

Mr & Mrs R M Boundy

# Garson House Care Home

## Inspection report

7 Lee Road,  
Lynton,  
Devon,  
EX35 6HU  
Tel: (01598) 753202

Date of inspection visit: 20 April 2015  
Date of publication: 27/07/2015

### 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

This inspection was unannounced and took place on 20 April 2015. The inspection was brought forward in response to some information of concern the Care Quality Commission (CQC) received about an incident which led to someone having an injury.

Garson House is registered to provide accommodation for up to 13 people requiring personal care. They do not provide nursing care. There is a registered manager which is a legal requirement for one to be in place. A registered

manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Care was well planned and being delivered by a staff group who understood people's needs. Risks were being managed and reviewed in line with people's changing needs. There had been an incident where one person had fallen down some stairs, this was reviewed with the local safeguarding team and commissioners. They were able to

# Summary of findings

conclude people were not at any risk and the provider had taken appropriate actions to ensure this person or others did not have access to the staircase unless they were accompanied by a member of staff.

People living at the home felt safe and well cared for. One person described how they felt safe and comfortable. They said “I could not wish for better, they look after me so well. I feel so lucky to be here and I feel very safe.” One relative said “This is a very special home. I live a long way from the home, but I know my relative is 100% cared for. They phone me if there is any change and whoever you talk to from the staff know my relative’s needs and talk so fondly and affectionately about them, I just know they get the best care possible and this gives me complete piece of mind.”

There was a variety of planned activities for people to participate in. These included accessing the local community where possible. Activities were planned around people’s interests and the provider had recently provided an additional room for people to use as a quiet space. This space had been created by downsizing the office. There was an acknowledgement that some people’s dementia needs were sometimes better met in smaller areas and with smaller groups. Christmas activities had been planned in a very person centred way. Each person was asked how they wished to celebrate the festivities with their friends and family. Some people chose to join a house party and others preferred a more intimate afternoon tea with just their own family. All wishes were catered for showing the service acted within a person centred approach.

Staff were available in sufficient numbers and had the experience and competencies to work with people with complex needs. The provider had ensured for example, that staff had received training in end of life care and understanding dementia. Where people had been deprived of their liberty, using bed rails for example, this had been recorded and was in line with The Mental Capacity Act (2005) to fully protect people.

Staff understood people’s needs and could describe their preferred routines. They worked as a team to provide personalised care and support for people. Health care needs were closely monitored and advice sought from GPs, community psychiatric nurses and other health care professionals as needed. One healthcare professional described the service as being “excellent, a much needed resource for the area” and said “They work closely with the other healthcare professionals to ensure people get the right care and can remain at the home right to end of their life. They go above and beyond what you would expect of a care home.”

Medicines were managed appropriately and people’s health care needs were closely monitored. There had been a recent alert about the fact that one person had not been taken to A&E following a head injury. The GP and registered manager had agreed the best option was for the person to receive treatment in the first instance at the surgery locally; the travel and unfamiliar surroundings of the hospital would have caused the person a great deal of distress.

Staff reported that they felt well supported and had confidence in the management team. Staff felt their concerns, ideas and suggestions were listened to and acted upon. There was a planned training programme covering all aspects of health and safety and some more specialised areas such as working with people with dementia care needs and care of the dying. Staff had regular opportunities to discuss their work and receive support and supervision.

Systems were in place to ensure people and their family had opportunities to have their views heard both formally and informally. Relatives reported they were made to feel welcome and had opportunities to talk to staff and management about any concerns or ideas they had in relation to any aspect of the running 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. There was sufficient staff who had the right skills, training and experience to meet the needs of people in a timely and compassionate way.

Medicines were well managed and audited to ensure people got their medicines on time.

The recruitment process ensured only people suitable to work with vulnerable people were employed. Staff understood the need to protect people from abuse and knew the processes to ensure this happened.

Good



### Is the service effective?

The service was effective. Consent to care and support was considered and acted upon. Staff understood the importance of upholding peoples' rights and working within the Mental Capacity Act 2005.

