

Worcester Garden (No.2) Limited

Garden House

Inspection report

24 Humberston Avenue
Humberston
Grimsby
South Humberside
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Tel: 01472813256

Date of inspection visit:
08 September 2016
09 September 2016
20 September 2016

Date of publication:
28 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Garden House is registered to provide residential care for up to 40 older people some of whom may be living with dementia. Accommodation is provided over two floors with both stairs and lift access to the first floor. The home is situated in Humberston a suburb to the south of Grimsby.

We undertook this comprehensive inspection on the 8, 9 and 20 September 2016. At the last inspection on 2 and 3 June 2016 we found the registered provider was in breach in three of the regulations we assessed. We issued a requirement notice for concerns around providing sufficient numbers of staff. We also issued warning notices regarding concerns with standards of cleaning and hygiene and how the service was managed.

During this follow up comprehensive inspection we found improvements had been made in all areas. We have rated the individual domain for 'Caring' as Good; we have kept the rating in 'Effective' and 'Responsive' as 'Requires Improvement' and changed the rating from 'Inadequate' to 'Requires Improvement' in 'Safe' and 'Well-led'. We have changed the rating of the service overall to 'Requires Improvement'. This is because we want to monitor the improvements further to be sure they are sustained over a period of time.

There was no registered manager at the service, the registered manager had left in May 2016 and a new manager had been appointed in July 2016, they confirmed they intended to submit their application for registration. 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.

We found improvements in the way the service was managed. A new quality monitoring system had been started which included audits and meetings to seek people's views. We are keeping this area under review and monitoring it to make sure the improvement is consistent over time.

We found improvements had been made to the standards of cleaning and hygiene throughout areas of the service. To support more effective hygiene practices in the service, we found new furniture, furnishings, bedding and flooring had been provided. More comprehensive cleaning schedules and systems of daily checks had been put in place which helped the acting manager to monitor the standards of hygiene in the service and identify any shortfalls. The service smelled fresh. We are keeping this area under review to make sure the improvements are consistent over time.

We found the care staffing levels had been increased and better maintained; there were sufficient staff on each shift to meet people's individual needs and support them safely. New dependency assessments had been introduced and the information was used to inform the staffing calculations. The domestic hours had been increased and hours provided for a new laundry assistant.

Staff recruitment processes were insufficient. You can see what action we have asked the registered provider to take at the back of the full version of the report.

We found improvements had been made to aspects of the environment. Although there were limited adaptations to support the orientation of people living with dementia the operations manager was planning address this issue within the service improvement programme.

We found there was an inconsistency regarding the application of the Mental Capacity Act 2005. The registered provider had not always followed best practice regarding assessing people's capacity and discussing and recording decisions made in their best interests. We have made a recommendation about this.

Although people had detailed plans of care in place many of these now required review to ensure they were up to date and would sufficiently guide staff in how to care for people safely in ways they preferred. The operations manager planned to introduce a new care records system and provide training for staff in relation to person centred records.

There were policies and procedures to guide staff in how to keep people safe from abuse and harm. Staff had completed safeguarding training.

New staff received an induction and staff had access to training, supervision and support to ensure they felt confident when supporting people who used the service.

We found people's health care needs were met. Health professionals were contacted to ensure people received treatment and advice when required. People received their medicines as prescribed. Staff knew what to do in cases of emergencies and each person who used the service had a personal evacuation plan.

We observed kind and caring approaches from the staff team. People's privacy and dignity was respected and staff provided people with explanations and information so they could make choices about aspects of their lives. There were positive comments from relatives about the staff team.

People enjoyed the meals provided to them. The menus enabled people to have choice and special diets when required. We saw people's weight, their nutritional intake and their ability to eat and drink safely was monitored and referrals to dieticians and speech and language therapists took place when required for treatment and advice. During the day, we observed people were served drinks and snacks between meals.

We saw people were encouraged to participate in a range of activities within the service and local community. They were supported to maintain their independence where possible. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

The registered provider had a complaints procedure on display. Relatives told us they felt more reassured with the new management in place that concerns they raised would be looked into and dealt with effectively.

