

Sanctuary Care Limited

# Garside House Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 and 14 June 2016. At this inspection we found a breach of legal requirements. This was because staff did not receive regular supervision to ensure they were supported in their roles. We also made a recommendation about the storing medicines at an appropriate temperature.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 14 February 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. 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](http://www.cqc.org.uk)

Garside House Nursing Home provides accommodation and respite care for up to 40 people on three separate floors, caring respectively for people with general nursing needs, dementia and palliative care. At the time of our inspection, there were 40 people living in the home.

The service had a registered manager. 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.

At our focused inspection on 14 February 2017, we found that the provider had followed their plan and improvements had been made.

Temperature checks were monitored to ensure the safe storage of medicines. Staff were reminded about the requirements of best practice in relation to medicines management. People were supported with their medicines at the appropriate times.

Staff had received regular supervision and support to further develop their training, skills and knowledge. Systems were in place to ensure senior staff were allocated to support individual teams and check their progress. People were cared for by staff who had acquired the necessary experience and skills to do so.

Records were kept of quality audits and improvements made to ensure that the required standards were monitored and maintained.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

We found action had been taken to improve the safety of the service.

Improvements had been made to ensure the safe storage of medicines.

People told us they received their medicines at the right time. Medicines were stored safely at the correct temperatures and this was consistently monitored.

This meant that the provider had taken appropriate action to follow our recommendation.

### Is the service effective?

Good ●

We found action had been taken to improve the effectiveness of the service.

Action had been taken to ensure staff received regular supervision, to make certain they were appropriately supported in their roles.

People told us they were cared for by staff who delivered good standards of care.

The provider operated a range of audits to monitor that standards were maintained in relation to staff support and supervision.

We have changed the rating for this question as the provider was now meeting the legal requirements and had measures in place to ensure these improvements could be sustained.

# Garside House Nursing Home

## **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 provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Garside House Nursing Home on 14 February 2017. This inspection was completed to ensure improvements to meet legal requirements planned by the provider after our comprehensive inspection on 13 and 14 June 2016. We inspected the service against two of the five questions we ask about the services: is the service safe and is the service effective? This was because the service was not meeting some of the legal requirements in relation to these questions. One inspector carried out the inspection.

We checked information that the Care Quality Commission (CQC) held about the service, which included the previous inspection report, the action plan and notifications sent to CQC by the provider before the inspection. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

During our inspection, we spoke with three people to obtain their views about the delivery of care in the home. We also spoke with four care workers, three nurses, the chef, the operations manager and the registered manager. We reviewed a range of key documents that included staff supervision records, minutes of meetings, quality audits and the providers' procedures in relation to the management of the home. We checked the storage of medicines on all three floors of the home.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 13 and 14 June 2016, we found that the room temperature on the first floor was above the recommended maximum for the storage of medicines and was 27 degrees Celsius.

During this inspection, we checked to see if the provider had carried out the necessary improvements to ensure the safe storage of medicines and we found that the provider had acted on our recommendation to address the shortfalls in relation to this regulation. We checked the rooms where medicines were stored on all three floors of the home. We looked at the records over a period of two months for the monitoring of room temperatures and fridges that held people's medicines. We cross-referenced these with the thermometers in the rooms and in the fridges and found these did not exceed the recommended maximum temperatures. We found that nurses and care staff had completed records correctly and had signed and dated these.

Air conditioning units were installed to ensure the rooms were kept at the required temperature and the nurse told us this had been working well. We saw that on one floor, there was no air conditioning, but we observed there was a fan in place, the registered manager explained that the windows were opened during periods of warm weather to keep the room cool. Notices were prominently placed to remind staff to regularly monitor the temperatures of the rooms and fridges, and inform the nurse on duty if these were under or above the recommended temperatures.

People told us there were no concerns with their medicines and they received them at the right time. Two people told us, "The nurse gives me that morning, noon and night. I get that at six and I have to take this after meals, and at night they are giving me tablets", "The staff are very good, they are only little tablets I am given, and I take them "and "They help with my medicines once in the morning that's mainly, and once in the evening, that's quite regularly, they bring them for me."

Systems were in place to prevent and control the spread of infection in relation to the safe storage of medicines. Records had been signed and dated to show when the fridges had been cleaned, defrosted and the rooms that held medicines were observed to be clean.

We checked the providers' comprehensive audit in respect of medicines temperature checks. We found that the service was compliant with the daily recording of the room and fridge temperature checks and these did not exceed the maximum recommended temperatures.

We found that concerns had been addressed by the provider because they had put the appropriate measures were in place following our recommendation to address these concerns had been followed and improvements sustained.