Staff demonstrated skills in understanding people's ways of communicating in order to ensure choice and consent was given where possible.

People were supported to eat and drink in an unrushed and relaxed way. Menus were planned around individual's needs and wishes to support people to enjoy their food and stay hydrated.

Good



### Is the service caring?

The service was caring. Relatives described ways in which staff showed a caring, person centred and compassionate approach to supporting people.

Staff worked with people in a way which showed respect and dignity was upheld.

Staff talked about how they offered care and support in a personalised and caring way and showed a great deal of compassion and understanding for individuals in their care. Healthcare professionals spoke highly about end of life care being a dignified process.

Good



### Is the service responsive?

The service was responsive. Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People's concerns and complaints were dealt with swiftly and comprehensively.

Good



### Is the service well-led?

The service was well-led. There were clear lines of accountability in how the service was being managed, and the provider/ manager had introduced an assistant manager post to assist them in the overall running and quality assurance.

Staff, people and their relatives said their views were listened to and acted upon.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. This ensured the service was safe and quality monitoring was an on going process.

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 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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included the Provider Information Record (PIR), which asks the provider to give some key information about the service, including what the service does well and improvements they plan to make. We also reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

This inspection took place on 20 April 2015 and was unannounced. The inspection was completed by one

inspector over eight hours. Time was spent observing how care and support was being delivered and talking with people, their relatives and staff. This included eight people using the service and six staff. Following the inspection we contacted five relatives and three health care professionals.

We looked at four care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at three recruitment files, medication administration records, staff rotas and menu plans. We also looked at audit records relating to how the service maintained equipment and building.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Not everyone was able to tell us whether they felt safe. This was because of their dementia or complex care needs. One person said “I feel very safe; staff are all lovely to me and check on me frequently. I have no worries. They look after me really well.” One relative described how their family member was admitted following a series of falls and deteriorating ill health. They described how being in the home had meant their relative was kept safe and gave the family “peace of mind.”

Staff had a good understanding of the various forms of abuse and they knew who to report any concerns or suspicions of abuse to. They were confident senior staff would take action if they reported any concerns to them. The registered manager and assistant manager were aware of their responsibilities to report safeguarding issues to the local authority and CQC. Staff had received training about safeguarding vulnerable adults. There had been two recent alerts made anonymously. On each occasion the registered manager had been proactive in ensuring the right agencies have been kept informed of actions taken. This included ensuring people could not access a staircase where one person had previously had a fall. The safeguarding team and commissioners concluded, people were not at any risk and the provider had taken appropriate actions to ensure potential risks had been minimised.

Risks were being managed appropriately, assessments were in place and these identified how to reduce risks. Risk of falls, pressure damage, poor nutritional intake and moving and handling were assessed and kept under review on a regular basis and as people’s needs changed. Where a risk had been identified, measures had been put in place to reduce risks. For example, where people were assessed as being at risk of pressure damage, their assessment included clear details about the sort of equipment needed to help reduce this risk. This may include pressure relieving cushions and mattresses as well as regular checks from staff to reposition so their vulnerable skin areas were not in constant contact with surfaces. There were two people being cared for in their bed due to their frailty and both had intact pressure areas which showed the measures in place were successful in preventing pressure damage.

There were sufficient numbers of staff with the right skills and experience to meet the needs of people throughout

the day and night. There were three care staff on each shift and a manager throughout the week and two waking night care staff for up to 13 people. They were supported by an activities coordinator, cook and domestic staff.

Staff confirmed there were enough staff available to meet people’s needs. One staff member said “I have worked in a much bigger home previously and was short staffed at times. Here we have the time to spend making sure people are comfortable, we can chat and spend time with them rather than just perform tasks. This place is very well staffed and people get a good service.”

Relatives confirmed there were enough staff with the right skills. One relative said “You could always say more staff would be better, but they are only a small home, so there is enough staff to make sure people are well cared for.” One health care professional commented “Staff are all very knowledgeable about people’s needs. Call bells are answered promptly and the care appears really good.”

