Mr & Mrs N Brazier

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

Overall summary

Garsewednack Residential Home is a care home which provides accommodation and personal care for up to 21 people. At the time of the inspection 21 people were using the service. Some of those people were living with dementia. Some people had physical or sensory 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 on 8 and 9 September 2015. The inspection was unannounced. The service was last inspected on 6 May 2014 and 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, “I love it here, to me, this is home,” “people have been very kind to me”

Summary of findings

and “Everyone has been very helpful and kind.” Staff were friendly and carried out their duties to a high professional standard. There was a calm atmosphere and people did not appear rushed. Staff understood their work and were committed to the people who lived at Garsewednack. Records showed there were satisfactory recruitment processes, and staff had undertaken basic training, such as moving and handling and fire training, as required by health and safety regulations.

The medicines system was well organised, and people told us they received their medicines in a timely manner. People had access to a general practitioner (GP), and other medical professionals such as a dentist, chiropodist and an optician. However records of some medical support were not always consistently kept to a good standard.

There were satisfactory numbers of staff on duty to keep people safe and meet their needs. People who used the service told us staff worked professionally to meet their needs. For example we were told “They are very nice staff,” and ”they are very good to us here.” People said if they pressed the call bell, staff would come quickly to provide them with assistance.

People told us they could spend their time how they wanted and were able to spend time in private if they wished. Some activities were available for people. Most people were happy with the activities provided, although some people said they would like more to do, and would like the opportunity to go out on trips.

Care files contained suitable information such as a care plan, and these were regularly reviewed. People’s capacity to consent to care and treatment was suitably assessed in line with the Mental Capacity Act (2005). People said they did not feel restricted. For example one person said “I am free, within my capabilities, to do what I want.” If restrictions were necessary, for example to protect people from a high level of personal risk, appropriate referrals to the local authority had been made.

People said they enjoyed the food, and we were told regular drinks were provided. For example one person said “The food is excellent.” People had a choice of eating their meals in the dining room or their bedrooms. People said they were provided with cold drinks, and regular teas and coffees during the day

One person raised a concern about their care, which was referred to the registered manager. Everyone else who we spoke with was very happy with the standard of care. People said if they did have concerns, they would feel confident discussing these with staff or with management. People said they were sure that staff and management would resolve any concerns or complaints appropriately.

People felt the home was well managed. For example we were told the registered persons were “ordinary people,” who would spend time with them, and listen to how they felt about the service. There were satisfactory systems in place to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

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

People were supported with their medicines in a safe way by suitably trained staff.

There were enough qualified staff on duty to keep people safe and meet their needs.

Good

Is the service effective?
The service was effective.

People told us they did not feel restricted, and they had a choice how to live their lives.

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

Staff received regular training so they had the skills and knowledge to provide effective care to people.

People had satisfactory access to doctors and other external medical support, although the quality of recording of some medical input was sometimes inconsistent.

Good

Is the service caring?
The service was caring.

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

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

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

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

Good

Is the service responsive?
The service was responsive.

People received personalised care and support which was responsive to their changing needs.

Care plans reflected people's individual care needs and were regularly reviewed.

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

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People who used the service, and staff who worked at the home said management ran the home well, were approachable and were supportive.

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

The home had a positive caring culture.

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 Residential Home on 8 and 9 September 2015. The inspection was carried out by one inspector. The inspection was unannounced

Before visiting the home we reviewed previous inspection reports and other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the two days of our inspection visit we spoke with fifteen people who used the service and two visiting relatives. We also spoke with the registered manager and five members of staff. We inspected the premises and observed care practices on both days of our visit. We looked at six records which related to people's individual care. We also looked at ten staff files and other records in relation to the running of the home.

Good

Is the service safe?

Our findings

People who lived at Garsewednack Residential Home told us they felt safe. Comments we received from people who used the service included; "I feel completely safe, the staff are wonderful, nothing is too much trouble," and "Yes I am safe, there are no problems there."

The service had a safeguarding adults policy which reflected current good practice guidelines. All of the care staff had a record of receiving training in safeguarding adults. Staff understood what action they should take if they suspected people were being subjected to abuse. For example we were told "There is no bad practice, no shouting, if there were any problems I would report these to the manager." Staff said they were confident any allegations would be appropriately investigated by management and resolved professionally.

