

Mr B & Mrs W Stedman

Garrett House Residential Home

Inspection report

43 Park Road
Aldeburgh
Suffolk
IP15 5EN

Tel: 01728453249
Website: www.garretthouse.co.uk

Date of inspection visit:
26 February 2019
04 March 2019

Date of publication:
03 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Garrett House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Garrett House Residential Home accommodates up to 45 older people in one adapted building. During the first day of our comprehensive unannounced inspection, there were 27 people using the service, some living with dementia.

People's experience of using this service:

- At our last inspection of 16 and 18 October 2017, the service was rated requires improvement overall. The key questions for effective and caring were rated good and the key questions for safe, responsive and well-led were rated requires improvement. There were breaches of Regulation 12: Safe care and treatment, Regulation 9: Person centred care and Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider wrote to us and told us how they planned to improve the service. At this inspection we found improvements had been made, some were ongoing. The service was no longer in breach of any Regulations.
- People told us that they were happy with the service they received. One person commented, "They look after me wonderfully." Another person said, "They're very caring here. The people [staff] take time; they're lovely, lovely people here."
- There were systems designed to keep people safe, including from abuse. Risks to people in their daily lives were assessed and plans in place to reduce these. People's medicines were managed safely.
- There were enough trained and skilled staff to meet people's needs. Recruitment processes were safe.
- There was an ongoing programme of improvement in the environment. Infection control procedures were in place to reduce from the risks of cross infection.
- People had access to health professionals when needed. People were supported to maintain a healthy diet.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People shared positive relationships with staff. People's privacy, independence and dignity was respected. People were listened to in relation to their choices about how they wanted to be cared for.
- There was a complaints procedure in place and people's complaints were addressed. People were asked for their views about the service and these were valued and listened to.
- The provider was in the process of improving the governance and the ongoing monitoring and development of the service. This included an electronic system for assessing and planning people's care.

Rating at last inspection:

At our last inspection of 16 and 18 October 2017, which was published 12 January 2018, the service was

rated as requires improvement overall.

Why we inspected:

This inspection took place as part of our planned programme of inspections, based on the rating of requires improvement made at our last inspection.

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

Follow up:

We will continue to monitor this service according to our inspection schedule.

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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Garrett House 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.

Inspection team:

The first day of our inspection on 26 February 2019, was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a family member who used services. The second day of our inspection on 4 March 2019 was undertaken by one inspector.

Service and service type:

Garrett House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Garrett House Residential Home accommodates up to 45 older people in one adapted building. During the first day of our comprehensive unannounced inspection, there were 27 people using the service, some living with dementia.

The service had a manager registered with the Care Quality Commission. 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. The registered manager, who is also one of the owners of the service was not present during our inspection. The co-manager who undertook management duties of the service was in the process of registering with the Commission.

Notice of inspection:

This inspection was unannounced. At the end of the first day of our inspection on 26 February 2019, we told the co-manager that we would be returning to complete our inspection, but a date was not provided when this would be.

What we did:

Prior to the inspection we gathered all the information we held about the service and used it to develop a plan for the inspection. This included the action plan the provider sent to us following our last inspection, which identified how they intended to make improvements. We reviewed information provided to us from the Local Authority quality teams and information we received from the provider by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response, including pressure ulcers, safeguarding and serious injury.

We also used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

To gain people's views and experiences of the service provided, we spoke with 15 people who used the service and four people's relatives. We looked at the care records of four people who used the service, including risk assessments, care plans and records relating to medicines administration. We also observed the care and support provided and the interaction between people and staff throughout our inspection.

We spoke with the co-manager and eight members of staff, including the assistant manager, senior care, care, catering and domestic staff.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included accident and incident records, audits, and staff training and recruitment records.