Medicines were stored safely in a locked medicines trolley within a locked office. They were stored in an orderly and uncluttered fashion. The trolley was clean and free from any excess stock. Systems were in place to ensure people had their medicines at the time they needed them and in a safe way. We observed a member of staff administering medicines at lunchtime and they used the correct procedures as detailed within the service policy. Staff confirmed they had received training and updates on administration of medication. People confirmed they received their medications when needed and were asked if they needed additional pain relief where appropriate. Audits were completed monthly on the medication records and stock being held. The local pharmacist had recently completed an independent audit and picked up one minor issue which the service have already addressed. Competencies for completing medicine administration were reviewed as part of staff supervision and there were no known medicine errors.

There was appropriate recruitment procedures that ensured staff were safe and suitable to work in the home. Recruitment files showed all staff had completed an application detailing their employment history. Each staff member had two references obtained, and had a Disclosure and Barring Service (DBS) check completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services

# Is the service effective?

## Our findings

People were very positive about the care and support they received and gave comments which supported the fact the service was effective in their approach. For example one person said “Staff are excellent, you only have to ask and they sort whatever you ask for. They know us well and look after us very well.”

Relatives spoke about staff being skilled and knowledgeable about people’s needs. One relative described how their family member had particular needs and how staff ensured these needs were met so that they were kept comfortable and happy. The relative said “Staff really understand my relative needs, they are very kind and caring and respond to any calls out quickly so my relative is not left feeling alone or distressed.”

People were supported to have their needs met by a staff team who understood their needs and had received training and support to work effectively. Staff confirmed they had been offered training in all aspects of their work and were given opportunities to discuss their role in a one to one supervision session with their manager. One staff member said “We are always being offered training and we work very well as a team.” New members of staff received an induction process which included covering national guidance on best practice and areas care workers needed to understand such as dignity, respect and safeguarding. Staff confirmed the induction process was comprehensive and included covering aspects of health and safety and working alongside another staff member with experience for several shifts to ensure they understood their role. The registered manager said they were now ensuring all new staff were working towards the new Care Certificate which has recently been introduced as national training in best practice.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called in. Four healthcare professionals were contacted following the inspection and all spoke highly about the service being appropriate in monitoring people’s healthcare needs and referring to them appropriately when needed. One healthcare professional said “We have developed a very good working relationship with this service and am confident people’s needs are being met.”

Staff handovers showed that staff had a clear understanding of people’s needs. Reference was made to amounts of food eaten at lunchtime with reminders for staff to monitor certain people’s intake. It was acknowledged that because it was a warm day more drinks were being offered to people to keep them hydrated. Staff contributed to the discussion about people’s needs and made suggestions which showed how well they knew people and how they communicated with people within their care. Staff were proactive in checking people’s health care. One person was refusing to drink and staff discussed ways of working with them to try and encourage them to drink more. A plan of action was agreed for a member of staff to take the person out for a while during the afternoon as this was known to lift their mood. Staff felt they may be more successful in encouraging a better food and fluid intake. This showed staff were reviewing the way they worked with people to provide the most effective care and support.

Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person’s best interests. Mental capacity assessments needed to be more detailed to show the specific decision the capacity assessment had been completed for. However staff were able to describe how they worked to ensure consent was gained before any support and care given. Where people were unable to communicate their wishes in words, staff had a good understanding of people’s non-verbal cues such as facial expressions.

Staff said they had received some training in Deprivation of Liberty Safeguards (DoLS) and understood they should not deprive people of their liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager explained they were in the process of making applications to the DoLS assessors for specific people to ensure they were providing the right care and support in the least restrictive way. There were two people currently being assessed as an urgent referral for this type of safeguard. Further applications were being made in respect of the supreme court judgement made in April 2014. This ruling made it clear that if a person lacking

## Is the service effective?

capacity to consent to arrangements for their care, was subject to continuous supervision and control and was not free to leave the service, they are likely to be deprived of their liberty.

