Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Garden Hill Care Centre

32 St Michaels Avenue, South Shields, NE33 3AN

Tel: 01914975255

Date of Inspection: 06 August 2013

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Countrywide Care Homes (2) Limited
Overview of the service	Garden Hill Care Centre provides personal and nursing care to people with complex medical and nursing care needs. It has two upper floors and one passenger lift. There are lounges, a conservatory, and separate dining rooms. The adapted bathrooms, showers and toilets are close to resident areas. It is located in a residential area with gardens to the front of the building. The home is close to South Shields centre, local beaches and amenities, and public transport, including the Metro system.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with a number of people throughout the day both in their own bedrooms and in small groups of people who were sitting in the lounge. They told us they were happy with the service provided by the staff. One person said "Things are fine, I like living here" and "I feel safe and looked after really well". Another said "The staff are lovely, really pleasant and supportive".
Staff were seen to interact well with people and knew them by their first name. There was a choice in what people wanted to do and the privacy and dignity of residents was respected as we observed care interventions being carried out. Staff spoke to people in a pleasant and respected manner.
People had been individually assessed to see if they could make their own decisions. Care records had enough information so staff would be able to know how to support each person in the right way. We saw on the day of our visit, there were sufficient qualified, skilled and experienced staff to meet people's needs. The provider had a system for checking the quality and safety of the service and records were maintained and held securely.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw information in the care records which showed that peoples consent had been considered as part of the initial assessment and was part of the way care was being delivered. This included previous choices and information about how an individual had lived their lives. When we spoke with the staff they could describe in detail how they made sure that people were giving their consent before they assisted them or provided any personal care. During our inspection we observed that staff asked people for their consent before they carried out any care interventions. We spoke with three people on the ground floor and they said they were satisfied with the care they were receiving.

We were told that on a person's admission into Garden Hill Care Centre an assessment would be carried out with regard to their immediate health needs. We spoke with the manager who was able to describe to us the formal process she would follow if they had any concerns about a person's mental capacity so that if necessary they could be supported to make informed decisions about their care. She was clear about her responsibility to act in accordance with legal requirements. This meant if there were any concerns over people's capacity to make a decision, a formal process would be followed to determine what was in someone's best interests. The manager told us staff would involve the next of kin if it was assessed the person did not have capacity to consent to care and treatment. We were told there was a consent policy for staff to refer to.
Care records we looked at showed people who used the service or their relatives had signed the plan of care to show they agreed with the care and treatment being provided. We saw records that contained specific consent forms for issues such as the taking of photographs, the administration of homely medicines such as simple cough linctus and paracetamol and the use of lap belts and bed rails. This meant people or their relatives had been consulted with and asked for their consent to the care being delivered. We saw a number of files contained information about what action should be taken if people became seriously ill. We saw people, or their next of kin, had been involved in discussions with a doctor and indicated they did not wish to be taken to hospital or efforts made to revive them if they needed cardio pulmonary resuscitation. This showed people or their next of kin had been given opportunities to express their wishes about the care to be

provided at the end of their life.
Staff we spoke with recognised peoples' rights to make their own decisions, including their right to refuse support. Staff gave examples of how they involved people in making every day decisions and encouraged people to make choices, such as helping them to choose what clothes and types of footwear they wanted to wear. Staff said that if a person refused care they would respect their decision and then ask them again later. They also said they would record this decision in the person's care records.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The manager for Garden Hill Care Centre told us about the procedure she and other staff members go through when assessing the care needs of people prior to their admission. We looked at three care files from a choice of twenty six. Each of the records we looked at had a front sheet giving basic information along with a recent photograph. Assessments were undertaken prior to admission. People's needs were assessed and care and treatment planned and delivered along with the details in each of the individual care plans. A range of assessments were completed to identify each person's health, personal and social care needs.
We spoke with three people who lived at the home. They confirmed with us they or their relative had been involved with the care plan and were content with the reviews and delivery of the service. One person told us "The care here is very good and the staff are wonderful". Another person told us the staff "Were lovely and caring".

We saw from the care records we looked at, examples of action taken where people's needs had changed, such as when one person's dependency levels had increased significantly. We saw staff had responded to this change and the person was re-assessed as requiring nursing care. This meant staff were able to measure and monitor changes in people's needs over time to ensure that appropriate and safe care was being provided. People had been regularly weighed, and where staff had identified concerns about someone's weight loss, referrals had been made to other care professionals, such as the person's general practitioner or dietician. The records we checked confirmed people's weight was being regularly monitored. We also saw some people had been prescribed dietary supplements, and advice had been sought for other people about how their diets could be fortified (calorie content increased) to help improve their nutritional health. We saw the medical intervention notes recorded when the doctor or healthcare practitioner had visited. We noted in the care records of the support offered after these visits and the outcome of the visit.
The notice board in the main entrance of the building contained a comprehensive range of information for people and their relatives. This meant people were provided with information that supported them, or people acting on their behalf, to make decisions about their care, treatment and support.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