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 of 16 and 18 October 2017, which was published 12 January 2018, the key question for safe was rated requires improvement. There was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of 26 February and 4 March 2019, improvements had been made in this key question and people were receiving a safe service.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained and understood their responsibilities in the systems designed to keep people safe from abuse. The safeguarding procedures were displayed in the service to ensure staff had a reference point, should they need a reminder or information of actions to take if they had concerns about a person.
- The management team had previously raised safeguarding concerns appropriately. However, there was one incident which had not been reported, as required. This included missing items, whilst the service was speaking with their insurance provider to recompense the person, they had not reported it to the safeguarding team or notified CQC. At our second inspection visit, this had been addressed and reported appropriately.

Assessing risk, safety monitoring and management

- People told us that they felt safe using the service. One person said, "I don't think I could feel more secure than here." Another person commented, "I feel entirely safe here."
- People's care records included risk assessments which guided staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, moving and handling and nutrition.
- A fire risk assessment had recently been undertaken by an external organisation. Actions required and recommendations and were being addressed. This reduced the risks to people using the service.
- New moving and handling equipment was being purchased. This was to ensure that people were supported by staff who used the most up to date and safe equipment.
- Portable electrical equipment was regularly checked to ensure it was safe to use. There was a system to reduce the risks of legionella bacteria in the water system. New covers for radiators were being installed and hot pipes were covered.

Staffing and recruitment

- People told us that they felt there were enough staff to meet their needs and their requests for assistance, including when using their call bell, were responded to by staff promptly. One person said, "It can be almost immediate that they come when you press the buzzer, and when I press the emergency buzzer they come straight away."

- Staff told us that they felt there were enough of them to meet people's needs safely. There was a system used to determine the number of staff needed to meet people's dependency levels.
- There was a system to recruit staff safely.

Using medicines safely

- People told us that they were satisfied with the support they received with their medicines. One person said, "They make sure I take my pills every day."
- We observed staff administering medicines to people in a safe way.
- Records demonstrated that people received their medicines when they needed them. Improvements had been made in how the administration of medicines for external use, including creams were recorded. Medicines were stored safely and securely in the service. Improvements had been made in the secure storage of people's creams and lotions in their bedrooms.
- At our last inspection we noted that there were no protocols to guide staff when people should be provided with their medicines prescribed to be taken when needed (PRN). There were records of when they had been provided and the reasons why. However, on the first day of our inspection these protocols were still not in place. On the second day of our inspection visit, these were being completed.

Preventing and controlling infection

- The service was visibly hygienic throughout.
- There was hand sanitiser around the service for anyone to use. In addition, bathrooms and toilets held hand wash gel and disposable paper towels.
- Disposable gloves and aprons were available for staff to use to reduce the risks of cross contamination. Staff had received training in infection control.
- Pedal bins had been purchased for bathrooms and toilets. The assistant manager told us that these were better for infection control, because they could be opened without touching them. Trolleys had been purchased to transport soiled laundry from people's bedrooms to the laundry.

Learning lessons when things go wrong

- The service had systems to learn from incidents. This was evident from a recent medicines error, appropriate actions had been taken to reduce future risks.

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 our last inspection of 16 and 18 October 2017, the key question for effective was rated good. At this inspection of 26 February and 4 March 2019, we found that people continued to receive an effective service.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving into the service, a needs assessment was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform the care plan.
- At our last inspection we had been told that the service was seeking to improve their Wi-fi system to allow people to use their technology effectively, including maintain contact with family members. At this inspection, we found this had been addressed.

Staff support: induction, training, skills and experience

- People told us that the staff had the training and skills to meet their needs. One person said, "They're all very well trained." Another person commented, "They know what they're doing."
- New staff were provided with an induction. We saw records to show that staff undertook a self assessment for the Care Certificate, which is a set of good practice standards that staff should be working to. The assistant manager showed us documentation to demonstrate that the service was in the process of providing staff with the opportunity to complete this qualification.
- Staff told us they felt that the training they provided with was good. One staff member said, "We have training monthly, all face to face. It is really good. Recently I have done stoke awareness and diabetes." Other training included moving and handling, continence care, care planning and dementia.
- Minutes of staff meetings demonstrated that staff were kept updated with any changes and advised if there were any changes in policies and procedures.

