

Caring Homes Healthcare Group Limited

Garth House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Garth House is a residential care home providing nursing care to up to maximum of 46 people. Some people living at Garth House were living with dementia whilst others were living with long term health conditions. At the time of our inspection there were 22 people using the service.

Garth House is a converted house with accommodation over three floors. There is a lift connecting all floors and extensive grounds that people can access. At the time of our inspection, no one was residing on the top floor.

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

People were able to have visitors whenever they wished and we saw relatives coming to see their family member during our inspection. Relative's told us communication was good between the service and themselves and they had no concerns at all.

People said they were happy living at Garth House and felt safe. They said there were sufficient staff around and staff treated them with kindness and care. People were cared for by staff who had gone through a robust recruitment process.

Staff helped people remain safe and free from harm as they had identified risks and taken action to respond to them. People were provided with appropriate equipment to help them avoid injury and where accidents and incidents occurred management learnt from these.

People received the medicines they required as well as food prepared appropriately to help ensure they had sufficient food and drink in a safe way. People lived in an environment that was clean and hygienic and staff and visitors were seen wearing personal protective equipment in line with government guidance.

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.

There was good communication between the service, people, relatives and staff. Relatives felt listened to and management took action to resolve any concerns they raised. People were encouraged to give their feedback around the food and the care they received and staff were also invited to share ideas.

Staff felt supported and valued by management and enjoyed their roles. They were being encouraged to progress and the manager had a vision for the future on how she wished Garth House to be perceived by people.

Through good governance arrangements and strong management oversight, people received a good level

of service.

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

Rating at last inspection

The last rating for this service was Good (report published 5 March 2019). We also carried out an infection protection and control inspection in February 2021 (report published April 2021).

Why we inspected

The inspection was prompted, in part, due to concerns received about the provider's approach to visiting, responding to concerns and risk of a closed culture. A decision was made for us to inspect and examine the concerns across a range of Caring Homes services. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Garth House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 was carried out by two inspectors.

Service and service type

Garth House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Garth House is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. A new manager had been recruited and had submitted their application to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had about the service. This included notification of accidents, incidents or safeguarding concerns. We also sought the feedback of health and social care professionals who had knowledge of the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people and two relatives to obtain their views on the service. We carried out observations of the interaction between staff and people as some people were unable to speak with us. We spoke with eight staff, which included the manager, regional quality lead, clinical and non-clinical staff.

We reviewed a range of records which included five people's care plans in full and a further three to look at specific areas relating to their care needs. We looked at medication records and five staff files in relation to recruitment. We reviewed accident, incident and safeguarding processes, meeting minutes, and a variety of records relating to the management of the service. Following the inspection, we received further information from the manager that we had requested and received feedback from two relatives and two professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to recognise potential safeguarding concerns and put this training into practice. Any concerns identified had been reported to the appropriate authorities and management carried out a full investigation.
- Staff told us, "Safeguarding concerns could be new bruises or staff not using equipment which could cause an injury" and, "I would tell the nurse in charge or the manager."
- People said they felt safe living at Garth House. We were told, "There are always people around" and, "I have nothing to worry about." Relatives told us, "I use to lie awake at night worrying (when family member was at home) but here it's completely different" and, "It's great to know she's safe here."
- A health care professional told us, "The home have been diligent in ensuring that the individual and others are being kept safe."

Assessing risk, safety monitoring and management

- Risks to people had been identified and guidance in place for staff was being followed. One person required repositioning every four hours whilst they were in bed to reduce the risk of their skin breaking down. Their daily notes showed this was happening.
- Some people needed assistance with eating and drinking and staff ensured these people were sat upright prior to assisting them and ensuring they waited until the person was ready for the next mouthful.
- Where people were at risk of choking, food was prepared for them in an appropriate way and in line with their speech and language therapy team guidance. For example, some people had their meals pureed.
- People who were at risk of losing weight were weighed more regularly and placed on a food and fluid chart to help staff monitor the person and engage health professionals if needed.
- Staff were aware of the fire procedures within the service. They were able to tell us what they should do if the fire alarm activated. We saw evidence of fire drills being carried out, not only during the day, but also for night staff.
- The manager told us, following a recent safety engineer visit, some issues had been identified with the fire system. They provided us with evidence to show these were being addressed by head office.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Some people had their medicine covertly (disguised in their food or drink) and staff had followed the principles of the MCA to ensure that this was agreed as the least restrictive option.
- Other people had sensor mats, or bed rails in place and again, the decision for these was made following the requirements of the MCA.
- Staff had been provided with training on the MCA and were able to list different areas when capacity assessments were needed. One staff member told us, "If someone can still make decisions then it's fine. But if someone can't make a decision, we need to make that decision for them if it is needed to keep them safe."

Staffing and recruitment

- Staff were recruited through a robust recruitment process. Staff were asked to provide evidence of their right to work in the UK and a full employment history. One staff member told us, "I had to provide a reference and I had a DBS check." Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and staff felt there were sufficient staff to meet the needs of people. We were told, "Oh yes, staff are always around", "I ring my bell and they come quickly", "There are always staff around" and, "It's busy, but we have a diary which helps us prioritise and we have a strong team."
- We observed plenty of staff around during the day and staff were available and attentive. Although we did hear people's call bells ringing at times, these were answered promptly. At lunch time, people in their rooms received their meals quickly and there were enough staff to support those people who needed assistance to eat.
- Relatives felt there were sufficient staff. We were told, "There's always enough staff and they don't rush her", "We sit in lots of different places (around the service) and when we visit and wherever we are, there are staff constantly coming and going" and, "There is always someone popping in and out to check on her."