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 consistently safe.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent improvement over time and we also identified a new breach in regulations. We will check this during our next planned comprehensive inspection.

Staff were not always recruited safely, some pre-employment checks for new members of staff had not been obtained prior to employment. Improvements had been made to ensure there were sufficient numbers of staff on duty to meet people's needs.

Improvements had also been made to ensure the service was clean and equipment used was serviced regularly to make sure it was safe.

People received their medicines as prescribed. Medicines were managed safely.

Staff had received training in how to safeguard people from abuse and knew the process of referring concerns to appropriate agencies.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were supported to make their own decisions. However, staff did not always follow best practice when assessing people's capacity for making specific decisions which included restrictions for them. We have made a recommendation about this.

Although there were minimal environmental adaptations to promote the independence and orientation of people living with dementia, plans were being developed to support the necessary improvements.

Requires Improvement ●

People's health care and nutritional needs were met. They had access to a range of health professionals in the community. Menus provided a variety of meals with choice and alternatives. People liked the meals they were provided with.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

Is the service caring?

Good ●

The service was caring.

Staff were observed speaking to people in a kind and patient way and treated them with dignity. Staff respected people's right to privacy.

Staff promoted people's independence where possible. People were provided with information and explanations so they could make choices and decisions about aspects of their lives.

Confidentiality was maintained and personal information stored securely.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Although people had detailed plans of care in place many of these now required review and updating to ensure they would sufficiently guide staff in how to care for them safely in ways they preferred.

People were provided with activities and occupations to help them socialise within the service and in the community.

There was a complaints policy and procedure to guide people who wished to raise a concern and staff in how to manage them.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent improvement over time and many of the management changes had been recently implemented. We will check this during our next planned comprehensive inspection.

New quality monitoring systems had been put in place that helped to audit and improve the care provided to people and improve the quality and safety of the facilities. The management of risk had improved.

A new senior manager had been appointed in recent weeks. We found the culture was more open and staff felt more supported. Staff morale had significantly improved.

Garden 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 was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8, 9 and 20 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an inspection manager on the 8 September 2016. One adult social care inspector on the 9 September 2016 and three adult social care inspectors on the 20 September 2016. Two community infection control nurse specialists supported the inspection visit on the 8 September and a contracts officer from North East Lincolnshire Clinical Commissioning Group supported all inspection dates.

We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. The registered provider was not requested to complete a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with nine people who used the service and eight people who were visiting their relatives or friends. We spoke with the operations manager, the acting manager, senior care worker, five care workers, the cook, activity coordinator, two housekeepers, the maintenance person and two visiting health care professionals.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as 19 medication administration records and monitoring charts. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rota, minutes of meetings with staff, cleaning schedules, quality assurance audits, complaints management and maintenance of equipment records. We completed tours of the service and looked in communal rooms and bedrooms.

Is the service safe?

Our findings

People we spoke with told us they liked the staff and there were enough staff to help them. Comments included, "The staff are lovely, they always do their best for us and it's better now they have more staff on", "They [staff] used to be running round too much and they [staff] were always short, but things have improved a lot and it's much calmer here now" and "I used to have to wait when I rang my bell, but it's got better lately. The staff are very kind."

We asked people visiting the service about the staffing levels and standards of hygiene. Comments from relatives included, "I can't believe the improvements in the last two weeks, it's so much cleaner, the smells have gone", "Cleaner everywhere and new carpets and furniture provided, it's been a long time coming and a real improvement", "There was a strong odour in [name of relative's] room, the carpet has been cleaned and they have changed the mattress and bedding, it's so much better, such a difference", "Clean and tidy with less odours", "At present seems cleaner and better staffed", "Yes it's clean now, not previously", "There are enough staff now, but not in the past", "Seems to be more staff around over the last few visits" and "The staffing has improved with the new management, there's usually someone in the lounge now helping residents with their drinks and making sure everyone is looked after, they are not run off their feet anymore." One person still felt there wasn't always enough staff but there had been more staff on duty lately.

