

Mr B & Mrs W Stedman

Garrett House Residential 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 16 and 18 October 2017. Our previous inspection of 29 September 2016 had rated the service as Requires Improvement with breaches of regulation in relation to care planning. At this inspection we found that the service was still in breach of regulation in respect of care planning and was also in breach of regulations with regard to safety.

The service provides care and support for up to 45 people. On the days of our inspection 37 people were living in the service.

The service is required to have a registered manager. We did not speak with the registered manager during our inspection but spoke with a member of the management team who managed the service on a day to day basis and who people referred to as the manager. The registered manager was part of the provider company and a member of the leadership team. 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.

The service had not made substantial improvements since our last inspection. The action plan had not effectively addressed the breach of regulation and other areas of concern were identified. The management team did not have effective oversight of responsibilities that had been delegated to others. Quality assurance relied on the manager being present in the service and identifying any issues or these being brought to their attention by people or staff.

Care plans demonstrated that people had been actively involved in making decisions about their care and support. We found that care plans did not contain information specific to people's individual conditions and how these were managed.

This inspection found that medicines were not managed safely. There were gaps in the recording of when people had received their medicine and the application of topical medicines was not recorded. Topical medicine was not always stored securely.

People and care staff had mixed views as to whether there were sufficient staff available to meet people's needs. We found that staffing levels were sufficient but suggest that the service explore why staff and people have mixed views.

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

There were suitable arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse.

Risks in relation to treatment and care provided were assessed and risk management plans ensured that identified risks to people were minimised.

The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs were met. Staff received an induction into the service and regular training thereafter to ensure they had the skills required to meet people's needs. The service had effective recruitment procedures in place to ensure staff were recruited safely.

People told us that staff were friendly and caring and they felt safe when being supported. We saw staff caring for people in a way that promoted their dignity in a respectful manner.

People were supported to maintain a balanced diet. We observed lunch was a social affair. People were also supported to access healthcare professionals such as their GP, chiropodist and dentist.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were not safely managed and people could not be assured that they would receive the medicines as prescribed.

There were sufficient staff to meet people's needs.

Risks to people and the service were assessed. Actions were taken to minimise identified risks.

Staff had received training in protecting vulnerable people from abuse and knew how to report any concerns.

Is the service effective?

Good ●

The service was effective.

Staff received an induction, training and refresher training to ensure they had the skills and knowledge to meet peoples' needs effectively.

Peoples' consent and agreement was obtained and staff were aware of the requirements in relation to MCA/DoLS.

People were supported to eat a healthy balanced diet and there was a range of food and drinks available for people to choose.

People were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff provided person-centred care in a kind and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans did not contain information as to how people's individual needs were met.

A range of communal activities and events was provided to help stimulate and occupy people.

People knew how to raise concerns or complaints.

Is the service well-led?

The service was not consistently well-led.

The service had not made improvements in line with their action plan following our previous inspection.

People had mixed views regarding the visibility and accessibility of the management team.

Legal requirements were not always met.

Requires Improvement 

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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 checked whether the 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 unannounced inspection was carried out on 16 and 18 October 2017. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of supporting people receiving this type of care.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with eight people who used the service, and four relatives. We spoke with the manager, five care staff and the cook.

To help us assess how people's care needs were being met we reviewed three people's care records and other information, for example their risk assessments. We also looked at medicine records, staff recruitment and training records, as well as a range of records relating to the running of the service including staff records and audits.

Is the service safe?

Our findings

Our previous inspection of 29 September 2016 had rated the service Good in the safe key question. However, this inspection has found that the service Requires Improvement in this area.

Our previous inspection had found that medicines were administered safely. However, it also found that there was no guidance in care records to guide staff when medicines prescribed to be administered as required (PRN) should be administered. This is important to ensure that staff are aware of when a person may require this type of medicine, particularly if they lack capacity to request it. This was brought to the attention of the registered manager at the time, who had assured us that guidance would be put in place. At this inspection we asked the senior who was administering medicines if there was guidance in place for people who had been prescribed their medicines PRN. They told us there was no specific guidance in place for people who were prescribed their medicines PRN. We saw that two people had been prescribed PRN pain relieving medicines but there was no guidance in place as to when they would need these.