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

- People told us that they had choices of what they wanted to eat and the quality and quantity of food was good. One person said, "The food is very good." Another person commented, "The dinners here suit me and there's always enough to eat."
- There were choices for each meal and there was a supplementary menu, which people could request if they did not want what was on the menu or if they wanted something to eat outside of meal times. One person said, "They make excellent omelettes and I can always have one if I ask."
- People told us that they got enough to drink, which reduced the risks of dehydration.
- People's dietary needs were assessed and met. This included people who were at risk of choking and/or were not maintaining a healthy weight. One person told us, "I have difficulty swallowing so the chef makes

things up especially for me." Staff spoken with were knowledgeable about people's dietary needs. The chef told us that they had recently attending training on specific dietary needs and understood, for example, different consistencies should people require a softer diet.

- Mealtimes provided people with a positive and social experience. People were served at the tables by staff and could choose what and how much they wanted to eat. One person said, "They have a good cook. I like lunch time because it's quite civilised and we usually get a lovely lunch." People who chose to eat in their bedrooms were supported by staff to do so.
- At our previous inspection, some people had raised concerns about their food going cold whilst they were waiting to be served their vegetables. A large hot trolley had been purchased, which was used by the chef to serve food. We were told by staff and people using the service, that this had been a great success. We observed that the chef could check that people were happy with their meals and they promptly provided things people requested immediately. An example of this was a person had asked for no sauce on their meal, when it was served they said it was dry. The chef went into the kitchen and prepared gravy, which the person happily accepted.
- As well as the choices provided at meal times, there was a supplementary and snack menu, such as salad and omelette, that people could request when they wanted them.
- Staff had received training in subjects such as, diet and nutrition, food hygiene, diabetes, fluids and nutrition and dysphagia.

Staff working with other agencies to provide consistent, effective, timely care

- The co-manager told us about the positive relationships they had with other professionals involved in people's care. This included a weekly visit from the local GP surgery, which enabled the staff to raise any concerns and these were addressed promptly.

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

- People were complimentary about the environment that they lived in. There were communal areas, such as lounges and a dining room, where people could meet with their friends and family, in private if required.
- There was a large and well-maintained garden that people could use. One person said, "In the summertime we're able to go into the garden." Another person commented, "Gardening is my activity and they made some troughs for me and put them on bricks so I don't have to bend when I'm planting."
- There was an ongoing plan of redecoration and refurbishment being completed. Some areas had been redecorated and there were plans to replace the bathing facilities throughout, this work was due to start in March 2019.
- There was a bar in the service, which people no longer used. This was being transformed into a coffee lounge during our inspection visits. A person told us about this and said, "We can have visitors sitting there, of course you can enjoy the garden through the window."

Supporting people to live healthier lives, access healthcare services and support

- People told us that they had access to health care professionals when needed. One person said, "When I was having nightmares they got a doctor for me and now they make sure I take my tablets and I seem to be getting better." Another person commented, "I asked for the district nurse this morning to come and dress my legs and [they] came at lunch time."
- Records identified where people had received support from health care professionals, including their GP, dietician and community nurses. Feedback and guidance was recorded to ensure people received a consistent service which met their needs.

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

- 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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that staff asked for people's consent before providing any care or support. One person said, "It's easy going here; no restrictions." Another person commented, "I can do what I like; they don't interfere. They'll sort it out for you if you ask them."
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- People's care records included their capacity to make decisions and any support provided to support people who lacked capacity, including decisions made with the appropriate professionals in their best interests.
- DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection of 16 and 18 October 2017, the key question for caring was rated good. At this inspection of 26 February and 4 March 2019, we found people continued to receive a caring service.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that the staff were caring and respectful. One person said, "All the staff are wonderful, thoughtful and kind. They're so good at listening and they're always courteous even in the middle of the night. You're never made to feel you're trouble."
- We saw several cards and letters sent to the service complimenting them on the caring attitude of staff. One stated, "Thank you so much for the love and care you gave our [family member]. You are all so kind."
- Staff had received training in customer care.
- We observed that staff were respectful in their interactions with people. We saw that people and staff shared positive relationships and knew each other well. Staff spoke about people in a compassionate manner and they were committed in providing a caring service.