At the last inspection on 2 and 3 June 2016, we found the systems to protect people who used the service from risk of infection were not effective. This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Areas of the home were dirty, poorly maintained, malodorous and unhygienic and we issued a warning notice.

At this inspection on the 8 and 9 September 2016 we found some improvements had been made since the last inspection in June 2016, such as repairs to the walls in the staff toilet and laundry; holes in the ceilings of a bathroom, toilet and the medicines room had been repaired; pipe work had been repaired and boxed in; safer methods of pest control utilised; worn pressure relieving cushions replaced, a new carpet provided in the main lounge and the servery was in the process of being dismantled and refurbished.

However, we found serious concerns with the standards of hygiene and cleaning in many areas of the service. For example, we found a number of items of linen and bedding were soiled or stained, equipment and furniture was dirty, odour management in two people's rooms and the main hall was poor, the national colour coding system for cleaning had not been implemented consistently and records showed shortfalls in cleaning hours. We also observed poor hand hygiene practices by staff and a lack of hand hygiene equipment in people's rooms. The management confirmed they had recently opened the service following an outbreak of diarrhoea and vomiting. Due to the level of concerns identified we contacted the community clinical nurse specialist for infection prevention and control who visited the service on the 8 September 2016 and completed a detailed audit.

We met with the recently appointed operations manager and received confirmation that the registered provider was taking urgent action to make the necessary improvements to address the continued shortfalls.

We visited the service for the final day of the inspection on the 20 September 2016 and found significant improvements had been made to standards of cleaning and hygiene in the service. There were no mal odours and areas looked clean and fresh. We found 15 mattresses had been replaced, two sets of new bedding provided for each person, hand hygiene equipment provided in each room; the washing machine had been repaired and clothing and bedding was clean; new equipment and furniture such as mops and buckets, bins, commodes, bed bases, chairs, curtains and crockery had been provided. An external contractor had completed a 'deep clean' of communal areas and individual rooms. We found the care staff completed daily checks of mattresses, commodes, bed rails and bumpers and bed linen in bedrooms. The kitchen areas were all checked and found to be clean, records showed the kitchen was 'deep cleaned' each week now. Records relating to safe food management including cleaning were maintained and up to date. We found the domestics hours had been increased and maintained. The cleaning schedules still did not include equipment which the acting manager confirmed they would address.

At the last inspection in June 2016 we also found there was insufficient staff on duty to meet people's needs safely. This meant there was a breach in Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 and we issued a requirement notice. At this inspection we found overall that staffing levels had been better maintained. The operations manager confirmed the dependency levels (care needs) had been reviewed and levels of four care workers and a senior care worker had been set for the day duties and two care workers and a senior care worker for the night duties. Checks on staff rotas showed these levels had been maintained on the majority of shifts; there had been three shifts in recent weeks where short notice absence had not been covered. Agency staff were used to cover shortfalls where possible but had not always been reliable.

The operations manager confirmed and records showed the service had experienced some staff turnover in recent months and recruitment programmes had not been wholly successful, but were continuing. The operations manager told us a new care worker, senior care worker and cook were due to start when recruitment checks were in place. They also confirmed they had identified the need for a laundry assistant and were in the process of recruiting to this post. The hours for domestic staff and the maintenance person had been increased.

We saw call bells were answered promptly and people received timely care and support. There was a member of staff available in communal areas to provide support where necessary and for people to speak with. Members of staff told us they felt the staffing levels were improved and comments included, "It's been much better since the staffing levels were increased", "When everyone is on duty there's enough staff" and "There are no delays with getting people up and assisting at mealtimes now."

Two visiting health professionals said, "They are organised and there is always someone to let you in" and "The staff always support our visits well; they accompany us and assist with transfers and use of mobility equipment to help our assessments."

