

Mr & Mrs R M Boundy

# Garson House Care Home

## Inspection report

Garson House Care Home  
7 Lee Road  
Lynton  
Devon  
EX35 6HU

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19 July 2017

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Garson House is a residential care home for 13 people with conditions associated with old age including dementia. There are some bedrooms on the ground floor, but most bedrooms are on the first floor with access via a passenger lift. Communal lounges and dining area are all located on the ground floor. The home is in the middle of a small town and so access to local shops and cafes is available.

Rating at last inspection

At the last inspection completed in April 2015, the service was rated Good.

At this inspection completed on 19 July 2017, we found the service remained Good.

Why the service is rated Good.

People said they felt safe and well cared for and safe. Comments included "It's very good here, staff are all very kind to me" One relative said "I feel my relative is safe and well cared for. The staff are all very good."

People benefitted from an environment which was clean, homely and had the right equipment to keep them safe and well.

Staff knew people's needs and wishes and were available in sufficient numbers to enable them to provide personalised care and support. People benefitted from a staff team who were well trained and supported to do their job safely and effectively.

Risks had been considered to ensure people were supported to maintain good physical and emotional well-being. Menus were planned around people's likes and dislikes. People were supported to maintain a balanced and nutritious diet. People were highly complementary about the food being service. One person said "The food is very good, I have no complaints. I eat everything."

People benefitted from a responsive service which ensured there were regular activities and outings for them to enjoy. One person said "We had some lovely singers in yesterday, they were excellent."

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

People knew how to make any concerns known and were confident their views would be listened to and actioned. Visitors and family were made welcome and believed their views and suggestions were valued.

The service was well run and the caring ethos promoted by the registered manager and provider was shared

by staff who had developed close bonds and relationships with people who lived at the service. Care and support was delivered in a way which promoted people's dignity, privacy and respect.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Garson House Care 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 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 comprehensive inspection took place on 19 July 2017. The inspection was unannounced and carried out by one adult social care inspector.

The provider had been requested by the Care Quality Commission (CQC) to complete a Provider Information Return (PIR) prior to the inspection. 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. We reviewed the PIR together with other the information we held about the service. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed the majority of the people who lived at the service and received feedback from six people who were able to tell us about their experiences. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia or complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to six staff, including the registered provider, deputy manager, care workers and the cook. We also spoke with two visitors to ask their views about the service.

We reviewed information about people's care and how the service was managed. These included four people's care records and two people's medicine records, along with other records relating to the management of the service. These included staff training, support and three employment records, quality assurance audits and minutes of residents and team meetings. We also contacted health and social care professionals and commissioners of the service for their views. We received a response from one health and social care professional.

# Is the service safe?

## Our findings

The service continued to provide safe care and support for people. People said they felt safe and well cared for. Comments included "They are looking after me, yes I feel safe" and "We get all the attention we need. We are very well looked after here."

People benefitted from enough staff being available throughout the day and night. People said their call bells were answered when they used them. No one could recall having to wait for any length of time. There were usually three care staff available each day until 4pm then two care staff on duty through the evening. Care staff were supported by the deputy manager who worked some care hours and some managerial time. There was also a cook and cleaner available each day. The deputy manager and registered manager/provider ensured there was always someone on call for staff to refer to in emergencies. They service did not have to rely on agency staff as they had a full staff team who were willing to cover for any gaps due to sickness or annual leave. People said they enjoyed having a small staff team who knew their needs well.

The recruitment and selection processes ensured only fit and proper staff were employed. Staff had completed application forms and interviews had been undertaken. Any employment gaps had been explored. In addition, pre-employment checks were done, which included references and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation's policies and procedures.

People were kept safe because risks had been identified, assessed and kept under review. Where possible measures had been implemented to mitigate those assessed risks. For example where people had been assessed as being at risk of falls, walking aids had been made available and the environment considered for trip risks.