Supporting people to express their views and be involved in making decisions about their care

- People told us that their choices were listened to. One person said, "They don't push you to get up at a particular time." Another person commented, "Whatever I ask they'll do for me."
- In the entrance hall to the service there were forms and a box for people to put suggestions in.
- People's care records demonstrated that they were asked for their choices about how they wanted to be cared for and these were valued and respected.

Respecting and promoting people's privacy, dignity and independence

- The assistant manager showed us a cupboard in the service which was dedicated space for people to store their continence equipment in. They told us that this was more dignified than people storing these in view in their bedrooms. People had allocated shelves in the cupboards to ensure their items were only used for them.
- People told us that their privacy, dignity and independence was respected. This was included in care records to ensure staff received guidance in how to respect people's rights.
- Staff knocked on bedroom doors before entering and we saw that staff spoke with people in a discreet way about if they needed assistance with their personal care needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection of 16 and 18 October 2017, the key question for responsive was rated requires improvement. There was a breach of Regulation 9: Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of 26 February and 4 March 2019, improvements had been made in this key question and people were receiving a responsive service.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection, we found that there were improvements needed in people's care plans. At this inspection, we found some improvements had been made, but further improvements were needed to guide staff how people's individual needs were met. However, the co-manager said this was being addressed fully, the provider had invested in an electronic care planning system. This was due to be installed in the next few weeks. The day before the first day of our inspection staff had received training in the new system. Staff we spoke with were knowledgeable about people's needs and how they were met.
- A new handover system was being introduced. This included guidance for staff to discuss each person and their wellbeing at the handover of the night and morning shift. At the second day of our inspection visit, a staff member told us that they had attended their first one and found it helpful to identify any actions needed to support people.
- People told us they were happy using the service, and they received personalised care which met their needs. One person said, "I'm very happy here. The staff are very good. They have very nice meals and the lounge is a nice place to meet people. If you have a problem you can always talk to them about it; they call us by our Christian names. I feel very lucky to be here." One person's relative told us how their family member's wellbeing had improved since living in the service, they said, "[Family member] got a lot stronger since coming in here from hospital. It's due to the care they've given; the way they've looked after [family member]."
- There was a programme of activities which reduced the risks of people being lonely and isolated. This included both group and one to one activities. Different visiting entertainers visited once a week. On the second day of our inspection people were enjoying a visiting country and western singer. One person said, "Recently there's been a lot more going on. The singer and the keyboard are really good." Another person commented, "I do painting, making cards and sowing." A third person told us, "I'm really happy here. They had singing yesterday and exercises which were really good." However, some people said they would like more to do. One person's relative said, "It's all very nice here and the staff are very nice. It's just that I wish they had a bit more for people to do; that they did a bit more to encourage people to do things." One person who chose to stay in their bedroom said, "I spend virtually all the day in this room and I sleep an awful lot." The co-manager told us that people did receive one to one interactions and they would ensure this was recorded in people's records to evidence this.
- The service had responded to people's needs, which included two staff supported a person to travel and attend a relative's wedding. The person told us, "Two of my carers are going with me to help me so I can go

to it and they're trying to find a morning suit for me."

Improving care quality in response to complaints or concerns

- People told us that they felt confident that if they raised concerns that they would be addressed. One person said, "If I've got a problem I'll talk to [senior carers], either of them." Another person commented, "I've no concerns, but if I had any I would talk to [assistant manager] or [senior care staff] and they would sort it out."
- There was a complaints procedure in place. This was displayed in the service to ensure people and visitors were aware of how to raise concerns. There were compliments, complaints and concerns forms and envelopes that people could use in the entrance hall to the service.
- Since our last inspection the service had introduced a system for staff to record any verbal concerns they received from people. We reviewed the book and the actions taken as a result of people's comments. This included providing a specific colour of bedding and equipment in people's bedrooms.
- Records demonstrated that concerns and complaints were addressed and used to drive improvement, such as providing guidance and training to staff.

