

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Garsewednack Residential Home is a residential care home that provides care and accommodation for up to 21 older people, some of whom were living with dementia. At the time of the inspection there were 18 people living in the service.

People's experience of using this service and what we found

Staff and the registered manager were kind, caring and compassionate. People were supported to maintain their independence and staff acted to ensure people's dignity was protected.

Although the service had a number of staff vacancies, people had received the support they needed. Rotas showed staff and the registered manager were completing additional shifts to ensure planned staffing levels were achieved. People told us, "There are enough staff" and reported that staff responded quickly to any requests for assistance or support.

Recruitment was ongoing and records showed all necessary checks had been completed to ensure new staff were suitable for employment in the care sector.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager and staff team had a good understanding of the Mental Capacity Act 2005 and consistently acted in people's best interests.

People's needs were assessed and identified before they moved into the service and the service had appropriately supported people to access external healthcare professionals. Risks in relation to people's support needs had been identified and managed appropriately to protect people from the risk of harm.

People were complimentary of the food and all staff had a good understanding of people's nutritional needs and dietary preferences.

The premises were clean and reasonably well decorated. Necessary safety checks had been completed by appropriately qualified external contractors.

The service was well led. The registered manager provided effective leadership and staff reported they were well supported. Quality assurance systems had identified that staffing pressures and restrictions associated with the Covid-19 pandemic had impacted on training updates and the quality of some record keeping. Appropriate plans had been developed to address and resolve these issues prior to our inspection. A staff member, on restricted duties, had been allocated the responsibility for addressing the recording issues and additional in house and external training had been arranged.

We were assured that risks in relation to the COVID-19 pandemic had been managed appropriately. Staff

had access to PPE and hand washing facilities, which they used effectively and safely. Regular testing was underway we were assured there were appropriate procedures in place to prevent the spread of the infection.

Medicines were managed safely, and people received their medicines on time and as prescribed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good. (Report published on 3 April 2019).

Why we inspected

Prior to the inspection we received information of concern in relation to the service's admissions processes and management of risks in relation to hydration and nutrition. As a result, we carried out a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was well-Led

Details are in our Well-Led findings below.

Good ●

Garsewednack Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Garsewednack Residential Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people living at Garsewednack. We looked around the premises and observed staff interacting with people. We also spoke with six staff, the registered manager and the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training records and fire safety checks.

After the inspection

We spoke with three people's relatives by telephone and requested feedback from professionals who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. Risk assessment documentation provided staff with guidance on how to protect people from known risks while supporting people to maintain as much independence as possible.
- Where people were identified as being at increased risk of choking appropriate guidance had been sought from professionals and acted upon. People's care plans included guidance on the level of support people needed when eating or drinking.
- The premises were reasonably well maintained, and any repairs or faults were reported and acted upon, this helped to ensure the environment was safe. All lifting equipment had been regularly serviced and other necessary checks on utilities had been completed to ensure people's safety.
- Appropriate fire safety checks had been completed and all firefighting had been regularly serviced. Personal Emergency Evacuation Plans (PEEPs) had been developed for each person detailing the support they would require in the event of a fire or other emergency.

Staffing and recruitment

- Although the service had a small number of staff vacancies, records showed planned staffing levels within the service had been consistently achieved. Some staff were working additional shifts and on occasion the registered manager was allocated provide care to ensure people's needs were met until additional staff could be recruited. Staff said, "We are not missing shifts but what we are doing is picking up extra shifts" and the registered manager told us, "We have had somebody leave, but I just can't replace [Them]. I have interviewed but [they] have not been suitable".
- During our inspection staff responded promptly and appropriately to people's request for support. People were comfortable with their support staff and told us, "There are enough staff", "I just buzz and they come to help" and "If I need help they come quickly, if you do need anything they are there."
- The provider's recruitment practices were safe. Appropriate checks were completed before new staff were permitted to provide care.

Using medicines safely

- People received their medicines safely and as prescribed. Staff had received medication training and Medication Administration Records had been fully completed.
- There were suitable systems in place for ordering, receiving, storing and the disposal of medicines.
- Medicines records had been audited regularly and action taken to address any issues identified.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable at Garswednack and told us they were safe.
- The provider's safeguarding procedures were robust and effective. They had appropriately raised safeguarding concern and taken proactive action to ensure people's safety.
- Staff understood local safeguarding procedures and were confident any safety concerns they raised would be investigated and appropriately resolved.
- There were robust systems in place to protect people from the risk of financial abuse.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Following feedback at the end of the inspection, the provider decided to make changes to how this information was recorded to help ensure any patterns, trends or increasing areas of risk were promptly identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received effective care and treatment from the established team of competent, knowledgeable and skilled staff.
- Some training updates had fallen behind as the service had been unable to access face to face external training during the COVID Pandemic. The provider had recognised this issue prior to the inspection and made arrangements for additional inhouse training to be provided.
- Staff received regular supervision and support from the registered manager. Team meetings occurred regularly and provided opportunities for current practice to be reviewed and any suggestions and possible improvements to be discussed. Staff told us, "We are encouraged to progress. There are lots of systems for staff support."
- New staff received induction training and those new to the care sector were supported to complete the care certificate. All new staff initially worked alongside more experienced staff to get to know people, gain a better understanding of people's needs and gain confidence in their new role.