In the PIR the provider told us that they were developing staff to be 'champions' in a particular area by encouraging and enabling staff to build up expertise in different areas. One of those areas was safe use of medicines. During our inspection we saw that one member of senior staff carried out audits related to medicines and the manager referred to them when asked particular questions. However, we have identified areas in medicines administration which were not being managed effectively.

We checked whether people who were prescribed topical medication were receiving them as prescribed. All medicines for topical application were stored in people's rooms. There was no information readily available to staff about the frequency of use, thickness of application and areas of the body to which the medicine should be applied. Neither was there a record of when and where the medicine had been applied. This meant that we could not be assured that people were receiving this type of medicine as it had been prescribed.

Medicines for topical use should be stored securely and the date they have been opened recorded. The date needs to be recorded to ensure the medicine is disposed of before contamination becomes a concern. We observed in one instance that topical medicine was on a cabinet next to a person's bed. This was not secure. We also saw that the date that it had been opened had not been recorded.

We looked at the medicines administration record (MAR) for the service. The person administering the medicine signs the record to confirm that they have given the medicine and the time and date of administering. Four MAR charts covering the preceding two weeks had gaps where staff had not signed that medicines had been administered. Each MAR chart had at least four gaps. We asked the senior on duty how gaps in charts were addressed. They told us that this was not formally monitored and was addressed by the senior, "as we go along." Another person was prescribed pain relieving patches. Staff should sign when these patches are applied and removed. We found one instance where staff had signed that the patch had been applied but had not signed that it had been removed. Staff we spoke with confirmed that the patch was not still in place. Poor recording of when medicines administration meant that we could not be sure that

medicines had been administered as prescribed.

This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they received their medicines as they wanted. One person said, "They see to my tablets and reorder them." Another person said, "Got tablets for heart rhythm, waterworks, gut, iron, four in total. Pessary twice a week and when we do that the staff have a terrific sense of humour." Medicines, other than topical medicines, were stored securely. There were systems in place to check medicines into the service and to dispose of unused medicines. Staff who administered medicines had received training.

The manager told us that they used a dependency assessment tool to assess the number of staff required to meet people's needs. They told us that, due to the number of people the service was supporting, they were currently overstaffed. People we spoke with had mixed views as to whether there were sufficient staff to meet their needs. One person said, "Staff never around when you want them." They went on to give an example of how insufficient staff in the dining room at lunch time meant that food got cold. The service call bell system was monitored to ensure that care staff reacted to call bells promptly. However, one person told us, "You press the buzzer and someone comes in and resets it but leaves you to go and help someone else down the corridor. It gives a false message, resetting but not doing anything drives me bonkers." We also received positive feedback about staffing numbers with one person telling us, "I think there are enough staff." Another person said, "Staff are very busy but they all come and have a word." Care staff also had mixed views on whether there were sufficient staff. One member of care staff said, "We have time to do our job." Whilst another told us that they felt under pressure and gave an example of an activity they were previously able to do with a person but would not have the time to do now. On the days of our inspection visits we observed staff responding in a timely manner to call bells and spending time talking with people. We have, therefore, concluded there were sufficient staff to keep people safe. However, the provider may wish to address why some people and staff felt there were not enough staff.

Records demonstrated that the service followed safe recruitment procedures to check that prospective staff were of good character and suitable to work in the service.

People told us that they felt safe living in the service. One person said, "I am safe, they get me up and pop me to bed. I never like being without the alarm, it is very good having it." Staff had received training in recognising abuse. They were able to describe what constituted abuse and knew how to escalate any concerns. Records demonstrated that the service reported and investigated any suspected abuse appropriately.

Risks to individuals from receiving care and support were assessed and actions put in place to reduce any identified risks. For example where a person had been assessed as at high risk of falls a sensor mat had been put in place to alert staff when they left their seat.