People were supported to eat and drink and maintain a balanced diet. Systems were in place to ensure those who were at risk of poor nutritional intake, were monitored and supported to eat and drink at regular intervals. Records were kept of the amounts people ate and drank to ensure their intake was sufficient to keep them healthy. The chef had looked at the nutritional value of all meals planned

and also looked at ways people could have additional fluids through having additional snacks available such as jelly and custard, homemade soups and full fat milky drinks. People were very complimentary about the meals being offered. One person said "The food is second to none. We get just what we want. We can have anything we like." We observed the lunchtime meals being served and people had a variety of options. The chef checked with each person daily if they wanted the menu choices for the day. If not he asked what else they would prefer.



# Is the service caring?

## Our findings

People and their relatives were very complimentary about the care staff provided. One person said “I could not wish for better, they look after me so well. I feel so lucky to be here and I feel very safe.” One relative said “This is a very special home. I live a long way from the home, but I know my relative is 100% cared for. They phone me if there is any change and whoever you talk to from the staff know my relative’s needs and talk so fondly and affectionately about them, I just know they get the best care possible and this gives me complete piece of mind.”

Staff provided care and support in a kind and compassionate way. When assisting someone, staff would make sure they were at eye level to talk to them about what support they were going to offer and waited for the person to respond before they supported them. Where people appeared anxious, staff were quick to respond and offer comfort in a kind word, a hand stroke and a hug. One person said they had been feeling anxious and staff made sure they spent extra time with them reassuring them and offering support in a way which enabled the person to feel more confident with their surroundings and to be able to move from their room to the lounge.

When staff discussed people in the shift handover, they described people in a positive and caring way. For example one person had been feeling anxious and staff talked about positive approaches to enable the person to overcome their anxieties. Staff were proactive in their approach to tackling situations and came up with suggestions to improve people’s mental well-being as well as their physical health. Staff discussed ways to include people in decisions about how they wished to spend their days, about what things they had enjoyed doing in the past and how they could incorporate an aspect of this into their lives within the home. For example one person had enjoyed debating theological issues and although they no longer engaged in this staff talked about spending quiet time with them saying a prayer or reading.

Staff worked with people in a person centred way ensuring their known routines were honoured and care plan information reflected this. For example the ‘this is me’ document was being used and gave detailed descriptions about people’s past lives, what was important to them and how they wished their care and support to be delivered. Staff were proactive in assisting people to stay in touch with their family and friends. One person had arranged to have lunch with an old friend and staff had ensured they could provide support to enable them to meet up and enjoy lunch together without being intrusive. This showed a clear visible and strong ethos in wanting to work with people to provide care within a person centred culture. Each member of the staff team understood this culture and supported people in a way which enabled them to have as much choice as possible in their everyday lives. It was clear people felt valued and cared for by the staff team. One person described the staff as “being part of the family.”

Staff understood the importance of giving people respect and dignity at all times and offered support with kindness and consideration at all times. For example when someone clearly needed some assistance with going to the toilet, staff spoke with them in a very respectful way, being careful not to discuss the situation in front of other people, but still enabling the person to get the support they needed.

Staff talked about how it was a “privilege” to support people to the end of their life. Staff had received training in end of life care and worked closely with the community nurses to ensure people had the right pain relief and care when needed. One health care professional said “They work closely with the other healthcare professionals to ensure people get the right care and can remain at the home right to end of their life. They go above and beyond what you would expect of a care home.” One relative said they were very clear in their mind that “Garson house was the right place for my relative to end their days. The care is second to none and I know they will care right to the end of my relative’s life.”



# Is the service responsive?

## Our findings

Where possible people were asked their views on the care and support they received and this was recorded within their care plan. For example people's preferences about whether they wished to be cared for by female or male staff only. Where people had a dementia type illness a 'This is me' document had been completed detailing their likes, dislikes and preferred routines for being assisting in the morning and their evening routine for retiring to bed. Staff were able to describe people's preferred ways of being supported and cared for and this showed the care plan information helped staff to work in a person centred way.