End of life care and support

- There were systems in place to support people who required end of life care.
- People's care records included their choices relating to the end of their lives, including if they wished to be resuscitated.
- We reviewed a person's care plan who was nearing the end of their life. The records identified the support the person was receiving, in line with their wishes and needs, including medicines to reduce their pain.
- Staff understood the importance of providing people with a caring, dignified, comfortable and pain free death, as possible. Staff had received training in palliative care.

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 of 16 and 18 October 2017, the service was rated requires improvement overall. The key question for well-led was rated requires improvement. There were breaches of Regulation 12: Safe care and treatment, Regulation 9: Person centred care and Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of 26 February and 4 March 2019, improvements had been made and the service was no longer in breach of any Regulations. Improvements were being made and ongoing in the governance systems.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been some improvements made in care records and how the service monitored and assessed the service provided to people. These were not fully implemented and were ongoing. We were assured that there were clear plans going forward. There was minimal impact on the people who used the service because staff were knowledgeable about how people's needs were met.
- The co-manager was in the process of registering as registered manager with the Care Quality Commission. They told us about the plans of how management duties were being divided between them, and for example finances to be overtaken by another family member who worked in the service. The co-manager said that this would free them up to further improve the auditing and assessment of the care provided to people. A plan identifying areas for responsibility for senior staff had been completed.
- Since our last inspection, an assistant manager had been employed. They showed us the monitoring systems which they were responsible for completing, which demonstrated improvements in the governance of the service.
- The service had not notified us of people with pressure ulcers grade 3 and above or an incident which should have been reported to safeguarding. This was done immediately when we pointed it out to the management team.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The co-manager described the staff as passionate and loyal. The service was a family run business and this was seen by the management team, staff and people using the service as positive in providing a family orientated service.
- Staff were committed to providing good quality care and understood the provider's values.
- The staff, including the management team, understood their responsibilities under their duty of candour policies and procedures. This included providing an apology when things went wrong.

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

- People told us that they knew who to speak with if they had any concerns. One person said, "[Assistant manager] makes [themselves] available; [assistant manager] is a good organiser and takes time to listen." Another person commented, "There aren't any resident's meetings, but I go to [assistant manager] instead if I want something or to find out something. [Assistant manager] is easy to talk to."
- Relatives meetings had been introduced, with one being held in February 2019. The minutes of this meeting showed that people decided on quarterly meetings going forward. The minutes demonstrated that people's relatives were being kept up dated on any changes and improvements being made in the service.
- People using the service, their relatives, stakeholders and staff had been asked for their views about the service provided in satisfaction questionnaires. These were in the process of being analysed by the assistant manager. We saw the records of what they completed and some improvements had already been taken as a result of people's comments. This included the refurbishments of the service.
- Memorandums were displayed in the service advising staff of any changes, for example to improved handover system, and were asked to share any ideas they had that could improve the systems.

Continuous learning and improving care

- The assistant manager was working on a qualification relevant to managing care services. They told us how their learning had assisted them to discuss with the management team and focus on some improvements required.
- Staff were positive about the learning opportunities they were provided with. The co-manager told us how staff were provided with face to face training to encourage discussions and to allow staff to discuss how their learning was used when delivering care and support to the people using the service.

Working in partnership with others

- The co-manager and assistant manager told us about the positive relationships they maintained with other professionals involved in people's care.
- The service worked to develop links within the community. This included visiting entertainers, visiting local worship groups and local politicians had visited the service to answer questions and assist people to make their decisions when voting. People used the local coffee shop and library and could participate in community events including the carnival.
- Some local school children had attended the service to visit people living there.