## Is the service effective?

### Our findings

At our last comprehensive inspection on 13 and 14 June 2016, we found that staff did not receive ongoing supervision to ensure their competence to carry out their roles. At this inspection, we found the provider was now meeting this requirement.

During this inspection, we checked to see if the arrangements for staff supervision had improved. We found that the provider had followed the action plan they had written to address the shortfalls in relation to this regulation. Minutes of the staff meeting showed that the provider had held discussions with all the staff about the previous inspection we carried out on 13 and 14 June 2016. They agreed to ensure staff would be supported with regular one to one supervisions to make certain they were appropriately supported in their roles. The minutes also stated that they would listen to staff suggestions or opinions and the staff we spoke with told us this had happened.

Staff explained the supervision meetings they attended were effective, they said, "I have my supervision; [registered manager] is supportive, supporting whatever challenges you have, and whatever she knows she will feed back to me. When you share what you have with your staff, there will be a positive outcome. I appreciate her leadership," and another staff member commented, "We get supervision every month we have a monthly floor meeting, we are aware of what is happening. The nurse distributes the work; the emphasis is on giving us regular updates. They make sure everyone is involved and having training. [Deputy manager] is very supportive, and we have appraisals."

The supervision matrix highlighted when staff were due to be supervised and when their next appraisal was due. Staff chart structures were in place to show which senior member of the team was responsible for carrying out staff supervisions for which staff. The chef explained, "I supervise the catering team. I try to prompt the team to make any suggestions about the food. I have one to ones also with my manager. The menu comes from the head office and I change some of the foods that I know people want." And the nurse commented, "I supervise the qualified staff, I have three registered nurses who supervise their own health care assistants, they have managed this. We have appraisals; my validation is due in November. [The deputy manager] oversees staff in my absence, if there are any issues I will ask for assistance."

Staff files contained records to show conversations had been held with the senior staff during supervision and they had attended these meetings monthly. Where staff had been unable to attend due to planned leave, this had been noted and rescheduled for a later date. The provider's supervision records had been developed based on 14 commitments to improve the standard of care. This comprised of discussions in relation to working responsibility, upholding dignity, protecting privacy, treating people fairly; and the employer to recruit the right staff, provide the teams with thorough induction and supporting skills, uphold standards and take responsibility, amongst others. One staff member said, "Once a month, now and then we can discuss what we can do better and how to improve."

Induction objectives were recorded for new members of staff and set against what staff needed to do to achieve their goals. Learning objectives demonstrated that staff had received training to develop their

knowledge and skills. Areas of discussion such as communication, end of life care, infection control and staff conduct were addressed. Observations of the staff were carried out to make sure they supported people with dignified care. A staff member commented, "The lead nurse comes in unannounced, it keeps you on your toes." Progress against their goals was monitored to check staff advancement and give them feedback about their training and development needs. Where these had not been met, they were followed up during the next supervision meeting.

The registered manager told us they had advised staff to keep a personal diary as reminders and record what they needed to discuss with their supervisors during their next meeting. They showed us a new one page booklet that had been produced for staff. This held all the key information about their performance, so this could be recorded in one central place and retained by the staff.

We spoke to people to obtain their views about having sufficiently trained staff and they explained the impact this had on them receiving good care. One person told us, "You can't fault it, the nurses are lovely, really good, I am very independent. They care what they do for you, they are very friendly, [staff name] is great [they] always bring me a cup of tea and take me to hospital, they are not supposed to walk on by and they don't. I get homemade cooked food, they are kind in here, you get looked after, this place is heaven I tell you." A second person commented, "The staff are very good, my family live local I am lucky, the staff are more than adequate. I feel safe we have a one to one chat and a giggle" and a third person explained, "It's quite good they serve you breakfast, the staff are friendly they do their best."

During our walk around the home, we observed that staff supported people in a caring and compassionate way. We observed that one person became emotionally distressed and we saw a member of staff holding their hand and speaking quietly with the person until they calmed. In the entrance of the hallway, there was a piece of artwork displayed across the wall. A member of staff had designed a drawing of a tree, lined with branches and decorated with individual butterflies; each one represented the name of people who had died during their time at the home. The artwork read, "Happy memories silently kept, no need for words, we will never forget."

To evaluate and improve their practice the provider carried out monthly audits to ensure supervisions with staff were carried out frequently, in line with the provider's procedures. Daily meetings were held with all the staff team to keep them informed of matters affecting the home, staff supervision had been added as a standard agenda item to ensure that staff were well prepared before these meetings.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed by the provider and had put appropriate measures in place to ensure improvements would be sustained.