We checked the recruitment file for four staff and found the registered provider had not carried out full employment checks before staff started work in the service. There were no recruitment records for one member of staff; there was no up to date check completed with the disclosure and barring service [DBS] to ensure the new member of staff was safe to work with vulnerable adults. Checks of the files of two members of staff recently employed showed they only had one written reference in their file. This meant there was a breach in Regulation 19 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 and you can see the action we have taken at the back of the report.

Staff knew how to safeguard people from the risk of harm and abuse; they confirmed they had completed

safeguarding training. In discussions, staff were able to describe the different types of abuse, the signs and symptoms that may alert them and what to do to if they witnessed abuse or it was disclosed to them.

We found people received their medicines as prescribed. Records showed staff were trained to manage and administer medicines in a safe way and staff confirmed their competence to administer medicines safely had been assessed. Medicines were obtained, stored and disposed of appropriately. Staff made accurate records of when they administered medicines to people and when they were omitted. The reason for omissions and any medicines given on an 'as required' basis such as pain relief, were recorded on the rear of each person's medication administration record (MAR). We found some minor shortfalls with the standard of handwritten records and availability of protocols for when people were prescribed a medicine on a 'when required' basis, which we mentioned to the acting manager to address. We observed staff giving people their medicines. We saw they treated people respectfully, explained things and provided the appropriate support people needed to take their medicines. We observed staff followed safe practices, although we noted there were many interruptions during the medicines round which could be distracting, we also discussed this issue with the acting manager to address.

Accidents and incidents were recorded and we saw action had been taken when people had experienced falls such as a referral to the falls prevention team and the provision of a sensor alarm to alert staff. Contingency plans were in place for emergencies and records showed each person had their needs assessed in relation to evacuating the building.

Is the service effective?

Our findings

People who used the service told us they enjoyed the meals provided. Comments included, "We have been having fish and chips from the fish shop sometimes, that's been nice", "The cook is very good and does lovely cakes and puddings, the food is very good here", "The food is wonderful, [cook's name] is a very good cook, she will always get me something if I don't like the main choice" and "I really enjoy my food and look forward to my meals." One person told us they were fussy eater but the cook made sure they had what they enjoyed.

People told us staff contacted health professionals for them when required. Comments included, "They are good at getting the doctor in if you don't feel well, or the nurse" and "The nurse comes in regularly to see me."

Relatives felt their family members' health care needs were met and staff were skilled in providing the level of care required. They told us the meals were good. Comments included, "Yes, their [relative] food has to be of pureed texture as they have difficulty with swallowing", "The meals always look very good and they [relative] have told us how much they like them", "They [the staff] always let us know of any changes and will contact the GP if there are health concerns, they[staff] are good at that", "I've observed correct lifting procedures taking place" and "Yes, staff are well trained, especially with moving and handling." One person felt their relative's health needs were met but quite often their hearing aid battery was flat and didn't always get changed. We mentioned this to the manager to follow up.

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 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). We saw applications for DoLS had been made for specific people and there were four DoLS authorisations in place. The DoLS were in place to ensure those people get the care and treatment they need and there was no less restrictive way of achieving this.

The care files we checked had records that evidenced decisions were made in the person's best interest when it was decided they lacked capacity. However, we found MCA assessments and best interest decisions for the DNACPR (do not attempt cardio pulmonary resuscitation) records and the use of equipment that restricted people's movement, for example, bedrails were not in place. In discussions with the operations manager they told us they would address this straight away. We recommend the MCA code of practice is used to inform and guide staff when completing mental capacity assessments and best interest decision-making.

Staff had completed training and in discussions they demonstrated understanding of the principles of the

MCA and were clear about how they gained consent from people regarding care and support tasks. One care worker told us, "We always ask people about their care and if they refuse we respect that. We would always try going back and asking them again and that usually works well."

We saw people had access to health care professionals for treatment and advice when required and these included GPs, district nurses, dieticians, speech and language therapists, physiotherapists, emergency care practitioners, opticians and chiropodists. We spoke with two healthcare professionals who visited the service on a regular basis. Both told us that they felt the communication between staff and visiting health professionals was positive, and staff made timely referrals to ensure people received appropriate healthcare support. Both said when they visited staff always had a good knowledge of the people they supported and listened to their advice.

