

# Countrywide Care Homes (2) Limited

## Garden Hill Care Centre

### 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?	Outstanding ☆

# Summary of findings

## Overall summary

Garden Hill Care Centre provides accommodation for up to 38 people who require nursing and or personal care. The service user group that can be accommodated at Garden Hill Care Centre are adults over the age of 18. The provider is able to support people with complex nursing needs. The service is over three floors and has a range of communal areas for people to use, including a self-service café for people and their relatives. There were 35 people using the service at the time of the inspection.

At the last inspection on 9 July 2014, the service was rated Good. At this inspection we found the service remained Good.

The registered provider followed safe and robust recruitment procedures. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns. The registered provider ensured there were sufficient numbers of staff on duty to support people with their assessed needs. Risks to people and the environment were assessed and plans put in place to mitigate any identified risks. Policies and procedures were in place to manage medicines. We saw nurses administering medicines in a safe manner. This meant the service was acting appropriately to keep people safe.

The registered provider had a robust training plan in place to ensure staff were appropriately trained to meet the needs of the people using the service. Staff were supervised in their roles and received an annual appraisal to aide their personal development. People were provided with a healthy and varied menu to meet their nutritional needs. People are 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 support this practice. This meant the service were effective in meeting people's needs.

People were supported by kind and attentive staff. People were supported in a respectful dignified manner. Staff discussed interventions with people before providing support. Advocacy services were advertised in the foyer of the service accessible to people and visitors. Staff knew people's abilities and preferences, and were knowledgeable about how to communicate with people.

On the day of the inspection there were two nurses on duty and six care workers as well as the activity coordinator. This meant there were two care workers on each of the three floors. Staff used walkie talkies to communicate between floors.

Care plans were individualised and person centred focussing on people's goals, skills and abilities. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date. People had access to health care when necessary and were supported with health and well-being appointments. The registered provider had an activity planner with a range of different activities and leisure opportunities available for people.

The registered provider worked closely with partners and other organisations to ensure current practice was

being followed. The Royal College of Nursing accredited methods were being used to develop staff to meet the needs of the service by training care workers to deliver a higher level of support under the direction of nursing staff. The registered provider had received an award in 2015 and 2016 where they were within the top 20 care homes in the North East. The registered provider had a robust quality assurance process in place to drive improvement in the service. The registered provider demonstrated a positive approach to developing the service by supporting and nurturing staff's personal development in the work place.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Outstanding.	<b>Outstanding</b> ☆

# Garden Hill Care Centre

## **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 comprehensive inspection took place on 8 and 14 December 2016. The first day of the inspection was unannounced.

The inspection was carried out by one adult social care inspector. An expert by experience attended on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in supporting older people and older people living with dementia.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the clinical commissioning group (CCG) and the local Healthwatch.

We spoke with four people who used the service and three relatives. We also spoke with the quality assurance manager, finance manager, registered manager, the deputy manager, a nurse, two care workers, ancillary staff, the maintenance person and three health care professionals. We looked at a range of records which included the care records for four people, medicines records for eight people and recruitment records for four care workers. We looked at a range of records in relation to the management of the service.

# Is the service safe?

## Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "It's alright here, I am looked after, look around its lovely." One relative told us, "We are more than happy with the home."

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke to had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. We found detailed risk assessments to demonstrate people's involvement in risk taking. For example, mobility assessments to include the discussion with people in the use of sensor mats. Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls and moving and assisting procedures.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a three monthly basis. Medicine administration records (MAR's) that we examined were completed correctly with no gaps or anomalies.

There was enough staff to support people's needs, with dedicated numbers on each of the units. On the day of the inspection there were two nurses on duty and six care workers as well as the activity coordinator. This meant there were two care workers on each of the three floors. Staff used a walkie talkie system to communicate as the home is over three floors. One care worker told us, "It's good to know you can get help when needed." Staffing levels were monitored by using a dependency tool. This included information about specific areas of need which were assessed to answer to ascertain the number of staff required. For example, numbers of people needing two staff for support, people's mental health needs and any environmental risks.

We found staff followed infection control procedures and were seen to use personal protective equipment where necessary. We spoke with the house keeper who told us, "I have a cleaning schedule in place to cover the whole home. I also carry out the infection control audit, this month I have checked five staff's hand washing techniques to make sure they were doing it right, and they were."

