Garsewednack Care Home Limited

Garsewednack Residential Home

Inspection report

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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

Garsewednack is a care home which provides accommodation for up to 21 older people who require personal care. At the time of the inspection 21 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We inspected Garsewednack on 18 January 2017. The inspection was unannounced. The service was last inspected in December 2013 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them.

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a satisfactory standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia. However staff had not received any training about the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals.

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered promptly and we observed staff being attentive to people's needs.

Care was provided appropriately and staff were viewed as caring. Comments received included: "I am well looked after here," "Mum is very pleased with everything," "No complaints at all…excellent, very friendly and helpful," and "I would not hesitate to recommend it to anybody."

The service had some activities organised. These activities included, bingo, hand massage, 'games afternoon's' Karaoke, and quizzes. However people who used the service said they would like more variety of activities and the opportunity to go out on trips. As a consequence we have recommended the registered persons review the current activity programme.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

Most people were happy with their meals. Everyone said they always had enough to eat and drink. People said they were provided with a choice of meals. People said they received enough support when they needed help with eating or drinking.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. There were suitable systems in place to measure, and as necessary improve, the quality of the service.

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 was safe

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

The service was clean and well maintained. Systems and procedures to ensure health and safety was maintained, and to assist the prevention of infection and cross contamination, were satisfactory.

Is the service effective?

Good

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good

The service was mostly responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Some activities available for people who used the service, although people said they would like more variety of activity, and the opportunity to go out.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Garsewednack Residential 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.

We visited Garsewednack on 18 January 2017. The inspection was carried out by two inspectors. The inspection was unannounced.

Before visiting the service we reviewed information held about the service. For example we reviewed notifications of incidents. 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 potential areas of concern.

During the inspection spoke with nine people who used the service. We had contact (either through email or speaking to) with ten relatives. We also spoke with the registered manager, the registered provider (owner of the service) and six members of staff. Before and after the inspection we had written contact with three external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at three records which related to people's individual care. We also looked at three staff files and other records in relation to the running of the service.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period of the first day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and with the staff who supported them.
The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. One member of staff raised a concern with us. The registered manager said she was currently gathering information about the alleged incident. She said she would report the matter to the local authority, under their safeguarding procedures as necessary. She agreed to provide CQC with a summary of the investigation, and its outcome, once it was completed. Since registration there had been one safeguarding issue, which the registered persons reported to CQC. This was investigated by the registered provider appropriately, and suitable action was subsequently carried out.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed regularly and updated as necessary. People were provided with safe moving and handling support where this was necessary. Staff said they had received training about moving and handling, and we were able to check this was the case from the records we inspected. The registered manager said she had just recompleted her manual handling 'training for trainers' training so she had up to date knowledge and skills to teach her staff.

People's medicines was administered by staff. Medicines were stored in locked cabinets, and trolleys. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Medicines were administered by senior carers, and training records showed these staff had received comprehensive training. Staff said they felt competent to carry out the administration of medicines. We noted there were no body maps for recording where medicine patches were placed. The senior carer said, following the pharmacist visit the previous day, body maps would shortly be introduced for this purpose. The registered manager said the pharmacist was supportive and medicines' supply and disposal was efficient. The registered manager said one person received 'covert medication' administration. This was because the person refused to take the medicine, and if they did not do this on a regular basis, it could have serious consequences for their health. The procedure used (putting the medicine in food or drink) had been approved by the person's doctor, and there was a letter in the persons file to verify this decision.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries and hairdressing. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded in records.

There were enough staff on duty to meet people's needs. There were some negative comments about staffing levels such as: "Sometimes they are a bit short staffed. Sometimes they have too much to do," "On occasions they have been short staffed," but most comments were positive: "It is very good actually (staffing levels-member of staff)," "They are not rushed, they are very nice,(resident)" "There are plenty of staff, (relative) " and "Yes there are no problems. (relative)" The registered manager said there had been an increase in staffing, particularly due to people becoming more frail and needing assistance with eating. Subsequently one of the senior members of staff would always start working at 6am rather than 7am to help people to get up, and there was an additional shift during the day time. There were also now two domestic staff to help ensure there was a cleaner seven days a week.

On the day of the inspection there were five care staff on duty in the morning, five staff in the afternoon and three staff on duty in the evening. During the night there was two care assistants on waking night duty. The registered manager worked at the service on a full time basis. Ancillary staff such as catering and cleaning staff were also employed. At the time of the inspection staff appeared not rushed and attended to people's needs promptly.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. The service was warm, and had sufficient light. We received positive comments about the environment such as, "It is warm and comfortable," and "It looks like a home for their generation."

Appropriate cleaning schedules were used. Hand gel was available to assist in minimising the risk of cross infection. Staff wore uniforms and had aprons available to them to assist in preventing cross infection.

