

Sanctuary Care Limited

Garside House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Garside House Nursing Home is a residential care home that provides personal and nursing care for up to 40 people on three separate floors. At the time of the inspection 11 people were living at the service, including older people and people living with dementia.

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

People were no longer placed at undue risk of harm from neglect. People were able to call staff for assistance when they needed it. There were systems in place to manage the risks with people's health and wellbeing. The provider had improved the way medicines were managed to ensure people received their medicines as prescribed. We identified further areas of improvement around the information for staff for 'when required' medicines.

The provider had responded to the risks associated with the Covid-19 pandemic. Infection control procedures had been increased in line with current guidelines to reduce the risk of infections being brought into the service. There were regular infection control audits and maintenance checks to ensure safety issues were resolved and hygiene levels were maintained.

People and their relatives were consulted about the care plans, however some aspects of people's care required more detail to ensure people's needs and choices were being fully met.

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 service had improved the way it recorded best interests meetings, however areas of further improvement were identified.

People were supported to ensure they had enough fluid and nutrition to maintain good health. We have made a recommendation about ensuring people are given more choice and control around what they would like to eat.

The service and staff now ensured people's dignity was maintained at all times. People were supported to be as independent as they wanted.

People were offered regular activities to ensure they remained active and engaged. People were supported to keep in touch with their families. The service had improved the way it supported people to anticipate their end of life and palliative care needs.

The manager ensured a range of checks and audits were now taking place to monitor the safety and quality of the service. There were a range of meetings taking place to ensure residents, relatives and staff members were engaged and consulted. People receiving care, their relatives and staff were positive about how much

had improved since the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The rating for this service was Inadequate (published 19 December 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do to improve and by when.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This focused report covers the entirety of the key questions Safe, Effective, Responsive and Well led but only part of the key question Caring which was found to be in breach of regulations at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Garside House Nursing Home on our website at www.cqc.org.uk.

As part of this inspection 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 coronavirus and other infection outbreaks effectively.

Follow up

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Garside House Nursing Home

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.

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 carried out by two inspectors. One inspector conducted visits to the service and another inspector made calls to people receiving care and their relatives to gather their views of the care being delivered.

Service and service type

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

The service does not have a manager registered with the Care Quality Commission. A registered manager is a person who is 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 on the first day. The provider knew we would be returning on subsequent

days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan updates we had asked the provider to submit every month. We sought feedback from the local clinical commissioning group and other professionals who work with the service to help plan and deliver care.

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. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We made general observations of the care people received and interactions between staff and people receiving care. We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with 18 members of staff including the manager, the peripatetic clinical lead, the regional director, the regional manager, the chef, three nurses, two maintenance managers, the activities coordinator and seven care assistants.

We reviewed a range of records. This included 5 people's care records, risk assessments and medicines records. We looked at seven staff files in relation to recruitment and supervision. We also reviewed records related to the management of the service, which included policies and procedures, complaints, accidents and incidents, quality assurance audits and safeguarding records.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support, staff training and quality assurance processes.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant, whilst many improvements had been made, we would need assurance over a longer period, and with the service fully occupied to be assured that the improvements we saw were sustainable.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were suitably qualified staff on duty at all times. This was a breach of regulation 18 (Staffing) 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 18.

- Although the service can provide care for up to 40 people there were only 11 people currently at the service. Analysis of the rota and our observations confirmed that there were enough staff to meet the needs of the people currently receiving care.
- People also confirmed that there were now enough staff on duty to meet their needs. We received comments such as, "There's enough staff, always someone in the lounge with people, the TVs on and something is happening. They [staff] speak to the relatives as well" and "Considering the circumstances, I do think there are enough staff."
- The service had access to a dependency tool to be used to assess and review staffing levels. However, as the dependency tool had not yet been utilised we could not be assured of its effectiveness in ensuring staffing levels remained safe when the service was fully occupied.
- The service had also recruited enough care assistants and nurses and were no longer using agency staff.
- The service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to safeguard people from the risk of neglect. This was a breach of Regulation 13 (Safeguarding people from abuse and improper 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 13.