Using medicines safely

- People received the medicines they required and one person told us staff managed their medicines well.
- Each person had a medicine administration record. This contained a picture of the person for identification purposes as well as information about any allergies they may have and how they liked to take their medicines. These had been completed accurately by staff. Staff also stored and disposed of medicines safely.
- Where people had 'as required' medicines, these were accompanied by protocols giving information on why they may need the medicine and how they may show they were in pain.
- People using topical creams (medicines in a cream format) had body maps in place which were clearly marked to show staff where the cream needed to be applied.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

We did not have any concerns about the manager's approach to visiting or responding to concerns. The manager communicated visiting information to relatives in line with latest government guidance and we observed and spoke with relatives when they came into the service during our inspection. Relatives told us, "They've relaxed the rules now which is a lot better. They've done the right thing here" and, "They've always made it as easy as they can. We don't have to let them know we're coming. They ask us where we want to sit; it's very welcoming."

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated, and action take in response to them.
- The manager carried out a monthly audit of all accidents and incidents to look for themes and trends and logged the outcome of any action take. For example, one person was provided with additional monitoring equipment to help reduce their risk of falls and moved to a downstairs room.
- Lessons were learnt from accidents and incidents. A staff member said, "We have all done recent moving and handling refresher training as there had been a number of skin tears."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

At our last inspection, we made a recommendation to the registered provider around the environment within the home as they had not made improvements promised to people and relatives. We noticed at this inspection the environment was much improved.

- People lived in an environment that was comfortable, homely and fit for purpose. People's rooms were personalised and well-presented and the internal décor and furnishings looked fresh.
- People were very happy living at Garth House. We were told, "I am very happy here. I feel much happier than when I was at home" and, "I am quite safe and happy here. The people (staff) are so kind and helpful."
- Relatives felt their family member was provided with good care, led by a good management team. We heard, "They are fantastic. They don't just say it's an open door they come and seek me out. The managers, the nurses, the staff, they all go above and beyond" and, "Every member of the team, from [manager] to the lad who brings the coffee round, have shown nothing but kindness and care for my mother."
- Staff were friendly and engaged with people. We heard staff chat away to people during lunch, taking an interest in them and telling them about their meal. Staff acknowledged people each time they passed them and made a fuss of people when appropriate, for example, when one person had just had their hair done.

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 manager understood their responsibility to apologise when care did not go to plan.
- There was evidence of the manager applying duty of candour when people had accidents or incidents. A relative told us, "If Mum has a fall, they're on the phone straight away. They tell us everything."

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

- Management were confident in their roles and demonstrated good oversight of the service. They were seen around the building throughout the day engaging with people and staff.
- A range of audits took place to help ensure good governance arrangements within the service. These included hand hygiene, health and safety, night and weekend visits, pressure sores, medicines and care plan audits.
- Where actions were identified these were addressed. For example, following a night audit, a fire drill was

arranged for the night staff and a health and safety audit highlighted the need for maintenance to be carried out.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us communication between the service and them was good. We were told, "They tell you about everything, so you know what's going on. The dialogue is fantastic" and, "Nothing is ever too much trouble for them."
- Relatives were given the opportunity to provide feedback. We were told, "Whenever they send it (survey), I fill it in" and, "They have a part that asks if we're happy or have any suggestions." We heard relatives had commented on the poor wi-fi reception in the building and the manager told us they were working towards resolving this.
- Staff felt valued and supported. Staff told us, "[Manager] is very nice. She is always around. It's a good team – we help each other" and, "Really good team. All the nurses are very good. [Manager] helps out too."
- Clinical supervision took place with trained staff to discuss professional development and skill enhancement. A staff member said, "The management support the staff. They push you to grow as a professional",
- Staff felt comfortable making suggestions. A staff member told us they had suggested new style slide sheets in order to move people in bed. The manager agreed to this and these were now in place.

Continuous learning and improving care; Working in partnership with others

- The manager had been in post since May 2022. They told us, "We have managed to sustain the stability of the service. We have worked hard to get to where we are now. We want this to be a place where people can come and feel safe. We want to continue to get good feedback from residents and relatives."
- We were told the service would be moving towards electronic caring planning and medicines records and that management planned to use CHAPS for career progression of care staff. CHAPS is a training programme aimed to equip senior staff with clinical and management skills.
- The manager had introduced a 'talk at 2' meeting. A staff member told us, "We all get together, and we can talk about anything we want, and any concerns are sorted there and then."
- Management attended Surrey Care Association meetings and worked with local schools. During term time school children came into the service to participate in activities with people and the local fire service had given a talk to residents.
- The service worked with other external agencies, such as the local authority and the hospice. A social care professional told us, "[The manager] has been engaging with the Quality Care Home Team and has recently recruited some new staff so the team will be providing training for them."