We found people's nutritional needs were met. People who used the service had their nutritional needs assessed during the admission process; this included their likes and dislikes, and any swallowing difficulties. Risk assessments were completed and people were weighed on a regular basis. Dieticians were involved when required and staff were aware of the referral system. Menus provided choices and alternatives and we observed drinks and snacks were available throughout the day. We saw staff were attentive and offered regular drinks to people who could not manage this themselves. Special diets were catered for and we saw some people were offered fortified snacks and drinks between meals.

We observed the breakfast and lunchtime experience for people during the inspection. We were told the room lay out had recently changed and we saw staff experienced some minor difficulties and delays in placing people where they preferred to sit at lunchtime. Although we found the overall experience was much more pleasant and organised than previously observed at the last inspection. We saw people were given time to eat their meals and there was a relaxed atmosphere. The lunchtime meal provided looked well-prepared, although the portions for some people were noted to be very large and a lot of food was left on some people's plates. Staff were observed assisting people with their meals where required and provided gentle encouragement when they noted people were not eating so well. Everyone told us they enjoyed their meal.

Training records indicated staff completed training considered to be essential by the registered provider. In recent weeks an audit of training records had been completed which had identified some gaps in essential and refresher training; however, some staff we spoke with confirmed they had completed more training than had been recorded on the new matrix record, as some of their certificates were not held on file. The staff confirmed they would provide certificates where possible or contact the training providers for confirmation. The operations manager told us they were in the process of arranging all outstanding training for staff and had secured the support of a training coordinator from one of the registered provider's other services. They also told us the training coordinator had focused on providing induction training for new staff recently recruited and would be moving on to medicine competency assessments and hand hygiene assessments for care staff. Staff confirmed they had completed a range of training and felt they had the skills required to support people.

We found the staff supervision programme had not been properly maintained whilst the service had been without a manager. However, records showed in recent weeks the majority of staff had either accessed an individual or group supervision meeting with their line manager. Appraisals had been completed the previous year and were now due. The operations manager confirmed a new formal supervision and appraisal programme was being developed and the completion of the programme would be monitored through audits. Staff told us they felt much more supported. One member of staff said, "It's a 100% better. The managers are much more approachable and you feel you can go to them now if you have any issues."

During our tour of the environment on the last day of the inspection we found improvements had been made with furniture replacement, new furnishings and re-decoration. A small number of people's rooms had their photograph and name on the door to support their orientation and there was a large clock and calendar on the dining room wall. New bright coloured toilet seats had been provided to support people's orientation and use of these facilities. However, we found aspects of the design and decoration of the building could be enhanced to meet the needs of people living with dementia. There was still minimal signage and visual cues to help people locate communal areas and toilets. We found some of the carpets in the home were patterned which may cause people with dementia to confuse the pattern for objects and try and pick these up, providing an increased risk of falls. The operations manager confirmed they had identified these shortfalls and a programme of carpet replacement would be planned within the home's annual renewal plan. They also planned to review lighting, signage and better use of colour contrasting décor to support more positive orientation for people living with dementia.

Is the service caring?

Our findings

There were positive comments from people who used the service about the staff approach and how staff supported their privacy, dignity and promoted their independence. Comments included, "The girls are really kind and caring they can't do enough for you", "Staff are nice and friendly, they never rush me and let me take my time", "We are always laughing it keeps me going" and "We have a good chit- chat with the staff."

Relatives were complimentary about the staff team and their approach. Comments included, "Staff are lovely; they can't do enough for him, very kind and caring. Actually, I'd say it's 'loving care', they are so fond of him", "Yes, doors are always closed when personal care given", "Many of the staff have been here a long time and they are very kind and caring", "Yes, he can choose where he wants to be and when he wants to go to bed", "The staff are excellent but there are a couple who really stand out" and "The staff are all very friendly and caring indeed, the atmosphere is most welcoming."