- At the last inspection, the service had failed to ensure people who were cared for in bed could summon help when they needed it as some people were unable to use the call bell in their room. The service had also failed to ensure all staff had the relevant safeguarding adults training.
- There were now regular visual checks of the call bells to ensure people could reach them when they needed. The manager also analysed response times to ensure people were being responded to in good time when they used the call bell. People who were unable to use the call bell were monitored more regularly to ensure they were not neglected. One person told us, "I can reach my call bell quite easily. I don't have to call staff very much. They never keep you waiting."
- Staff now received regular safeguarding training and showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to identify and mitigate risks, manage infection control, and medicines safely which 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.

- Risks to people's health and safety were identified, assessed, and reviewed regularly by experienced staff and people told us they felt safe. The risks associated with people's health conditions had been considered and there was information available to staff to ensure they understood how to keep people safe.
- For example, people using the service had been assessed for the risk of developing pressure ulcers. Where people were at high risk there were clear plans in place to mitigate the risks. Measures such as using pressure mattresses and maintaining accurate records of repositioning were followed by care workers in line with these plans. One staff member told us "We are constantly monitoring people, especially their skin. If we see any problems we report it to a nurse straight away. You can't be too careful."
- The risk of harm from a fire had been assessed which considered personal factors such as the use of flammable emollient creams. Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire. There were regular checks of the environment and fire equipment.
- People told us they felt safe. We received comments such as, "I do feel [family member] is safe. They're safer, happier, and cleaner" and "I feel absolutely safe in the home. I'm getting attached to the staff and the place. There's a pull chord next to my bed. If I ring, someone will come, they come immediately. I feel very secure."

Using medicines safely

- At the previous inspection we identified a range of issues with the management and administration of medicines. The medicine stock management system was not effective which had led to people not receiving their prescribed medicines on numerous occasions when stock ran out.
- The provider had installed an electronic medicines management system which ensured the relevant staff were alerted when there were issues with medicines or stock was running low. People told us they now

received their medicines as prescribed. One person said, "They supervise with controlled medicines to make sure you've taken them. They bring them to me. They make sure I have it right there in reach. It's very well regulated."

- The lead nurse and manager conducted regular medicines audits to ensure the system was effective and identify any errors or mistakes. Staff who supported people to take their medicines had completed appropriate training and their competency was regularly assessed.
- Although the provider had made significant improvements in the management of medicines, we identified that further improvements were needed. PRN (when required) medicines did not always have clear guidance for staff to ensure they would be given in the right circumstances.

We recommend the provider reviews all guidelines for PRN medicines to ensure the instructions are clear and unambiguous.

Preventing and controlling infection

- There were systems in place to assess, respond to and reduce the risks of infection including those associated with the coronavirus.
- The service had made detailed plans to reduce the risk of infections spreading within the service. There were clear procedures in place for staff to understand how to work safely in the event of an outbreak.
- There was clear signage throughout the service reminding staff, visitors, and residents of the measures in place to maintain safety. One person receiving care told us, "Gloves and masks are worn. Everybody. [They] are subject to the rules and regulations. Everybody is very good." Staff confirmed that they had been well supported during the pandemic with adequate training, supplies of PPE and hand sanitisers.
- The service had put in measures to reduce the risk of visitors bringing in an infection into the service. One relative who had recently visited told us, "When I visited, I had a mask, they took my temperature, made me fill out a questionnaire. I followed all the rules."
- We found the service to be clean and free from any unpleasant odours. The service had increased the cleaning schedule to reduce the risk of cross-contamination in high risk areas. The kitchen had acquired a rating of five (the highest rating) at the most recent Food Standards inspection.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents when they occurred. All reported accidents and incidents were reviewed by the manager who ensured the appropriate action was taken to maintain safety.
- The manager produced 'lessons learnt' reports after significant events to analyse the root cause and ensure measures were put in place to reduce the risk of reoccurrences.

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 inadequate. At this inspection, this key question has improved to requires improvement. This meant, whilst many improvements had been made, we would need assurance over a longer period, and with the service fully occupied to be assured that the improvements we saw were sustainable.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure staff were supported and had the necessary training. This was a breach of Regulation 18 (Staffing) 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 18.