Staff were knowledgeable about how to watch for signs of possible abuse and knew who they should report any concerns to. The registered manager understood their responsibilities to report any safeguarding concerns to the local safeguarding board and Care Quality Commission. There have been no safeguarding alerts raised since the last inspection.

People received their medicines safely and on time. There were clear audits of medicines received into the service, administered to individuals and stored appropriately. We observed the lunchtime medicines being administered in accordance with the service policy and procedures. People were asked if they needed additional pain relief. The staff member only signed the medicines administration records (MARS) once they had observed the person take their medicine.

Medicines which required refrigeration were stored at the recommended temperature and staff had guidance regarding the procedure when the fridge temperature was outside of the recommended range.

The service ensured that staff who administered medicines had regular training updates and their competencies were checked annually.

# Is the service effective?

## Our findings

The service continued to provide an effective service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some applications have been made and we discussed whether further applications should be considered as most people were under continuous supervision. Since the inspection, the registered manager confirmed further applications had been made to the DoLS team.

Staff understood how to maximise people's choice and ensure consent was gained before providing care and support.

People were cared for by a team of staff who had the knowledge, experience, training and support to do their job effectively. One person said, "Staff do know us very well. They do provide the best care here." Staff confirmed they received opportunities to learn about health and safety as well as topics relating to people living with dementia and conditions associated with old age.

New staff were required to complete an induction and had opportunities to work alongside more experienced staff before they were rotated to work as part of the care team. Staff who were new to care and who had no care qualifications were supported to complete the 'Care Certificate' which had been introduced in April 2015 as national training in best practice. Staff were also encouraged to complete diplomas in care to enhance their skills and knowledge.

People were supported to eat and drink and maintain a balanced diet. People said they enjoyed the meals offered. One person said "Food is really good." Another said "Food is brilliant; they know how I like it." Where people were at risk of malnutrition, staff kept a close eye on their weight and daily intake. Additional calories were added to food, such as cream and butter in mashed potato, extra milkshakes and daily cakes and treats being offered with regular hot and cold drinks. Staff regularly consulted with people on what types of food people preferred to ensure they met their diverse needs.

People were supported to access healthcare professionals as needed. Daily records showed people had been referred to their GP and community nurses as well as other specialists, such as occupational therapists. One healthcare professional said the service was quick to refer to them as needed and followed up on any advice given.

The service had considered how the layout and design of the building could be more dementia friendly. For example, they used clear signage and pictures to orientate people to where bathrooms were. Staff wore bright clothes instead of uniforms.



# Is the service caring?

## Our findings

Garson House continued to provide a caring service where people enjoy a homely atmosphere and their wishes were taken into consideration.

People said staff were caring and kind towards them. One person said "Staff are very kind, they help me with anything I can't do for myself." And "Staff are lovely, very caring." One professional said "I find all the staff very, very caring."

Our observations showed people mattered. Staff had developed strong bonds and relationships with people and those who were important to them. One relative said, "I feel like part of the family here. They really make you welcome." Staff considered people's diverse needs in the way they communicated with people. For example, for one person who had a sight impairment, care staff talked through where they were guiding them in a reassuring manner. Another person had a hearing impairment. Staff spoke to them only when they had eye contact. When one person was wandering around and appeared distressed, staff spoke to them in a kind and caring way. They were gently encouraged to return to the communal lounge.

People's privacy and dignity was respected at all times. Staff showed how they achieved this in their daily care and support. For example, always ensuring bedrooms doors were closed when attending to personal care. Staff described other ways they respected people's dignity and ensured their diversity was celebrated. For example, making sure people who enjoyed wearing make up and jewellery were assisted to do this each day. Staff understood the importance of ensuring people felt good about themselves. Staff were seen to compliment people on their hair and clothes.

The service had received many thank you cards and letters, which described the service as caring and compassionate. Some comments included, "Thank you for the wonderful care you gave (name of person). Garson house is a very special place and it meant a lot to us to have (name of person) back in Lynton." And "Thank you so much for the love and kindness you showed (name of person). Thank you for the welcome you and your staff gave us every time we came."