Close
People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

During our inspection we spoke with the manager and the regional quality manager about equipment used within the service. The manager told us that they had a good relationship with the organisation that carried out the required assessments when people needed equipment.
Staff told us that the service had the equipment it needed to make sure people were kept safe. We saw evidence within the care plans that people had access to equipment such as hoists, specialist seating, pressure mats and bed rails when they needed them. Where people needed specialist equipment a person's care plan had been written to inform staff about how they should be used safely. There were a number of people who required the use of bedrails and the manager had procedures in place to ensure this equipment was checked regularly to make sure they were set at a safe height.
We were also told of the procedures staff follow if equipment was considered faulty. We looked at records to make sure that maintenance checks had been carried out on lifting equipment used within the service. Other lifting equipment had been serviced in line with the manufacturer's requirements and all electrical equipment had been tested by a competent person to make sure it was safe for use. People were protected from unsafe or unsuitable equipment because the provider made sure that regular maintenance took place.
The manager also told us how she responds to patient safety alerts. Patient safety alerts are an important mechanism to help healthcare providers learn lessons from each other and to improve the quality of care they provide.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Accommodation at Garden Hill care centre was arranged over two upper floors. The home is registered to accommodate up to 38 people. On the day of our inspection there were one nurse and six care workers to care for 26 people. We saw from copies of the current month's duty rotas the staffing levels were being maintained. We found staffing rotas within the home were adequately covered and there were sufficient staff to deliver the care required by people who currently use the service.
Staff members we spoke with told us how they were kept informed by daily contact with the manager, shift handover information, staff meetings, email communication, staff newsletters and the company's intranet. They told us the morning and evening time were the busiest when people wanted to get up and go to bed. At these times one staff member said the time to spend with people was limited as they needed to concentrate on making sure everyone received the support they needed. One person who used the service told us, "I have found this home wonderful, they are so obliging. The staff would do anything for you." There have been occasions however when I have waited a long time for my request for assistance to be responded too. We discussed these comments with the manager who told us she was aware of this issue as this person had previously raised the issue at a residents meeting. We were however unable to substantiate this comment during our time in the home as we saw people had their call bells placed within easy reach and we saw that calls were answered and responded to quickly.
We asked the manager and regional manager what assessment tool the provider used to determine the correct numbers of staff on duty. The regional quality manager went on to tell us that the provider's senior management team were in the process of developing a needs analysis and risk assessment process which will then be used as a basis for deciding sufficient staffing levels in the future. We were told once introduced the manager would be able to determine the overall dependency rating score to assist her to determine how many staff are required to meet the care needs of people living at the home. This meant that care was being planned and delivered in a way that was intended to ensure people's safety and welfare were being met.
The manager told us there were processes in place to provide cover for any staff absences. The home did not rely on agency staff and whenever possible staff who worked at the home would cover additional shifts to ensure the home was fully staffed. Staff members we spoke with told us that they thought there were sufficient staff to meet the care needs of the people at the home but when care staff took sick leave this left them short staffed. Staff told us that sickness or absence was covered by asking other

colleagues to cover or using bank workers. This meant there were enough qualified, skilled and experienced staff to meet people's needs. The numbers of staff on duty did not include the manager who was available during the day. The manager told us ancillary staff were also employed for duties such as, cooking, cleaning, laundry maintenance and administrative work.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw the provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people and others using the services at Garden Hill care centre. The manager told us staff were trained to have a thorough knowledge of good care practices and delivery. We found the level of staff training and support ensured people living in the home to have a say and make choices and their rights were promoted. There were systems for gathering and recording information about the quality and safety of care, treatment and support in the home. Audits had been undertaken by the manager and regional manager on areas such as care plans, health and safety, fire safety, medication, cleanliness, and hygiene. Where issues were identified these had been followed through to ensure action plans were implemented and completed. We saw these audits were effective in identifying issues and ensuring action was taken to resolve them. For example we saw one care plan audit had identified that a care plan agreement required a person's / relatives signature.
This home was also subject to quality monitoring audits by other agencies which were used to check the service. For example, contract monitoring visits by the local council and food safety inspections by the food safety agency.
Records audited monthly or weekly and included care plans, weight monitoring, pressure area care, risk assessments, staff files, staff training and staff supervisions. Monthly audits were also carried out for health and safety and maintenance of the environment. We were also told regular audits were carried out on infection control and the laundry.
Staff we spoke with said they were encouraged to comment and felt any ideas on continued improvements in the service were welcomed by the manager. We saw records that showed meetings were held with staff every two to three months, these included general staff meetings for all staff and management meetings. We saw areas of discussion included staff training, discussion of audits and care needs of people living in the home. This meant communication was effective and staff were involved in decision making within the home.
The manager told us that resident and relative meetings were also held. We were told areas of discussion included menus choice and time when meals were served, housekeeping, activities and social trips. We were told questionnaires were sent out every three months to relatives and people using the service to get their views of the home. We were told the results were analysed by head office. This meant that people who lived in the

home were asked their views and involved in the running of the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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