# Is the service effective?

## Our findings

People and relatives told us they felt care workers had the relevant skills and experience. One person told us, "They know how to look after me, getting me my meals and tablets." Two relatives who were visiting their family member both commented on how well the staff supported their loved one. One of them told us, "They are getting used to [person] they are great with [person]."

Care workers were well supported in their role. The registered manager had an annual planner in place for staff appraisal and bi monthly supervision. We found records to demonstrate staff received their appraisal and had supervision on a regular basis. Records we viewed showed care workers had received the training they needed to meet the needs of the people using the service. Essential training included moving and assisting, infection control, first aid and safeguarding.

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). Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations.

Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. They told us about the strategies they used to support people with decision making. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. This meant people's independence was maintained and they retained control over aspects of their lives.

We found people were offered a varied and nutritious diet. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements. We ate our lunch with people in the dining areas and observed staff supporting people in a safe manner, people were not rushed and were offered a choice of corned beef or sausage and jacket potatoes were also available followed by a hot pudding, fruit or yogurt. Fluids were readily available throughout the meal. People were supported with drinks and snacks throughout the day.

Care records confirmed people had access to external health professionals when required. We spoke with two visiting health professionals during our visit. They told us they felt people were, "Very well cared for". They went on to confirm the provider made appropriate referrals to their service and other professionals, such as dieticians.

Garden Hill Care Centre was spacious with ample space for people who used specialist chairs. Communal areas were set out with easy chairs, televisions and or radios available for people to watch/listen to. Signage was in place for people to navigate their way in the home, such as toilet signage and exits. The choice of décor, furnishings and flooring had been discussed with people during meetings to ensure their choices

were acknowledged. Notice boards were in place so people and relatives knew who was on duty and what their role was. Equipment was in place to meet personal care needs, for example, specialised baths.



## Is the service caring?

### Our findings

People and relatives gave us positive views about the care provided in the service and felt staff were kind, considerate and caring. One person told us, "The girls are lovely and will do anything for you." One relative told us, "I can't believe how kind they all are, [family member] has not been here very long but they have taken no time to get to know what he likes and doesn't like."

We observed care workers showed affection throughout their interactions with people. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate. Staff were respectful of people's cultural and spiritual needs. The registered manager told us translation services were available for people who did not have English as a first language.

People were cared for by care workers who knew their needs well. People were treated with dignity and respect. Care workers told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them.

Care workers supported people to meet their choices and preferences. People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, eating meals or getting washed.

We saw people had end of life care plans in place where appropriate. These were detailed and personalised and reviewed on a monthly basis to reflect people's wishes. The registered manager was an experienced nurse who led a team of qualified staff who were experienced in palliative care. The service had a palliative care register in place with the local GP's. We saw this was reviewed during the GP fortnightly visits. One local GP told us, "They deliver palliative care very well."

Information was made available to people about independent advocacy services.

## Is the service responsive?

### Our findings

People and relatives told us they felt the service provided personalised care. One relative told us, "They came to see [family member] in the other place, we have talked about how he needs to be looked after, so it's just right for him."

We found people's needs were assessed before and after admission to the home. Each person had care plans that were tailored to meeting their individual needs. We saw these were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. For example, if they liked to have a cup of tea in bed or preferred a bath or shower.

Relatives said they felt involved in the care of their family member on a day to day basis and that the home kept them informed when anything happened.

We spoke with both GP's who were partnered with the home, visiting alternate weeks. Both commented positively on their fortnightly visits to the service. One GP told us they were happy with the standard of care and that the service asked for acute help where necessary. (Acute help means short term treatment or management) The other GP said, "People are kept appropriately out of hospital by the visits, there is strong leadership here." This meant admissions to hospital were reduced and people could remain in their preferred place of care.

People were supported to maintain hobbies and interests. The activity coordinator knew people's preferences and interests. We found planned activities included entertainers coming in to the home, cinema nights, music, games and crafts. Where people enjoyed the television they were made comfortable in the communal areas. The service had entered a provider wide competition for the best Christmas grotto scene, we saw people were involved in the painting of the scene. The service had a coffee shop which is used by people and relatives to spend time together over a coffee. The registered manager had implemented a 3.30pm stop, this meant staff stop what they are doing (depending on tasks) and focus on one to one time with people who are cared for in bed or have communication needs.