The service understood the importance of assisting people to maintain their relationships with friends and family. Most people who lived at the service were local to the Lynton area and this was important to them; to remain in the village they knew with people they shared memories with.

The service offered people good end of life care, if they chose to remain at the service. One healthcare professional said, "They work very closely with us so people can remain here for their final days." The deputy manager said she and other staff had completed training in end of life care and worked closely with the community nurse team to ensure people were comfortable in their final days. This meant people were cared for at the end of their life by staff who had been trained to ensure good quality care and support was delivered.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's current and changing needs. People received personalised care because the core team of staff knew people well. Staff understood what daily routines and preferred ways of being supported each person had.

The provider information return (PIR) explained how the service developed a person centred plan for each person. It stated "On admission we have a meeting with the resident and family members so that we discuss their needs and requirements strengths, areas that need assistance, likes and dislikes their wishes, interests, any history they are willing to divulge to us. We make a person centred care plan of the individual which is then agreed with the resident or family." Care plans gave clear instructions to staff about how to provide care and support to ensure people's needs were being met and honouring their preferred routines.

People received care and support which was responsive to their needs. People said their call bells were answered promptly. One person said "We can get up when we want and go to bed when we like."

People enjoyed a variety of activities including paid entertainers. One person said "We had some lovely singers in yesterday, they were excellent." Another person talked about a visitor who came with a dog which they enjoyed. The staff ensured people had stimulation of games, music, walks out to the local shops and cafes, as well as sitting and chatting.

The service had various ways to ensure people and relatives had a voice and could air their views. This included meetings and less formal one to one time with staff. There was a complaints process which people had a copy of when they first came to live at the service. There had been no new complaints over the last 12 months. The service also used surveys to gain people's views about the types of activities and menu choices in the past but found as they were a small service, chatting one to one with people resulted in more productive feedback. For example the cook came into the dining area after lunch and checked people had enjoyed the options offered and asked if they would like anything else. People and relatives confirmed they would feel able to raise any concerns and were confident they would receive a full response.

## Is the service well-led?

### Our findings

The service continued to be well led in providing a homely and person centred caring environment for people.

The registered manager was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager ensured a positive and person centred culture was promoted where people were put at the heart of the service. This was evident in our observations of how staff worked with people. Everyone knew the registered manager and she spent time talking with people about their wishes and areas of interest. Staff showed they understood what was important to people by their discussions with individuals. For example, talking with one person about different family members and reminding them when they had visited and when they would be due to visit again.

People and staff felt their views were listened to and staff described the management approach as open and inclusive. The Provider Information Return (PIR) stated "I aim to keep an open door to all my staff so that they can see me when they wish. I encourage everyone to have their say at meetings and to feel free to put down any subject they wish to bring up at our meetings on the agenda. I try to deal with any little niggles that staff have straight away. I observe my staff at work and we have informal and formal discussions on our practice." Staff confirmed they felt valued and their suggestions were listened to and actioned.

Systems were in place to ensure people's safety and welfare; These included weekly checks on the environment, ensuring fire safety checks were up to date and staff had fire training to keep people safe. We noted there was a gap on emergency lighting checks, but this was rectified on the day of the inspection. The registered manager said she was going to be asking someone else to take over these regular checks in the near future. Equipment was regularly serviced and a maintenance person was employed to ensure the upkeep of the building.

Garson house maintained strong links with the local community. It was situated in the centre of the village and encouraged people to visit the service with coffee mornings. Similarly, people were supported to maintain links with the local community by taking walks around the village and using the local shops and cafes.

The registered manager understood their role and responsibilities and had ensured the CQC were kept informed of all accident and incidents. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented'. For example, changes to a person's care plan and risk assessment to reflect an increased risk of falls or wandering.

The previous CQC certificate was on display in the main entrance. This meant the public and staff were kept

informed, in accordance with the regulations.