We were told the laundry service was generally efficient, although one person said some items had disappeared. The registered manager said she would discuss this matter with the person concerned. One person also had underwear in their bedroom which did not belong to them. We saw there were appropriate systems in place to deal with heavily soiled laundry. There were no offensive odours.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested and was deemed as safe. Records showed manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.

We found hot water in bathrooms to be very hot. There were signs warning people this could be a possible danger. We discussed this matter with the registered persons. We were told people did not bathe unsupervised by staff. The registered provider said control valves would be fitted to hot water outlets to ensure water was not too hot. The registered manager said there had not been any incidents where people had been scalded, and a risk assessment was in place to minimise any dangers.

Two step ladders were left out on the upstairs landing. This was reported to the registered manager who said they should have been put away in the cupboard. She said she would arrange for these to be safely stored.

Good

Is the service effective?

Our findings

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service she spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff would also complete required e-learning. New staff also worked alongside more experienced staff before being expected to complete shifts. The registered manager said the induction period usually lasted two weeks, although for some people this may be longer "Until they (the new member of staff) felt confident" to work unsupervised.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The registered manager said new staff, who had not previously worked in care, were required to do the Care Certificate. The registered manager said two new members of staff were due to complete the Care Certificate through a local college so they would receive professional tuition to develop their skills and knowledge.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about dementia awareness. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager. Staff told us they felt they could approach senior staff for support and advice should this be necessary.

People told us they did not feel restricted. However, due to some people having dementia, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions 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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. People had mental capacity assessments on their files. Where authorisations had been obtained to deprive people of their liberty, these authorisations were maintained on files. We noted that the majority of staff had received no formal training about the Mental Capacity Act and Deprivation of Liberty Safeguards. We discussed this with the registered manager who said she would arrange for staff to have training in this area.

The registered manager said it was not necessary to use any restraint techniques, or other techniques due to people presenting behaviours which may challenge others.

People were generally happy with their meals. Most people liked the food although some people did say it could be improved. For example one person said "It has no taste to it." Another person said they had sausages twice in one week, and the quality of the sausages could have been improved. They said when they had raised this matter they felt 'told off' by the response of the staff member who they reported it to. The registered manager said she would take this matter up with staff, but sausages should only be served fortnightly. The registered manager also said senior staff should ask people, at the end of meals, if they enjoyed their food. Subsequently any comments about meals were always recorded for monitoring purposes. However most comments were positive such as: "Mum likes the food," "Lovely," "Freshly prepared," "They make their own cakes," "Mum loves the desserts," and the "Food is wonderful."

People had their breakfast in the lounge or in their bedrooms. We were told people could have breakfast in the dining room, but on the day of the inspection there were no tables laid up for breakfast. Breakfast time was flexible, usually between 6 and 9:30am depending on when people got up. Lunch was at 12:30, and evening tea was at 5pm. We were told people could have a snack in the evening, and a hot drink was usually served at 7pm.

At lunchtime we observed that everybody had enough to eat and drink. Staff said, because Garsewednack was a small service they knew people's individual likes and dislikes. A choice of meal was available to people. The menu was displayed in the hallway. Senior staff would go around the service each morning and ask people individually what they would like for their lunch and evening tea. People were regularly offered cups of tea, coffee or a cold drink. The cook said a birthday cake was made for each person, and she did her best to make everyone the kind of cake they enjoyed.

At lunch time, either in the dining room, or in their bedrooms, we observed people receiving appropriate support to eat their meals. Lunch appeared to be hot when served and the people who lived in the service appeared to enjoy it.

The registered manager said the cook had appropriate formal training in food and hygiene. The registered manager said people who used the service were consulted monthly about the menu, and this was adjusted as appropriate. The registered manager said people regularly had fresh vegetables, although we noted these were not always listed on the menu. We were told there was consultation with speech and language therapy professionals if any people were at risk of choking, or if they had difficulties eating, drinking or swallowing. We were told the service currently did not have any people who had diabetes, or who had any special diets

due to health, ethical or religious reasons. Some people did have pureed meals and the cook ensured these meals were always served with the different components pureed separately.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. The registered manager said external health professionals were supportive and responsive to the needs of people who lived at the service.

The service had appropriate aids and adaptations for people with physical disabilities such as bath chairs to assist people in and out of the bath, and a stair lift. The service's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The registered manager said that the decorators were due to come to the service shortly to decorate shared areas such as the hallways. The service was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable

Good

Is the service caring?

Our findings

Relatives were positive about the care people received from staff. Comments included: "Mum likes the staff," "(Staff) are really kind to (my relative)." "Staff are nice and friendly," and "Staff are approachable, friendly and very nice."