We saw staff were discreet when asking people about their personal care needs and maintained confidentiality. They knocked on doors before entering. We heard a member of staff suggesting to someone they wore a clothes protector during lunch and we also observed care workers ensured people's dignity was maintained during transfers with moving and handling equipment such as the hoist, they took care to ensure the person's clothing was not displaced.

We asked staff how they ensured they promoted the values of privacy and dignity during their interactions with people. Their comments included, "We always explain everything we do and we make sure people are not exposed and are warm and comfortable during personal care", "You have to respect people's choices and help people to make decisions about their personal care and clothing if they struggle with this" and "We always close doors and curtains during personal care. Some of the ladies like to wear their jewellery or a scarf and we understand how important this is." A visiting health professional said, "Staff have always been respectful with my patients; they accompany me to see patients and close bedroom doors."

People were encouraged to bring ornaments, items of furniture and photographs into the home to make their bedrooms more personal to them. The operations manager confirmed how they had consulted with people and their relatives about the recent improvements they had made with décor, furnishings and standards of hygiene. For example, one person had not wanted their carpet replaced and this had been cleaned by contractors and they were pleased with the result.

We found the home had a friendly and welcoming atmosphere and all of the relatives spoken with told us they could visit the home whenever they wished to. One person told us, "We come regularly; the staff have always been very welcoming when we visit." A visitor had brought their dog in to see one of the people who used the service and this caused a lot of conversation and interest; we observed people enjoyed stroking and petting it.

Staff showed they had a good knowledge and understanding of the people they were supporting and were able to give us examples of their likes and dislikes and daily routines which demonstrated they knew them

well. We saw people were able to make choices about everyday activities. Some people chose to spend time alone in their rooms and others liked to spend time in the communal lounge and hall areas. We observed one person preferred to spend time in the conservatory listening to music and another person sat in the hall chatting to people as they walked by. Relatives we spoke with told us they had been consulted about their relative's care needs.

We observed positive staff approaches and interactions with people who used the service, all interaction was relaxed and friendly. There were lots of conversations going on and laughter and people joked with each other. We also observed staff were attentive when people became anxious, for example, we saw one person regularly shouted out and a member of staff sat with them when they became upset and held their hand providing gentle reassurance, which calmed the person and they settled.

We saw a range of information was provided for people who used the service and visitors. This included information about the service, how to keep safe, activities and how to make a complaint. People's care files were kept in a lockable cupboard in the manager's office where they were accessible to staff but held securely. Medication administration records were secured in the medicines storage room. The acting manager confirmed the computers held personal data and were password protected to aid security.

The acting manager and staff were aware of local advocacy services and information was available in the entrance hall. Advocacy services are independent of the home and the local authority, they can support people to make decisions and communicate their wishes. The acting manager told us that no-one was using these services at the time of our inspection.

Is the service responsive?

Our findings

People who used the service said they could decide how to spend their time and there were some things to keep them occupied. Comments included, "I like to sit in the lounge with everyone. They [the activities person] do activities with us; we play some games and do singing quite often. The singers today were very good", "I like to sit in the lounge during the day and in the evenings I prefer to stay in my room, I can choose what I do" and "They put films on and sometimes we watch musicals which I like, it's the Sound of Music today."

Relatives confirmed people had the opportunity to be involved in activities but some preferred not to join in or were unable to participate in group sessions. Comments included, "They put music on for him, he loves to sit in the conservatory listening to Frank Sinatra and his favourite songs", "The activities lady is very good and will take people out shopping and does different activities each day. There's always a film on and things for them to do", "Staff encourage our relative to engage in activities, not aware of any trips out" and "Hard to take them [their relative] out due to their mobility problems but the activities person does try and entertain and involve them." One person's relative felt they could be involved in more stimulating activities which we passed on to the activities coordinator.

One person we spoke with told us any concerns they raised were dealt with immediately. Other people and their relatives told us they now felt more confident that any concerns or complaints they made would be listened to and sorted out. Comments included, "The new managers are more approachable and listen to our concerns, this has been a big improvement recently" and "We were very unhappy about our [relative's] room and the odour, we spoke with the new manager who listened to us and made all the changes we needed, it's so much better now."