- Staff now had a thorough induction and opportunity to shadow an experienced member of staff. One member of staff told us, "When I started I was assigned a buddy and I shadowed them to see what I needed to do. That was very helpful."
- There was regular training in a wide variety of areas appropriate to the needs of people receiving care. This included, dementia, falls awareness, behaviour and communication and awareness of end of life needs.
- Staff told us they felt supported and had regular training and supervision and records we saw confirmed this. One staff member said, "We have so much training now and you can request more if you need it" and "During supervision we get to discuss any issues or queries we have and we talk about our career progression."
- People receiving care told us they were now confident in the skills of the staff. We received comments such as, "Yes, they're very quick and efficient. I think they're all well trained."

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

At the last inspection the provider had failed to ensure people's nutritional and hydration needs were met which was a breach of Regulation 14 (Meeting nutritional and hydration needs) 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 14.

- The risks associated with people's nutrition and hydration were assessed and measures were in place to

ensure people were given enough fluid and food to maintain their health. Staff completed food and fluid monitoring charts for people at high risk and these were checked daily to ensure people received the right amounts. One relative told us, "It's important for [family member] to stay hydrated, before it was difficult to get any feedback about it. Now they're on it. The staff can tell me what they have drunk that day. I'm very glad about that."

- The service worked with speech and language therapists and dieticians when there were specific concerns about people's ability to eat and drink safely or maintain a safe weight. Recommendations from these professionals were incorporated into people's care plans and shared with the whole team.
- People's personal preferences around eating and drinking were documented and shared with the chef. We received mixed feedback about the quality of the food and the range of choices. We received comments such as, "[Staff] are very thoughtful, very kind, they consult with you and ask you what you would like to eat and provide it to you. They do their best" and "Lunches are good, three slices of meat and vegetables and salad, it's wonderful. Dinners are sometimes awful, not very consistent."
- The range of choices for meals was relatively narrow. We were told that people could request different meals outside of the set menu, but most people would be unable to actively do this. We also observed one person who was on a pureed diet was not given a choice of main meal as this was prepared in advance without asking them which option they preferred. We discussed this with the chef and the manager and they have agreed to review the way they offer choices to ensure people are given more choice and control over what they eat.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection the provider had failed to ensure the principles of the MCA were followed which was a breach of 11 (Need for consent) 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 11.

- People's ability to consent to various aspects of their care was assessed by an experienced member of staff. When people lacked capacity, the service conducted best interests meetings involving the person's representative. However, we identified that some people had been assessed as lacking capacity in regard to their personal care needs and were routinely being bathed in bed. There was no record of how this decision had been made when they were unable to make this decision themselves.

We recommend the service reviews these elements of people's care plans and follows best practice guidance in this area.

- The service had made all the necessary DoLS applications when safety measures meant restricting some parts of people's lives.
- Staff received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff respected people's right to make their own choices and asked their consent before providing care and support.

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

- The provider had submitted a readmission plan which detailed how they would safely manage new admissions to the service after a long period of reduced capacity. At the time of the inspection there had been no new assessments or admissions so we could not assess how effective the plan was.
- At the last inspection we found there was a lack of evidence of individual involvement in care planning and review. The service had made improvements in how they consulted people and their relatives when reviewing people's care needs. There was evidence that people who were able had reviewed their care plan and had signed to show they agreed with it.
- Relatives of people receiving care confirmed they had been consulted. We received comments such as, "Since lockdown, I've had at least a couple of calls about the care plan" and "I had a phone call review, an update (of the care plan) in July." We found there were limitations to how effective these reviews were as some relatives told us they would appreciate a document of the conversation and greater access to the care plans to better understand what was being recorded. One person told us, "I would like an email summary of her health and wellbeing, and for them to identify who her keyworker is."