The manager told us that equipment such as hoists were routinely serviced to ensure that they were safe to use. A range of regular health and safety checks including checks of the electric and gas systems, hot water outlets, window restrictors and the lift were carried out to reduce the risk of people being harmed. Systems were in place to make sure maintenance and repairs were addressed when required.

Regular health and safety checks were completed which included fire safety checks. Accidents and incidents were recorded. The manager told us that the records were analysed to identify trends to avoid any further occurrences.

Is the service effective?

Our findings

Our previous inspection of 29 September 2016 had rated the service Good in the Effective key question. At this inspection we found that the service continued to be Good.

People using the service told us that staff were competent to carry out their duties. One person said, "To me they seem well trained." Another person said, "Care delivered to other less able is done really well, for instance always two of them and they are transported safely from the wheelchair to the armchair. Staff are very competent." New staff underwent induction training which included a period of shadowing an experienced member of staff. They also covered training such as safeguarding, fire safety, food hygiene, equality and diversity, record keeping and moving and handling. The training was refreshed every year for staff as part of their on-going training.

Care staff told us and we saw evidence in their staff files, that they had regular supervision. Supervision is a one to one meeting with a senior member of staff where care staff can discuss any concerns they may have and their professional development. They told us they felt supported and valued by the management team. One member of staff told us how they had been supported to gain qualifications to be a senior carer.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's ability to make decisions was assessed as part of the care planning process. The assessment followed the principles of the MCA and described where people may need support in making decisions, for example with financial matters. Staff were familiar with the MCA and followed its principles when supporting people to make choices. One care worker said, "Everybody has capacity unless assessed otherwise. We give everybody the opportunity to make day to day decisions."

People and their relatives told us they enjoyed the choice and variety of food offered at the service. One person said, "I have breakfast in my room with a little tray, with tea, sugar, milk in a jug, dish of marmalade, toast and dish of porridge. Very good service and I do like my morning tray; it's a wonderful idea and looks nice."

We observed lunch in the dining room which was a pleasant, social experience. Tables were laid restaurant style with table clothes and matching napkins in rings. People were offered sherry, juice or water. Where one person required their meal pureed this was served in a ramekin style dish, making it as attractive as possible. However we did note that due to the 'silver service' method of serving vegetables some people's food got cold as they waited for their vegetables. One person said to us, "Fine very nice, good. Pork less than hot had

to wait for the vegetables. Veg comes and man wanders round with a dish of vegetables and by the time you get the veg your meat is cold."

Staff supported people who wanted to eat their meal in their room. We observed one person did not appear to be eating their main meal but eating their desert. We observed a member of care staff brought them a hot lunch and gave them encouragement to eat. The member of staff told us that the person preferred to eat their desert first. This demonstrated good knowledge of the person.

The service used the Malnutrition Universal Screening Tool to monitor people's nutritional status. A member of the senior staff told us they were the lead for nutrition and were in regular contact with the dietician. They were also responsible for checking peoples weight monthly and making any appropriate referrals. They were able to describe how food was fortified if people needed a higher calorie intake. They gave us an example of how one person had been supported to gain weight. Records we saw showed that where regular monitoring had shown that a person was losing weight appropriate action had been taken, including a referral to the dietician.

People were supported to maintain good health and have access to healthcare. One person said, "Doctor, they call if you need them, I have got flu jab coming up. They organise transport to hospital for my check-up appointments, dentist I go myself by car and the optician comes here and chiroprapist here tomorrow."

Is the service caring?

Our findings

Our previous inspection of 29 September 2016 had rated the service Good in the Caring key question. At this inspection we found that the service continued to be Good.

People had developed caring relationships with staff. One person said, "Staff are friendly, they are not official and are respectful to me. They always call me [preferred name], always knock." We observed staff supporting people in a caring and meaningful way. For example we observed a member of care staff waling beside a person using a walking aid. The member of staff said to the person, "Ring when you want me," and the person replied, "I always need you." There were lots of smiles and laughter between the two. In another example a person said, "Staff always knock. I chat to them. I used to work in foreign parts and two of the staff are from the places I was at and we chat about what is happening there I see that on the world news."