Care plans included risk assessments which identified any potential risks, for example from events such as falls and pressure sores. There was evidence risk assessments were regularly reviewed and updated as necessary. We observed care staff helping people to safely move around the home. Suitable equipment such as hoists and stand aids was available.

The registered persons held money for some people to enable them to make purchases of small items and for hairdressing and chiropody. These monies were held securely in a safe. We were told the safe was only accessible to senior staff. The registered manager said if senior staff were not available a small float was made available to care staff so people could purchase any items they required. Receipts were kept to account for monies received and spent. We checked the records against monies held for people and found these to be correct.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and to subsequently reduce people's risk. Staff worked with relevant external professionals if individuals had repeated falls, a person's health needs had changed, and/ or additional equipment was required.

There were suitable numbers of staff available to meet people's needs. Staff rotas showed there were three members of staff throughout the day and evening from 7:30am until 9pm. During the night there was two members of staff on a waking night duty. Each morning there was a cook and a cleaner on duty. The registered manager said the registered provider was planning to provide an additional 11am to 3.00pm shift during the day to assist people with their personal care.

The service had a satisfactory recruitment process. Checks completed on staff included two references and a Disclosure and Barring Service (DBS) check which ensured the person did not have any previous criminal convictions.

Medicines were stored and administered safely. Staff were aware of what medicines people needed to take and when. None of the people, who lived in the home, self-administered their medicines. We asked people if they received their medicines on time and nobody said they had to wait unnecessary periods of time to receive their medicines. Medicine Administration Records (MAR) were completed correctly. A suitable system was in place to return and dispose of medicines. Medicines which required either refrigeration or to be kept more securely were suitably stored and additional necessary records were kept. Training records showed staff who administered medicine had received suitable training, although one person required this training to be updated. The registered manager said all the staff that administered medicines would be retrained later in 2015.

The environment was clean and well maintained. The boiler, electrical systems, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed the stair lift and manual handling equipment had been serviced. There was a system of health and safety risk assessment. There was a policy, and system in place to minimise the risk of Legionnaires' disease. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. The Environmental Health Officer had recently visited the home and was satisfied with catering arrangements.

Good

Is the service effective?

Our findings

People told us they did not feel restricted. For example one person said " I can get up and go to bed when I want," and another person told us "I can do what I like." From our observations of care provided, we saw no evidence people felt overly restricted, or could not make decisions for themselves. We were told "No one restricts me, I can do what I like."

Staff were knowledgeable and demonstrated a good understanding of the needs of the people who lived at the service. Staff received an induction when they started working. We were told this included on line or DVD based training, shadow shifts with more experienced staff, and the reading and explanation of appropriate policies and procedures. An induction checklist was completed for each new staff member. The induction checklist was concise but lacked necessary detail. We were shown an additional checklist which was also used, although this had not been fully completed for the person concerned.The registered manager said the service was in the process of introducing a new induction process in line with the new expectations outlined by Skills for Care. For example this could be used as preparation by some staff to obtain the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow.The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide suitable care and support for people.

Staff had received suitable training to carry out their roles. Staff had received the training required by the service. This included manual handling, food hygiene, infection control, the needs of people with dementia, and safeguarding. Senior staff were trained in handling medicines and first aid. Some staff had completed National Vocational Qualifications (NVQ's) in care, and others were currently enrolled to complete care diplomas.

Staff received one to one formal supervision with a manager. Records of supervision were kept in personnel files. Staff said the owners and the registered manager were approachable, and managers would assist staff members if they had any queries or problems.

Care files contained information if people lacked capacity to consent to care and treatment. This was assessed in line with legislation and guidance. People told us they did not feel restricted by staff. People said they could make choices such as how they wanted to spend their time, what they wanted to eat, and what they wished to wear each day. Everyone said they were given a choice of when they got up and went to bed each day.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A service needs to consider the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment.

Systems were in place to assess people's mental capacity in line with the requirements of the MCA. The registered manager said DoLS applications had been completed for some people. The majority of care staff had received training on the Mental Capacity Act (2005). The staff we spoke with showed a basic awareness of the legislation, and of people's rights as outlined in the MCA.

People told us the food was, "lovely…there is plenty of it," and "excellent." There was not a formal choice each day for the main meal. However people told us the staff would inform them each morning what was for lunch, and if they did not like what was planned an alternative would always be provided. People were offered hot drinks each morning, afternoon and in the evening. People received suitable help to eat their meals, for example if they needed food to be cut up.