We found the provider had a process in place for people, relatives and visitors to complain. Everyone we spoke with said they felt they would be able to complain to care workers or managers if necessary. All complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings.

## Is the service well-led?

### Our findings

People and relatives we spoke to told us the service was well led and that they were involved in the service. One person said, "It's not home but they [manager] really does a good job here." One relative told us, "We did not realise there were homes like this one, it is just amazing. The manager has been so helpful and we are so happy [family member] is here. Another told us, "We are asked about how we feel [family member] is and if there is anything else they could do for them. That tells me they respect our family."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was an experienced nurse who worked alongside staff on some shifts which allowed her to observe the care and support that was provided. They told us, "I do this so I can keep abreast of what is happening on the floor, by working alongside staff I get a feel of how the home is. I also have a walk around the home, to see how everyone is, how staff are working and to get a view of the care being delivered." This showed us the registered manager led by example in her role and was not restricted to the administrative side of management. The registered manager had also completed Level 5 in Health and Social Care and was currently working towards a Leadership and Management Level 5 qualification to enhance her managerial skills.

We found the provider was proactive in supporting staff and nurturing their development thereby improving outcomes for people. We found a person centred, inclusive service with staff who had an understanding of equality and diversity. For example, staff had developed a communication passport for one person whose first language was not English and obtained an interpreter to ensure effective communication between the person, their family and healthcare professionals.

Opportunities for people to engage in activities were provided across the service, adaptations were made for people with communication needs. Relatives felt the service was proactive in supporting people. One relative told us, "They are having more specific training to support [family member] I am so pleased with the whole place."

We found the provider had developed a revalidation program to support nurses in Garden Hill with their revalidation. Revalidation is the process nurses must go through to maintain their registration to practice as a nurse. The service had a 'head of nursing' who had held a NMC (Nursing and Midwifery) workshop on a three monthly basis to support nursing staff. Training for nurses had also been booked from the Royal College of Nursing to deliver up to date guidance on record keeping. We found the provider had a learning pack for clinical skills to support nurses which included both theory and practical learning. The registered manager met regularly with the community matron to discuss any issues or concerns and to ensure best practice was shared and ensured the service developed and provided joined up care.

A number of senior care workers were currently following a newly developed care practitioner programme

(CHAPS). The care practitioner role is to be responsible for providing high quality care to people as directed by and under the supervision of the registered nurse. They will also provide leadership and supervision to empower carer workers and senior carers to improve their skills. During the inspection the clinical skills development manager arrived to finalise one senior carers training.

The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. We found a robust quality assurance process which included audits on areas such as care plans, medicines, accidents and incidents. Audit results fed into a monthly monitoring plan completed by the quality manager. We found records of monthly meetings held with the quality manager and the registered manager where they analysed information about the quality and safety of the service to go over actions and results. Staff were made aware of the values and the vision of the service during their induction. This was reiterated through team meetings and staff supervision. One nurse told us, "The whole team from the manager to carers work to make life better for the people living here. We know what we are aiming for."

The provider had links and worked in partnership with other organisations to make sure they were aware of best practice and changes in care and support. These included Dignity in Care and National Association for Providers of Activities for Older People (NAPA). NAPA is a registered charity for all those interested in increasing activity opportunities for older people in care settings. The service had dementia champions who had a specific interest in disseminating information relating to supporting people living with dementia to staff. Staff had completed 'Food First' a dietetic course and had achieved a gold certificate. This meant the service was proactive in keeping up to date with good practice guidance in relation to meeting people's nutritional needs.

The service also ran 'silver social days.' These are events where outside agencies visited the home such as the local church, Salvation Army, Age UK and the local school so people, relatives and visitors were able to interact and enjoy the social aspect of life whilst residing in the service.

The service had recently won awards in 2015 and 2016 for being one of the top 20 care homes in the North East. The awards were based on over 55,000 reviews & recommendations received from residents and family / friends of residents from 15th February 2014 to 15th February 2016