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

- At the last inspection we found areas of the physical environment and décor of the building which required improvement. The provider had made substantial improvements to the design and decoration of the service. People's bedrooms and communal areas had been decorated and were now clean and presentable.
- Information boards in communal areas had improved and were now visible and formatted with pictures to aid people's understanding of the content.
- People told us they were happy with the improvements in the home environment. One person said, "It's very nice, warm, light, and bright. I like it a lot. People are really working hard to help you and make you feel comfortable."

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

- The service was regularly visited by the local GP to monitor people's health. Other professionals such as physiotherapists, speech and language therapists, tissue viability nurses and podiatrists also visited the service to provide additional support when needed. One professional told us, "The Garside staff are following the advice that has been provided by the tissue viability nurse and implemented the care plan."
- We received positive comments from people about how the service ensured people's health needs were met and they had access to the relevant healthcare professionals. We received comments such as, "The nursing care is excellent" and "[Family member] has seen a dietician and they see a GP and I got an email about the flu jab."

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. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had failed to ensure people's dignity and privacy was maintained which was a breach of Regulation 10 (Dignity and Respect) 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 10.

- At the last inspection we found confidential personal information in unlocked cupboards in public areas of the service which meant unauthorised people could access people's personal information. We also saw communal bathrooms with large gaps between the door and the door frame which compromised people's dignity when using these facilities.
- Personal information was now being stored securely and only authorised people had access to the this. The gap in the bathroom doors had been resolved so people could now use the bathrooms with privacy and dignity.
- Staff explained how they maintained people's independence when supporting people with personal care. One care assistant told us, "We look at people as individuals and we do the best we can, so they don't lose their independence. We encourage them to do things for themselves when we are washing them or helping them get dressed."
- People we spoke with agreed that the staff helped them maintain their independence and dignity, "I've got a control button for the bed, I can raise the bed higher or lower. I like to do anything I can possibly do myself." A relative told us, "They're also good at making the patients feel as if they are being treated as an individual and try their best to maintain their dignity."

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 inadequate. At this inspection this key question has improved to requires improvement. This meant, whilst many improvements had been made, we would need assurance over a longer period, and with the service fully occupied to be assured that the improvements we saw were sustainable.

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

At the last inspection the provider had failed to provide person centred care, ensure people's social needs were met and support people to make end of life plans which was a breach of Regulation 9 (Person-centred care) 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 9.

- At the last inspection we found there were insufficient meaningful activities arranged and people mostly stayed in bed. The service had improved the range of activities and we received positive comments from people and their relatives. One person told us, "I watch TV, have the radio on in the mornings, go to cinema club." A family member told us, "Everything changed, it's unbelievable. I feel so much happier, it's much brighter, there's a newsletter and everybody is in the lounge. From the newsletter, I can see they've done an awful lot of things. They're asking people what they want to do, someone likes plays and they organised that, another person likes Elvis and so there was an Elvis night."
- We saw that people were able to join in on arts and crafts, bingo, gardening, and quizzes. The service had also introduced virtual tours. During these events the residents and staff celebrated the traditions, cuisines and cultures of different locations around the world.
- People were supported to keep in regular contact with their family member during the Covid-19 restrictions. One relative told us, "We can Skype or Zoom, we agree a time, staff are ready to support. It's useful and valid during this lockdown." The service had also recently introduced garden visits to allow people to visit whilst observing precautions. One person told us "We sat in the garden, they organised cake and coffee, it was really sweet."
- Despite the general improvements we found more could be done to ensure people's needs and choices around personal care were met as some care plans contained very little personal information this. The service had introduced personal profiles for people, but these had only just started and contained very little information that would help staff understand people better.
- There were life histories in place which contained lots of information to help staff understand people better. However, care assistants we spoke with were not always aware of what was written in the life history. We discussed these concerns with the manager and they have agreed to improve the care plans to ensure

they contain more relevant information about people's likes, dislikes and personal preferences around personal care.

End of life care and support

- At the last inspection the provider had failed to support people to plan their end of life care and support and staff lacked training in this area. The service now worked in partnership with Trinity Hospice to deliver training to staff and create end of life plans which considered all their health and social care needs.
- One professional told us that improvements had been made but staff required further training to enable them to fully meet people's end of life needs, "I think Garside are working hard to provide person centred care and support. They now have much more comprehensive care plans that assist with ensuring the patient's preferences for care are recorded... There are still ongoing education needs for the staff to ensure they deliver care that is within best practice guidelines."