Prior to the inspection the Care Quality Commission received a concern that someone with a special diet was not receiving the correct foods. However, the needs of people with special diets were appropriately documented in their care plans. From our discussions with people, staff and the registered persons we were satisfied the service provided for people with special diets. The Environmental

Good

Is the service effective?

Health Officer, from Cornwall Council, also investigated a similar complaint. They informed us there was no evidence that food handling arrangements were not sufficient to cater suitably for the person.

People told us they could see a GP when they requested one. Some people frequently saw a district nurse for example to check wounds and/or dressings. People said they could see other medical practitioners such as a chiropodist, dentist or an optician. Notes from GP consultations were kept and were comprehensive. There was however limited or no information, for some people, about when they last saw a dentist or an optician, although records for others was to a good standard. It was not clear from their records if these people had seen a dentist or optician , or if they did not want or need these services.

The home had been suitably adapted to meet people's needs. For example for people with a physical disability there were hand rails, a stair lift, assisted baths and the toilet seats were raised. People said they could choose to spend time either in their bedrooms or one of the lounges. Everyone said they liked their bedrooms. For example one person said their bedroom was always kept clean and their room was "warm, bright and comfortable." People said they felt the home was always warm enough and there was satisfactory hot water. The service was furnished and decorated in a homely manner, and looked pleasant and welcoming. There was a sun lounge, and a garden with outside seating. We were told people were pleased with the sun lounge, which had been built approximately eighteen months ago. However some people said the room could get too hot in the summer. All areas of the home were readily accessible to the people who lived there.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. For example people told us; “the staff are wonderful; nothing is too much trouble,” and the staff are “very kind to me.” The relatives we spoke with were also positive, and said the staff are “wonderful” and “everyone has been very helpful and kind.” Staff we spoke with said the home was “really good“ and “it is a happy place…the staff are all lovely.” Staff said they had no concerns about colleagues’ practice, and felt staff were caring. Staff said they would challenge their colleagues if they observed any poor practice, and they said management would take appropriate action if any member of staff was unprofessional or acted in an abusive manner.

The majority of people said the staff who worked with them did not rush them. One said they would like staff to work more gently with them, when they were getting dressed. We did not receive any other negative comments. However we have reported the matter to the registered manager to monitor, and to discuss with staff.

People said they received care in a way they wanted. For example one person said “I can get up and go to bed when I want, and I can do what I like.” The people we met were all well dressed and looked well cared for.

Peoples’ care plans outlined their needs, likes and dislikes, and included information about their lives prior to moving into the service. The people we spoke with had limited awareness of, and said they had not been involved, with their care planning. The manager told us that the person’s nearest relative was always involved in drawing up a person’s care plan, and where possible the person themselves was involved. The registered manager said it was often difficult to involve people with care planning due to people’s illnesses or dementia. Staff did inform us they would always try to involve people in making day to day decisions such as when people wanted to get up, what they wanted to wear, and what they wanted to eat.The people we spoke with confirmed this was the case. People said they were happy with how their care was given,and did not want any changes.

Staff interactions we observed were all positive. People were not rushed, and staff spoke with people when they were assisting them. For example we observed staff assisting people to go to the dining room, prior to the lunch time meal. Staff helped people to take their time, complemented people on their appearance, and people’s ability to do things for themselves. People were also given the option whether they could have their meals in the lounge or if they wanted to go through to the dining room. We observed there was much kindness and laughter, in many of the interactions between staff and people.

People were able to make choices about their day to day lives for example if they wanted to spend time with others in one of the lounges, or if they preferred to spend time alone in their rooms. People told us they chose what time to get up and go to bed, and how they spent their day.

Staff interactions were friendly, patient and respectful. Staff were suitably discreet when providing care for people, for example bedroom doors were always shut when care was being delivered. Staff took the time to speak with people as they supported them.

People told us the staff enabled them to be as independent as possible. For example one person said it was their choice if they wanted to spend time on their own, or sit with others in the lounge. One person told us they would regularly go for a walk outside the home. People said their privacy was respected for example, by staff always knocked on their doors prior to entering and their care not being discussed in front of others. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments.

Good

Is the service responsive?

Our findings

People told us the service was responsive. For example one person told us “Nothing is too much trouble.”