Supporting people to eat and drink enough to maintain a balanced diet

- A range of healthy meal choices were available at mealtimes. People were complimentary of the food provided and told us, "The food is excellent just like home cooking. They bring me tea and biscuits if I get up in the night" and "Lunch was good."
- Staff were aware of people's dietary preferences and support needs. Care plans included guidance on how food and fluids should be prepared and presented. Kitchen staff and carers had a good understanding of this guidance and provided appropriate support at mealtimes.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care;

- The service worked effectively and collaboratively with health professionals and records showed appropriate and timely referrals had been made where changes in people's needs were identified.
- Records showed, when necessary staff were monitoring people's specific health needs, for example weight, skin condition and food and fluid intake.
- Care plans included guidance for staff on the support people required to manage their oral hygiene and records showed people were able to access dental services when required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service worked with relatives, involved professionals and any previous care providers to identify and assess people's specific needs before they moved in. Where possible people and relatives were encouraged to visit the service before making the decision to move in.
- Assessments of people's needs were comprehensive and designed to ensure the service could meet people's needs and expectations.
- Staff, the registered manager and provider worked collaboratively with healthcare professionals to deliver effective care. Where specific admissions had been unsuccessful, and the service had struggled to meet a person's needs this had been promptly and appropriately raised with relatives and involved professionals. On these occasions the service had worked proactively to ensure people's safety until a more appropriate placement was identified.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any 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.

- Where appropriate people's capacity to make specific decisions had been assessed and any decisions made by the service on the person's behalf were consistently made in the person's best interest.
- Where people lacked capacity, and their care plan included restriction on movements or freedoms, necessary DoLS applications had been made.
- Care plans included guidance for staff on how to support people to make decisions. Records showed people's choices and wishes had been respected by the staff team.
- Staff consistently sought people's permission and consent before providing assistance.

Adapting service, design, decoration to meet people's needs

- The service was reasonably well decorated and appropriately maintained.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People were able to access the service's enclosed gardens independently and staff ensured people were appropriately protected from the elements.
- People's bedrooms were well maintained and had been decorated with pictures and other personal items important to them.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a compassionate and caring culture in the service. People told us they were happy living at Garsewednack and relatives said, "[My relative] is very happy there and feels very secure" and "[My relative] is very well cared for and the staff are friendly".
- Staff and the registered manager knew people well and understood their individual needs and preferences. Staff said, "The Carers are very, very caring. We are a small group and quite close. When we are with residents we treat them like family" and "It's very friendly, very welcoming, a nice place to be. Staff are friendly and we all get on. Its why I'm still here". During the inspection we observed that staff responded to people's needs promptly, with consideration and ensured people's dignity was protected.
- People were encouraged and supported to maintain their independence. Staff offered support appropriately and respected people's decisions when assistance was declined.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager's role and responsibilities were clearly defined and well understood by the staff team. The registered manager was supported by two senior care workers and the provider, who visited the service regularly.
- People and relatives were complimentary of the registered manager's approach. Their comments included, "[The registered manager] is a great manager and obviously rules with a bit of a rod of iron and that is good. Standards need to be maintained and she does that" and "The manager is lovely; she is very good".
- Staff spoke positively about the management and the way the service was run. They described the service as a "Jolly place to work" and told us, "[The registered manager's] door is always open".
- There were appropriate quality assurance systems in place. The provider completed regular visits to the service to monitor the quality of support provided and had commissioned an external contractor to complete regular reviews and assessments of the service's performance.
- Prior to the inspection, the provider's quality assurance processes had identified that during the Covid-19 pandemic some training had not been updated as planned and that recent staffing challenges had impacted on the quality of some records. As a result additional training resources had been identified to update staff skills and a member of staff, on restricted duties. Was allocated the responsibility to address and resolve the identified recording issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes to people's needs and appropriately involved them in decision making processes.
- People were supported to maintain relationships that were important to them and during the morning of our inspection staff supported one person to video call a relative.
- Where relatives had made complaints or raised specific issues, these had been appropriately investigated and resolved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives had been appropriately involved in decision making processes and their feedback was valued and acted upon.
- The staff team regularly received thankyou cards from people and their relatives. One card received on the day of our inspection read, "Thank you all for the love and care you have given [my relative] over the last few years".
- Complaints received had been appropriately investigated in accordance with the service policies.
- The registered manager and staff team had a good understanding of equality issues and acted to ensure people were protected from discrimination.

Working in partnership with others

- The service worked collaboratively with external professionals to ensure people's care needs were met. Appropriate referrals had been made and guidance acted upon.