We observed staff working in a kind, professional and caring manner. Staff were judged to be patient, calm, and did not rush people. Staff provided personal care discreetly. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

The registered manager said 'Resident Meetings' occurred every six weeks. Various topics such as the menu, the service's environment, activities and entertainment were discussed. The registered manager said she regularly met with relatives, and was always available to them should they have any questions. All people were given a contract of care, once their terms of residency had been agreed. A copy of the 'Service User Guide' which contained information about Garsewednack and services offered was kept by the front door of the service, along with the most recent CQC inspection report.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was limited information about the person's personal history, for example their family and work life. The registered manager said the current system was due to be replaced shortly with an electronic system and we saw an example of how a care plan would look once the new system was introduced. The registered manager said where possible care plans were completed and explained to, people and their representatives.

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable. The registered manager said bedrooms are redecorated when they become vacant so they are fresh and welcoming for the new occupant.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also to one of the lounges if they wanted to meet with visitors.

Good

Is the service responsive?

Our findings

People and relatives were very positive about the care they received from staff. For example comments included people told us "Most of the people are very nice," and "I have no complaints whatsoever," Relatives said: "All are just lovely," and "(My relative) is 100% better than when she lived at home." We observed staff acting in a kind and considerate manner. When people rang call bells for help these were answered promptly

Before moving into the service the registered manager told us she went out to assess people to check the service could meet the person's needs either at their homes, or at hospital. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. Local authority and/or health assessments were obtained where possible.

Each person had a care plan. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. Records showed care plans had last been reviewed in December 2016, and on three previous occasions in 2016. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged organised activities for people. Activities were organised by the staff on duty and there was no dedicated activities organiser. The registered manager said a monthly activities plan was drawn up by staff. We were told external entertainers visited fortnightly. External entertainers included a Frank Sinatra tribute act; guitarists, an exercise facilitator, and someone who had given a slideshow of historical events had visited. Relatives told us most activities were facilitated by staff. Activities provided included bingo, hand massage, 'games afternoon's' Karaoke, and quizzes. Staff would also facilitate sessions where people had their finger nails painted, or would offer people a foot spa. Some people had newspapers or magazines delivered. We were told the library did not visit, as there was currently no demand for books. We were told the Baptist church visited the service on a monthly basis to provide a religious service.

Feedback about activities was mixed. Some people were satisfied. For example one person said "I like to go out in the garden." One relative said activities were "Absolutely brilliant." However other people said "There are not as many activities as I would like to see. When we queried this they said they do not have the staff," "I don't do much. I have not been out of this building for a hell of a long time," "There is not much to do," "Activities did not always happen." Suggested activities by people we spoke with included "hire a minibus" so there could be trips out to the supermarket, or for a drive; baking or crafts.

The registered manager said there was a complaints policy in place. Relatives and people were informed of this when the person moved into the service. People said if they had any concerns or complaints they would

feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. We were told "I have not had to complain but would be confident to do so." People said they felt confident appropriate action would be taken if they raised a concern. A record of any complaints made was kept, with a record of what actions were taken to resolve the concern. The registered manager said there had been no recent formal complaints.

We recommend current activities provision is reviewed to offer more variety of activities and for people to have regular opportunity to go out.

Good

Is the service well-led?

Our findings

People and staff had confidence in the registered persons (owners and manager of the service.) There were positive comments about the new owners of the service, who were registered with CQC in April 2016. These included "She is a nice person," and "They are really nice people." People also told us the registered manager was approachable, and helpful. The registered manager was observed engaging very well with people who used the service. Comments we received about the registered manager included: "She is as good as gold," "She is absolutely fantastic," and "Approachable, open and friendly."

Relatives were positive about the culture of the service. For example we were told, "It feels like home," "They are doing their best," and "They do a fantastic job." An external professional described staff as "Very helpful," and "Caring and friendly." A staff member said "I like this job as I am helping people. It is making people happy and that is what I like to see."

Staff were positive about the culture of the team. Staff told us: "This is the best team we've ever had here," "It is a nice place to work, we all help each other out, "and "Everyone is a team player." Most staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

The registered manager worked in the service full time, and worked alongside staff. The registered manager said she was on call when she was not at the service.

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare.

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, people's monies, meals and catering, training provision, accidents and falls. A monthly audit report was completed. We were told a survey of relatives and people who use the service was due to be completed.

The registered provider said she had appointed a care consultant who was visiting the service on a quarterly basis to review current practices and help improve these where necessary.

We were told the new owners were planning to replace the existing fire alarm, replace the current office and laundry facilities, ensure some of the communal areas were redecorated, and introduce a new electronic care planning system.

The registered manager said the registered provider (owner) visited regularly. There were formal handovers between shifts. Staff told us team meetings only occurred irregularly and we did not see any records for any recent meetings. The registered manager said currently no staff meetings took place as they had "not been effective" in the past. We were told the senior care assistants did have occasional meetings to discuss any

issues relevant to the service.

The registered manager was re-registered with the CQC in 2016, following a change of ownership of the service. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.