I've received questionnaires on several occasions and have had a response to any comments made." Another relative told us, "We recently were invited to an open family meeting arranged to update on how things are going and planned events in the future, all very informative for us on the outside."
- Relatives told us they were kept updated with any changes in the service. A relative said, "[Staff member] keeps us up to date with newsletters and e mails. [Registered manager] lets us know if there are any changes to policy especially during COVID. [Registered manager] also organises family meetings and lets us know of any developments."
- The majority of staff told us they felt updated about the service. A staff member said, "[Registered manager] is firm but fair. [Registered manager] listens to the staff, the needs or worries we have with anything regarding the home and is fast to action them." However, a staff member provided feedback where they had not recently attended any staff meetings and the registered manager had not always responded to their concerns in a way which they felt addressed them.

Working in partnership with others

- The registered manager told us they had positive working relationships with other professionals involved in people's care. This was confirmed by a commissioner who told us the registered manager kept them updated about the service.
- The registered manager was a member of a 'manager's forum', where they met remotely and shared examples of good practice and discuss any changes and challenges in the care industry.