We checked the care plan records for five people and they had their needs assessed prior to or on admission to the service. There had been no new admissions to the service since the last inspection in June 2016. Life history records were completed for some people; these gave the staff information about the person's background so they had an understanding of the person's values, behaviours, interests and people who were important to them. The activity coordinator had completed some of this work with people's families.

Records showed that assessments of people's needs had been undertaken, which included areas of risk such as falls, mobility, nutrition and pressure damage. Care plans were produced from the assessments and in most instances these contained good personalised information to enable staff to have clear guidance in how to support people and to meet their needs. However, we found many of the care records had not been properly evaluated and reviewed since July 2016 and some of the care records required updating where needs had changed. For example, in relation to people's behaviour, continence, mobility, nutrition and risk of skin damage. One person had needs around their mental health and daily records showed the person was now more accepting of support with washing and dressing. We found the care plan detailed staff could use 'mild restraint' to support this person with personal care support if they refused. When we spoke with care workers they were clear that they did not use any physical intervention with this person providing support with personal care and if they refused they would return later when the person usually accepted

support. The acting manager reviewed and updated this care plan during the inspection.

In another person's care file we saw the occupational therapist had recently directed staff to provide a cushion under a person's shoulder when they were using their new specialist seating. Although the person's care plan had not been updated with this information, we observed during the inspection that the cushion had been put in place to support the person's comfort. We asked staff how they were made aware of changes in people's needs. They told us there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift and a communication book. Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs.

An audit of care records had been completed in September 2016 and the findings showed the majority of care records now required review. The operations manager confirmed the care plan records would all be reviewed and updated as a priority and they also told us the senior care staff would receive specific training in care planning to support their confidence and competence, as in the past they had little involvement with writing care plans.

Concerns were identified prior to the last inspection around people's access and support with bathing. We found the regional manager (they had management responsibility and oversight of the service until the new operations manager had been appointed)had introduced a new record in people's care files specifically for staff to record any support they had provided with personal care, and where appropriate, any reasons this had been declined. Checks showed staff had maintained this record. We also checked the supplementary records in place to monitor people's fluid and food intake and repositioning support. We found these records were adequately completed.

We saw there was a range of activities for people to participate in if they chose to. There was an activity coordinator who usually worked four hours in the afternoons, Monday to Friday. We observed group activities and one-to-one sessions took place with people to ensure there was social stimulation and involvement. During the inspection people participated in a baking activity, ball games, film sessions and a reminiscence activity about the local area. Preparations were underway for a summer fete on the first days of the inspection visit and people told us they were looking forward to the event. We received feedback from relatives that the event had been well attended and everyone had a good time. On the last day of the inspection visiting entertainers provided musical entertainment and we saw people who used the service were supported to participate in singing and dancing, which they enjoyed.

There was a complaints procedure which was displayed in the service. This described how people could make a complaint and how to escalate it if required. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. Records showed that the service had received one complaint since our last inspection and this related to the standard of laundry. Although we found little action was taken at the time to deal with this matter, since the inspection visit on the 8 September more robust action had been taken by the operations manager in relation to the standards of laundering of personal clothing and ensuring the washing machine was working effectively. During the inspection, one person's relative told us they had met with the operations manager and discussed their concerns about their family member's room and they had been impressed with the way the operations manager had listened and made all the changes they had requested. The outcome had been very positive.

Is the service well-led?

Our findings

People considered there had been recent improvements to the service. One person said, "I've met the new managers, things have changed a lot in the last few weeks, let's hope it continues" Another person said, "I am so much happier here now, improvements with staffing and cleaning have made a lot of difference." Relatives told us, "Lots of improvements recently, everywhere is cleaner including the laundry, new bedding, it smells fresher and there are more staff on duty" and "Yes, we can see the new management have made lots of improvements, long overdue though, we hope they keep it up, it's 100% better."