There was a friendly, relaxed atmosphere and throughout our inspection we saw staff interacting with people in friendly, attentive ways. Although some people stayed in their bedrooms, there were communal spaces for people to socialise. There were communal spaces where people could sit quietly and speak with friends and other spaces where they could watch television. Relatives told us they were welcome to visit the home at any time and staff made them feel welcome.

People told us that the service supported them to express their views and be actively involved in making decisions about their care and support. One person speaking about their care plan said, "They always ask me what I think. Been through it twice the last time was two months ago."

Where able, people had signed to confirm their involvement in reviews.

People told us that staff supported them to have as much choice and control over their lives as possible. For example, one person said, "Mondays a girl gives me a bath, my choice, got a shower in my room but I prefer a bath." Another person said, "I am quite satisfied, got plenty of freedom to do what you like. They allow people to be independent; I have a car outside and go out a couple of times a week for a drive."

People's privacy and dignity was respected. One person told us, "The bath, I can still just about get in and they come to keep any eye on me. When I get out they are ready with the towel and my dressing gown and they come and sign the book in my room."

The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely in a locked cupboard with only authorised people having access.

Is the service responsive?

Our findings

Our inspection of 29 September 2016 had rated the service Requires Improvement in the Responsive key question with a breach of Regulation 9 of The Health and Social Care Act. This inspection has found that the service continues to Require Improvement with a continued breach of Regulation 9.

The previous inspection had identified that improvements were needed in people's care plans to provide guidance to staff about how people were to be cared for. The provider had sent us an action plan detailing how they would take external advice and improve care plans. At this inspection the manager told us that care plans had been reviewed and improved. This included mobility risk assessments and consent forms for activities. However, we found that further improvements were needed.

Care plans did not contain specific care plans for people's individual conditions. For example, the service supported four people living with diabetes. There were no details in the care plan as to how people's diabetes was managed. They did not contain information on the signs and symptoms of very high or very low blood sugar levels and the action to be taken. People living with diabetes are also at increased risk of foot and eye problems. There was no information in care plans as to how these were monitored. Lack of this information in the care plan meant that the diabetes and any problems arising because of the condition may not be recognised and addressed appropriately.

It had been identified by the service that one person had a sore sacrum. This person spent much of their time in bed but was supported to sit in a chair on occasions. The district nurse had been contacted regarding the sore area. We saw that staff were changing this person's position regularly to reduce the risk of a pressure ulcer developing. However, there was no information in the care plan as to how the pressure areas should be managed. The pressure area policy said that pressure areas should be re-assessed weekly. This was not taking place. We asked care staff how they knew what care and support this person needed to prevent pressure ulcers developing. They told us that this was by word of mouth from the senior on duty who received a hand over from the previous shift. The absence of a plan of care for reducing the risk of pressure ulcers developing put the person at increased risk of developing a pressure ulcer.

We saw in one person's care plan a personal exercise programme from Suffolk Community Healthcare. There was no information in their care plan as to how they were supported with these exercises. We also saw that the GP had visited and asked that the person's legs be elevated as much as possible. There was no information in the care plan as to how this was to be done. We observed the person sat in the lounge for two hours. Their legs were not elevated. This person's needs were not reflected in their care plan. We spoke with the manager about this who was aware of the issue and said they would address this with staff.

This was a continued breach of Regulation 9 of The Health and Social Care Act.

People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. Records we saw showed that people in the service were able to use information technology to keep in touch with friends and relatives. One person had been supported to have a video conversation

with their relative who lived abroad. Another person told us how they used the internet to keep in touch with their family. The manager told us that the service was improving their Wi-Fi to support the increased demand by people for the service.

People told us that the service provided them with support to follow their interests and take part in social activities. One person said, "I do flower arranging, help to take plant cuttings and I love my gardening. The activities lady takes me for a walk around the estate, she treats everyone alike. Her thumb is on everything, she fetches my jacket and we walk." Another person said, "I love to read books and my magazines, singers come. Elvis was good and I danced with him. I don't go on outings, I just like sitting here and watching the trees."

