Inspection Report

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

The Garth Care Home with Nursing

The Square, Kington, HR5 3BA

Tel: 01544230502

Date of Inspection: 30 October 2012

Date of Publication: November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs A J Prior
Registered Manager	Mrs. Brenda Robinson
Overview of the service	The Garth Care Home with Nursing is registered to provide nursing and personal care for up to 30 people. It is located in the Herefordshire town of Kington.
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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 30 October 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People who used the service said that they were well looked after. They told us that the staff always asked them how they would like things to be done, always respected their privacy and treated them with respect. They said staff talked to them about how they liked their support to be provided.

Staff provided health and social care support well. Community services were accessed to support people with when necessary.

People told us that they felt able to raise any issues with the manager or staff should they have any concerns. Staff spoke of their awareness of how to keep people safe from harm. Staff told us about the training that the home had arranged for them to undertake so that they would recognise abuse and how to report it.

People told us that staff were always available when they needed help. People's relatives told us that staff were around and available to talk to when they visited. They said that the staff were friendly and always acted professionally. One person said that they were "Very nice and very helpful" and another said "The staff are very good".

People we spoke with said their comments were listened to. A visitor said that they would not hesitate to talk to staff if something was wrong. The service's management held regular meetings with the people who use the service to find out what people thought about how their care was delivered.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We talked with a number of the people who lived in the service as well as some of their relatives. They told us that the staff had explained to them what care and treatment they would be receiving.

People told us that their needs were met in ways that they preferred. They said that they were given a choice of meals each day. We saw that people were encouraged to move themselves around the building with as little assistance as possible in order to maintain their independence.

During our inspection we talked with a number of the staff. They showed a good understanding of the issues involved in maintaining people's privacy and dignity. We heard and saw the staff behaving in a way that confirmed that they put those principles into practice.

People told us that their privacy and dignity was respected by staff and we saw how they were taken to their own rooms when they needed their personal care needs met. We also saw and heard staff knocking on bedroom and bathroom doors before entering.

We saw a number of other instances of care being delivered sensitively and discreetly. Many of the examples we saw were when people were being helped around the building or with their drinks. People told us that they felt reassured and confident with the support that was given.

People expressed their views and were involved in making decisions about their care and treatment. They told us that they had recently been asked to fill in questionnaires about the care they received in the service.

We looked at the records of three of the people who lived in the service. They reflected the views and preferences that people or their relatives told us they had. This gave staff accurate information to refer to when arranging to meet people's needs.

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

We talked with a number of people about the care that they received. We looked at the records that the service maintained and we saw that they reflected what those people had told us. The records had all been reviewed and updated recently giving staff up to date information about how they should meet people's needs.

The records contained information about people's medical conditions and why and when medical professionals had been contacted to deal with them. Actions taken as a result of those contacts were also recorded in a way that showed what progress had been made in meeting a particular medical need.

The records also contained a number of specific assessments for each person such as falls assessments, skin care assessments and moving and handling assessments. They showed what action should be taken as a result of those assessments. There were records of the actions that had been taken.

When asked what they thought of the care provided by the service people said such things as "I think it's very good". People told us that staff looked after them well and that their care and support needs were met.

We talked with the people who lived in the home about the activities that were arranged for them. They told us about the activities that were available regularly such as quizzes, visits by people bringing various animals into the home and discussions.

As we observed the care that people were receiving we saw and heard a lot of positive interaction between them and the staff.

All of the people that we talked with told us that they thought that the meals provided by the home were of good quality and served in good quantities. They said such things as "I think the food is very good".

We talked with the staff who told us that meals were provided to meet the needs of people with medical conditions such as diabetes. They also told us that some of the meals were prepared in a way that helped people who had difficulties swallowing.

We saw that the service had an admissions process that identified people's social and medical needs. We were told that those assessments were developed as soon as possible after an admission had been agreed. We saw the care records of one person who had been admitted recently. All of the documents that identified areas of risk and gave guidance to the staff on how people's needs should be met were in place.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us that they felt able to raise issues with the staff should they need to. One person said "I wouldn't wait. I would say something straight away".

We talked with visiting relatives who also told us that they felt able to discuss any concerns that they had with the manager or the staff.

We watched and listened to the staff as they worked with the people who lived in the service.

The staff told us that they would report any suspicions that they might have about possible abuse of the people who lived in this service. They showed a good understanding of what constituted an abuse.

We saw and heard staff talking with the people in a pleasant, sensitive and professional manner. We saw and heard them responding to people's needs quickly and discreetly.

We saw that a whistle blowing policy was available for the staff team to read. We talked with the staff. It was clear that they were aware of what it contained.

Staff told us that they had undertaken safeguarding courses. This was training that ensured that everyone was aware of the local policies and procedure for the protection of people at risk of harm. Talking with them confirmed that they understood the principles involved and how they should put them into practice.

The manager confirmed that none of the people living in the service were subject to any formal decisions that deprived them of any of their liberty. They showed a good knowledge of their and the provider's duties under the Mental Capacity Act 2005.

We talked to the manager about the service's Deprivation of Liberty Standards (DoLS) obligations. The manager told us that the service had no such issues recently.

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

We saw that there were sufficient numbers of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use services at all times.

People told us that when they asked for assistance from staff they always received it promptly. They told us that they felt confident that the care that they received from each member of staff would be professional and friendly.

People told us that during the meal time staff were available to help those people who needed assistance with their meal.

People told us that they were able to regularly take part in the activities that they needed to or enjoyed.

We saw staff regularly going in and out of people's room checking how they were and chatting with them in a friendly manner.

The manager told us that additional staff were called in when the home was affected by staff absence. The staff confirmed this. We looked at the staffing rotas, people's activity records and the staff training records which confirmed what we had been told by the people who live in the home and the staff.

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

People that we talked with told us that they felt able to approach the manager and the staff team to discuss issues should they need to.

People told us that the proprietors visited the service frequently. They told us that this was to review the care that was being provided. The proprietor explained how they audited the care records. They also told us, and staff confirmed, that they would help at lunch times. They explained that they then could discuss progress with the people who used the service in an informal way.

The proprietors explained how they used the records to monitor how people's care and treatment had been delivered. The records contained a number of specific assessments of the risks to people. These showed what action should be taken as a result of those assessments. There were records of the actions that had been taken.

The proprietors told us that they regularly audited a selection of care records. They said that these were selected either at random or because of a specific issue. They explained that they did this to make sure that the correct decisions in relation to care and treatment were taken at the appropriate level and by the appropriate staff.

We talked with the staff and it was clear that they understood their own and other people's functions within the staff team. We saw how staff who held different positions talked with each other appropriately as issues came up so that they could resolve them. They also told us that staff meetings were held regularly to discuss ways in which care could be improved.

We looked at our records of notifications made by the home to us. We saw that these were made appropriately enabling us to monitor issues that had arisen.

We saw that there was a copy of the service's complaints procedure available to the people who live in the home and those who may represent them. This contained information about how to raise an issue with the provider.

We saw the surveys that had been carried out by the home and the results analysed. The

surveys gathered information from the people who were living at the home as well as their relatives about the care that they received. People told us that they thought that their views had been listened to.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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