At the last inspection on 2 and 3 June 2016, we found quality monitoring systems were not effective and systems to identify and assess risks to the health and safety or welfare of the people who used the service were poor. This meant there was a breach in Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 and we issued a warning notice.

At this inspection we found improvements had been made with the management of the service and a new programme of audits had recently been introduced. We found significant improvements had been made with renewal of furnishings and standards of cleaning/ hygiene within the first and last visit dates of this inspection, to better protect the safety of people who used the service. We spoke with the acting manager and operation's manager about the changes that had taken place since they had been employed by the organisation. They described changes in staffing arrangements and the priority to recruit new care staff who will support the service to move forward. They told us, "There is a better team approach, staff have structured breaks now and we are trying to be more visible in the service" and "Already we can see some big improvements. We know we have a way to go but staffing levels and staff morale have improved and they [the staff] are enthusiastic about the changes." The operations manager confirmed that budgets had been agreed with the registered provider and put in place to support continued improvements at the service. They acknowledged that in the past the registered provider had not always responded to requests for funding for additional staff or renewal of equipment, furniture and furnishings, but formal budgets and financial systems were now in place to ensure the service was managed appropriately.

Staff were also positive about the leadership of the service and told us they had more direction and support. They also considered the acting manager and operations manager were more approachable. One member of staff told us, "There have been a lot of improvements in the last few weeks especially around the environment, you can talk to the new managers, and it's a happier place here now."

At the last inspection we found shortfalls in the management of safety; a number of external agencies had completed inspections and assessments at Garden House and the findings of their reports had not been addressed. At this inspection we found work had been completed in relation to the call bell systems, safe storage of food, the electric circuits, servicing of equipment, fire safety, safety of window locks and the safe use of cleaning equipment. The operations manager confirmed that they were putting more formalised systems in place to ensure all arrangements for equipment servicing and checks were planned and any issues would be addressed as a priority.

The operations manager showed us evidence of checks and audits that had been carried out since their appointment. New audit tools were in place and audits had been completed on care records, staff recruitment, staff training, supervision and appraisal, infection prevention and control, medicines and maintenance/ environment. The audits of care files had identified that overall, these now required reviews and updating. Some new records had been introduced and the operations manager confirmed they were considering the introduction of a new care recording system. The staff training audit had identified some gaps, however many of the training certificates were missing from the training files and staff had been requested to bring these in to provide a clearer picture for management of staff training needs. We found the environment and maintenance audit records had been reviewed and updated on a regular basis in recent weeks to support the prioritising and completion of essential renewal, repairs and cleaning in the service. The acting manager also completed daily 'walk around' checks which linked to the maintenance audits. The operations manager confirmed they would be putting a service improvement plan in place which would include adaptations to the facilities to support people living with dementia.

The operations manager confirmed they now needed to prioritise the management and administration improvements needed in the service. They told us they had identified skills issues for staff around understanding and competence in care planning and the acting manager would be providing training and support for staff in this area. Staff sickness and absence was now being monitored effectively; the acting manager was holding 'back to work' interviews with staff which they felt was improving the time lost through absence. Some of the registered provider's policies were not fully fit for purpose and needed to be updated to ensure that they contained all of the necessary information. The operations manager confirmed new policies and procedures would be put in place.

Dates for forthcoming staff and resident/relative meetings had been arranged for the following week. Feedback from some staff and relatives indicated they would have preferred to have been able to meet with the new management at an earlier time. When we spoke with the operations manager about this, they acknowledged the need for introductions and consultation was very important but they felt the urgent work to clean and upgrade the facilities had taken precedent. They had spoken with a number of relatives on a one-to-one basis and it was unfortunate they had not had time to make the necessary arrangements for formal meetings. In future, regular meetings with staff and residents/relatives would be scheduled in advance for the year and they would also be issuing satisfaction surveys over the next few months. They gave assurance that moving forward, people who used the service and their families would be fully consulted about all changes to the service which affected them and the impact this may have.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured robust systems for the safe recruitment of staff. |