The service also held a weekly meeting, led by the activities co-ordinator, which people were encouraged to attend to discuss current affairs and bring up any areas of concern. One person told us, "We have the Tuesday chat, stimulating and talk about all sorts of local and international news." Another person said, "Tuesday we have a current affairs session, some very intelligent people here and have a great session. You can cut an article from the paper and give to [the activities co-ordinator], she swots up and then the whole group has a discussion." The manager also told us that people could use this session to feedback any concerns regarding the service. We saw that concerns regarding the staffing levels at the service had been raised at a recent meeting. The manager had used the service newsletter to feedback to people that staffing how staffing levels were managed and that they met the assessed need.

The service had a complaints policy which was displayed in the service. People told us they would speak to staff if they had a complaint.

Is the service well-led?

Our findings

Our inspection of 29 September 2016 had rated the service Requires Improvement in the Well-led key question. This inspection has found that the service continues to Require Improvement. During our inspection we did not speak with the registered manager. They are part of the provider company and the management team. We spoke with the person who people referred to as the manager of the service. They were running the service on a day to day basis. We discussed the management structure of the service and the manager advised that they had previously applied to be the registered manager quite a while ago but this had not progressed. They told us that they will be applying to register as the manager in the near future.

Our previous inspection had rated the service as requiring improvement because audits had not been effective. At this inspection we found that, in some cases, audits were still not effective in ensuring good standard of care. For example audits had not identified the gaps in the MAR charts. Our previous inspection had also found a breach of regulation in relation to care plans. The manager had provided us with an action plan as to how they would be addressing this breach. This inspection has found that care plans still do not contain sufficient information. This demonstrated that the management team did not understand the principles of good quality assurance and lacked the drive to improve.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service told us in their PIR that they were developing experienced staff as champions in areas such as safe use of medicines and nutrition. We saw this being carried out in the service when we spoke with the nutrition champion and with the medicines champion. This had worked well in some areas but not in others. For example people's nutrition was being managed effectively but medicines were not. The manager was not ensuring that delegated responsibilities were always being carried out effectively.

People living in the service did not always know who the manager was or they described a different member of staff. People also had mixed views of the management of the service. One person said, "Manager came to see me, said she had plenty of time and we went through a list of things about me and she asked are my needs being met, I felt reassured." However, when speaking about who the manager was another person said, "I see the manager coming and going in her car but she does not come and talk to me." They then went on to describe an incident where they had attempted to meet with the manager but the meeting had not taken place. Another person said, "Management could be more attentive and I see the owner three times a year, see the manager once a month, she is around but nobody sees her. Management are not really visible." We spoke with the manager about this. They told us that their door was always open and they were available to speak with people. They also told us they were regularly out and about in the service. When speaking with the manager they displayed a good knowledge of the people living in the service.

The manager told us that they carried out regular audits of the service to ensure the quality of the service provided. This included a regular walk around of the building to check any maintenance issues and night time visits to check the quality of care staff were providing. The manager told us the provider did not carry

out any separate audits. To a large extent quality assurance relied on the manager being present in the service and identifying any issues or these being brought to their attention by people or staff.

Our records showed that the service was complying with the legal requirement to submit notifications of specific incidents. However, we noted during our inspection that the requirement to display the current CQC rating was not being complied with. We brought this to the managers' attention and they told us they would ensure that the latest report was displayed.

The manager also told us that the service was improving the decoration within the service overseen by another member of the management team. We saw that some people's rooms had been decorated. The manager told us that there was no specific improvement plan but improvements were carried out as needed.

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 9 HSCA RA Regulations 2014 Person-centred care |
| Diagnostic and screening procedures | Care plans did not contain details of how people's assessed needs were managed. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | Topical medicines were not managed safely. There were also deficiencies in the recording of when medicines were given. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | The management team were not ensuring good governance with continued breaches of regulation since our previous inspection. |
| Treatment of disease, disorder or injury | |