People had their needs assessed before they came to live at the home to help ensure the home was able to meet their needs, wishes and expectations. There were copies of pre admission assessments, completed by a senior member of staff, in people’s files. People confirmed somebody had met with them to discuss their needs before to them moving into the home.

Care files were stored securely in the office. Care plans contained appropriate information to assist staff to provide the person with suitable care. Care plans also contained suitable assessments for example regarding the person’s diet, continence, physical health, and behaviour. There was limited information regarding people’s mental health for example outlining if they had any mental health diagnoses, and if they were subject to any restrictions.

Risk assessments were completed with the objective of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were reviewed, at least on a monthly basis, and updated according to any changes in the person’s needs. Staff were aware of individuals’ care plans, and told us care files were accessible to them.

Throughout the two days of our inspection we found staff interacted appropriately with people. People who spent the majority of their time in their bedrooms said staff checked on them regularly. People were free to spend time in their bedrooms or go to the lounge as they wished.

People had call bells in their rooms and staff responded to these quickly. One person told us “The staff do their best, they will answer the bell as promptly as they can.” This showed people were able to call staff for assistance if they needed help.

People were supported to maintain contact with friends and family. Relatives told us they were made welcome and they were able to visit at any time. People could meet with visitors in the lounge, conservatory or their bedrooms.

People were able to make links with the local church. People told us there was a monthly visit from the church. There was no library service, although some books were provided and some people said relatives or friends provided them with reading material. People could have a newspaper or magazines delivered.

The service kept a record of activities which were organised each afternoon. These included bingo, foot spas, hand massages, reminiscence, and group games. Entertainers also visited on at least a monthly basis. These included musicians and singers. People had mixed views about the activities. Some said they enjoyed what was on offer; for example “ We enjoy a game of bingo or we play snakes and ladders;” Others were not aware of any of the activities for example one person said “There is nothing to do;” Some people said they were happy to occupy themselves. Others said there could be more activities for example saying the service did not provide any activities outside and some people said they would appreciate having outings. Some people said their relatives or friends would take them out. Overall arrangements regarding activities were judged as adequate.

Staff and people told us there were occasional ‘residents’ meetings where people had the opportunity to discuss their views of the service and any suggestions for improvement. The last minuted meeting occurred in July 2015.

People and their relatives, said they would feel confident approaching staff or management if they had any complaints and people felt any concerns they raised would be taken seriously. However none of the people we spoke with, said they had previously had the need to make a complaint or raise any concerns. For example one person said “I cannot criticise them in any way.”

Good

Is the service well-led?

Our findings

People and their relatives had confidence in the management and senior staff. People said the registered persons were approachable and responsive, and had a good working knowledge of the day to day running of the service. One person described the manager as "lovely, she is one of us." Another person said the owners were "lovely" and were easy to approach as they were "ordinary people."

Most of the staff were happy with the management of the home. For example one member of staff described the manager as "brilliant" and the service was "a nice place to work." Another person described the manager as "a really good manager…helpful."

On the whole people and staff were very positive about the culture in the home. One member of staff said "it is a very happy place….all the girls (staff) are lovely and the clients are all happy….it is a nice place to work." Another member of staff said "staff are nice, we all get along. There is no bad practice, no shouting." The two family members we spoke with were positive about care standards and the support they received from staff in the home.

There was a clear management structure. The registered providers have another care home in Cornwall but we were told based themselves at Garsewednack several times a week. We were told the registered manager worked at the home Monday to Friday, and where necessary would directly assist with care. There were also senior carers who were responsible for leading each shift.

Several times a year there were separate staff and 'residents' meetings. The last minuted staff meeting took place in May 2015 and the last minuted resident meeting took place in July 2015. We also inspected minutes of senior and management meetings. There was a staff handover each day which helped staff to discuss any concerns about people's welfare and ensure staff worked consistently.

The registered persons monitored the quality of the service by completing regular audits such as of the medicine system, peoples' monies, care plans, maintenance and decorations, recruitment records and staff training. A survey of the views of relatives had also been completed. Copies of the surveys seen were all positive about peoples' experiences of the service.

Records showed that staff recorded accidents and incidents which had happened at the service. The registered manager used this information to monitor and investigate accidents and took the appropriate action to reduce the risk of them happening again.

A registered manager had been in post for several years. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, had been reported to the CQC.