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.

- People had a communication care plan in place which detailed any support or aids they needed in order to engage fully in their surroundings. However, people's communication needs were not always fully met as communication plans did not always have sufficient information. For example, one person was prescribed hearing aids due to hearing loss but preferred not to use these. The communication plan was not clear what the person's preferred method of communication was.
- Another person whose first language was not English was able to communicate with staff who were fluent in their native language. The communication plan did not explain how staff communicated when those fluent staff were not on duty or give any guidance on what words or phrases might be useful to help all staff communicate better.

We recommend the service review its communication plans to ensure they contain sufficient information about people's communication preferences.

Improving care quality in response to complaints or concerns

At the last inspection the provider had failed to investigate and respond to complaints which was a breach of Regulation 16 (Receiving and acting on complaints) 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 16.

- The service had a complaints policy in easy read format to enable people to understand how to make a complaint.
- The manager told us there had been no formal complaints since the last inspection. However, one person told us they had made a complaint about a member of staff. We could see that the service had discussed the person's concerns and taken the necessary action to resolve the issue. However, the service had not treated

this as a formal complaint and had not followed their complaints policy. We discussed this with the manager who has agreed to ensure all complaints are managed under the provider's own policy.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant, whilst many improvements had been made, we would need assurance over a longer period, and with the service fully occupied to be assured that the improvements we saw were sustainable.

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

At the last inspection the provider had failed to assess, monitor and improve the quality and safety of the service effectively which was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously we found quality assurance audits had failed to identify and resolve numerous issues with quality and safety. Since our last inspection the provider had introduced a range of checks and audits to ensure quality and safety was maintained. These included regular audits by the manager and regional manager and the provider's quality assurance team.
- Staff told us they were positive the manager was making improvements to the service. One member of staff told us, "Garside has really improved. The manager has improved communication, and everything is more organised."
- The service had developed a contingency plan which considered the risks of a range of incidents that could affect the safe running of the service. The plan had been updated to consider the risks associated with the coronavirus.
- Staff were clear about their roles. The manager demonstrated a clear understanding of their responsibility to monitor and mitigate risks to people using the service. They were also in the process of applying to be the registered manager of the service. Support workers understood their responsibilities to provide safe and effective care.

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

- People receiving care and their relatives were confident in the way the manager led the team to ensure they received a good service. We received comments such as, "I've spoken to [the manager] a few times, she's lovely, really helpful" and "[The manager] has done a good job. It's amazing now" and "I'm very content. It's vastly improved. I'm absolutely impressed as to the changes that have taken place."
- Previously staff told us that multiple changes of manager had negatively impacted staff morale and the

service lacked leadership. Staff now said that there had been substantial improvements in staff morale and they now worked together as a team. We received comments such as, "The place has 99% changed. The management is better now, and we all work together as a team" and "It feel like it's really close knit now. It is a very good work environment and the staff get on very well. The residents enjoy their day and it feels homely."

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

- The manager arranged regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information.
- There were regular residents' meetings to discuss the running of the home, activities, health and safety and maintenance issues.
- The service sought feedback from people by asking them to complete satisfaction surveys. The most recent survey had been completed but the results had not been analysed yet so we could not be sure of the effectiveness of the process.
- Some relatives of people receiving care told us they would like better communication and information from the service. We received comments such as, "It would be great if there was more information about how things work internally, a bit more detail. I need to understand how I can be more involved"

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 manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They also sent the appropriate notifications to CQC after significant events occurred.

Working in partnership with others

- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- We received positive comments from professionals about how the service worked in partnership with them to plan and deliver care and support. We saw evidence that the service was making appropriate referrals to multi-disciplinary professionals such as speech and language therapists, physiotherapists, dieticians and tissue viability nurses when needed. One professional told us, "The service makes appropriate referrals to our team. The staff are knowledgeable about people's needs and issues. When we have made recommendations, we are satisfied that these have been followed through."