Care records covered people's personal and healthcare needs, were updated and reviewed regularly by the registered manager with input from care staff. This meant staff knew how to respond to individual circumstances or situations. Comprehensive assessments were in place which were person centred and were frequently reviewed. Daily routines were based on a person's preference and choice. For example, getting up later in the morning and having breakfast when they wanted. Some people preferred to spend their time in their own rooms. This decision was respected, although staff frequently offered these individual's opportunities to spend time in communal areas or to go out for trips to the local shops if they were able. Two people were being supported in bed due to their frailty. Staff supported these people with frequent checks and by sitting and reading or chatting to the people for company and stimulation.

There was a wide range of activities offered each day, both group activities and individual sessions. Some people said they had enjoyed trips out into the local community to visit local cafes and shops. One person said there had been trips out to places of interest, such as Tapely Park, a local historical estate and out for meals.

Activities were planned around people's interests and the provider had recently provided an additional room for

people to use as a quiet space. This space had been created by downsizing the office. There was an acknowledgement that some people's dementia needs were sometimes better met in smaller areas and with smaller groups. Christmas activities had been planned in a very person centred way. Each person was asked how they wished to celebrate the festivities with their friends and family. Some people chose to join a house party and others preferred a more intimate afternoon tea with just their own family. All wishes were catered for showing the service acted within a person centred approach.

People were supported to stay in touch with family and friends as they wished. For example one relative said their family member was unable to write or speak on the phone, but they had stayed in touch with the home via email and was aware staff read out the emails to their relative.

Staff were observed to respond promptly to call bells and any changes to people's needs and wishes that day were discussed in detail at the staff handover meeting held between shifts. For example one person had expressed a wish not to have their main meal at lunchtime, staff discussed what sorts of options the person was known to like and agreed they would offer something more substantial at supper time as well as extra snacks at teatime.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives as part of their information pack. People said they would talk to the registered manager if they had any concerns or complaints. One relative said "You only have to mention something and the manager is straight on it. I have no concerns, this is a really good home." There have been no recorded complaints since the last inspection. Resident and relative meeting minutes showed people were asked for their views and given an opportunity to express their views about the service. Most people had only positive things to say about the staff and service they received.

# Is the service well-led?

## Our findings

The service is run by the registered manager who is also the registered provider. She has a clear vision and ethos of Garson House providing a service which is homely and person centred. Their aim is to maintain people at the home for as long as possible and where requested and appropriate to provide a placement until end of life with the support from the community nursing team.

Staff were clear about the vision of the registered manager and described the management approach as open and inclusive. Staff said they felt their views were asked for, and were listened to as part of the quality assurance of the service. For example staff were asked their views about the type of activities, menus and redecoration for the future planning of the service. One staff member said “I feel I am a valued member of a team. We all work well together and provide a really good service here. I love my job and wouldn’t want to work anywhere else.” One healthcare professional described the service as being “excellent, a much needed resource for the area.”

People living at the service were encouraged to voice their views via annual quality assurance surveys, resident meetings and regular one to one time with staff. One

person said “They do ask me if I am ok, if I need anything.” Relatives were also asked their views with surveys and regular meetings. The last meeting was held in January where activities done and planned for the future was discussed including trying to get people out for more one to one outings. Relatives were asked for their views and suggestions to improve the service. One relative said “They do everything possible to make people comfortable and happy, I don’t think there is anything they could improve upon apart from the fact the building is old and not purpose built, but that is part of it’s charm too.”

There was good partnership working with the community nurse team and local GP’s. This helped to ensure people’s needs were always met in a timely. Staff understood their role and responsibilities which included when to refer to health or social care professionals.

The manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. Systems were in place to audit the records, building, cleaning, medicines and equipment. This ensured people and staff were kept safe and any issues were quickly picked up and acted upon.