

AMS Care Limited

Gifford House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gifford House is a residential care home providing personal and nursing care for up to 102 older people. At the time of our inspection 82 people were receiving a care service at Gifford House.

Care is provided across 4 units over 2 floors. When we inspected all 82 people were receiving nursing care; some were also living with dementia. Each unit has separate communal rooms such as dining rooms and lounges.

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

There had been improvements since our last inspection and people were being supported safely. However, improvements in quality checks and management oversight were required so people could be confident they would receive safe, good quality care.

Relationships with external stakeholders were not always open and positive when concerns were raised about care. The provider and registered manager had not fully engaged with local networks and external resources and were not always aware of best practice.

Care records were not always completed effectively. A new electronic programme had been purchased which would support improvements in oversight and recording.

Additional staff had been recruited to improve the maintenance of the service. The provider was continuing to enhance the design and décor, in particular, to ensure it supported people living with dementia.

Feedback from people and relatives was largely positive.

There were systems in place to safeguard people from abuse. We made a recommendation about increasing the focus on safeguarding throughout the service. There were enough staff to provide safe care. Planned recruitment of activity staff was in place to support people's wellbeing. Medicines were administered safely. Staff supported people to minimise the risk of infection.

There was a consistent management and staff team. There had been a marked improvement in staff training and morale. Staff retention was good and the use of agency staff was reducing.

People had personalised risk assessments and care plans. Staff monitored people's health and referred them to external agencies as required. People ate and drank in line with the preferences and needs.

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.

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 requires improvement (published 21 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gifford House Care 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. 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.

Inspection team

The inspection team consisted of 3 inspectors, 1 who was a registered nurse and an 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 visited the service and made phone calls to relatives.

Service and service type

Gifford 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. Gifford House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including information from a monitoring phone

call we carried out with the service in April 2023. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

The inspection

We spoke with 10 people who used the service and used observation to understand people's experience of care. We met with 5 family members and 3 external professionals who were visiting the service. We reviewed 8 people's care records and multiple medication administration records.

We spoke with the registered manager, the deputy manager, the care manager, reception staff, 3 nurses, 8 care staff, domestic and maintenance staff. We met with the provider and the nominated individual. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 3 staff files. We also looked at a variety of records relating to the management of the service and quality assurance arrangements.

After our visit we continued to seek clarification from the provider. We had email and phone contact with a further 3 professionals who worked with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. 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; Learning lessons when things go wrong

- As discussed in the well led section of this report there were systems in place around safeguarding; however, it was not a prominent theme across the service. We looked at multiple minutes from different meetings and noted safeguarding was not directly discussed at the meetings. We discussed this with the registered manager for them to increase awareness of safeguarding at the service.

We recommend the registered manager refer to best practice guidance to promote the importance of safeguarding and ensure it is central to everything that happened at the service.

- Staff had received training on safeguarding and there was information displayed about how to raise concerns on posters at the service. Staff told us they knew how to raise concerns.
- The registered manager told us they had improved their management of safeguarding alerts and investigations following an audit from the local authority. We saw that individual safeguarding investigations were thorough and were used to improve the service. For instance, after an investigation into an unexplained bruise, staff had received guidance to improve care for an individual and others in a similar situation.

Preventing and controlling infection

- We were somewhat assured the provider promoted safety through the layout and hygiene practices of the premises. There was a maintenance programme underway and additional staff had already been recruited to address some of the outstanding maintenance which we found during our inspection. The planned improvements would assist staff in minimising the risk of infection.
- People and relatives were positive about the cleanliness of the service. They told us, "Its spotlessly clean here" and "It's very clean. First thing in the morning the cleaner washes the floor and dusts, and I mean really dusts."
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

Assessing risk, safety monitoring and management

- People had risk assessments and care plans which outlined individual areas of risk. These included areas such as skin integrity, pressure care, falls and mobility.
- Staff were knowledgeable about areas of risk for each person. Care plans detailed equipment in place to minimise risk. A professional told us, "I have found that the residents care needs are met safely at the home."
- When we looked in depth into potential concerns, we found actions had been taken and people received

safe care, however information was not always recorded in the forms provided. Some monitoring forms such as fluid charts were not correctly completed and actions were not clear. Instead, we found records of actions in staff handover minutes, complaints folders or daily care records.

- Staff meetings showed the registered manager had been working with staff to improve their recording and had recently created a new role of senior care staff who would have greater responsibility for care records on their unit. The new electronic monitoring service had been purchased to improve recording and oversight.

Staffing and recruitment

- There were enough staff to keep people safe. Some people told us staffing was stretched at weekends, though we did not find an impact on people's safety. The lack of activity staff meant people were not always being stimulated, however this was being resolved through recruitment of a new activity coordinator.

- People told us staff came when they called. This was confirmed by our observations. People told us, "They come if I press the alarm" and "I use the alarm and they come soon, day and night. The staff are always there if I need them."

- The provider operated safe recruitment processes. Agency staff were recruited safely. There had been a marked reduction in the use of agency staff which was key to the improvements found at the service as people were supported by a consistent staff team.

Using medicines safely

- People were supported to receive their medicines safely. We observed the 3 nurses on duty supporting people with their medicines and noted they administered medicines safely and as prescribed.

- Medicines were stored safely, and records were completed accurately. Medicines were in-date and stock tallied with medicine records.

- Staff only administered medicines if they had received the required training and had their competency checked by appropriately qualified staff.

Visiting in care homes

- The service was promoting visits to the service, in line with current guidance.

- We were assured the provider was preventing visitors from catching and spreading infections. Visiting arrangements and infection control had been discussed at a recent relatives meeting.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we made a recommendation around seeking best practice to ensure the environment supported people with dementia. The provider had made some positive changes to the environment in response, for example handrails had been painted a contrasting colour.

- However, the provider had not fully ensured the design and decoration of the environment promoted people's wellbeing in line with best practice. For example, there was limited stimulation for people going for a walk around the service. The provider told us planned improvements had been delayed due to the COVID-19 pandemic and they had a new interior designer working with the organisation to focus on improvements.
- The provider described how people had been involved in the changes which had been made to décor and design. For example, they had changed their plans for the style of dining room chairs following consultation with people.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider review their systems and processes for engaging with staff to promote wellbeing and ensure they felt supported and listened to. We found the provider and registered manager had worked hard in response to our feedback and this area was much improved.

- We had positive feedback from all the staff we spoke to and they confirmed things had improved. A member of staff told us, "I feel confident with management support and I can rely on the staff team to provide assistance when needed."
- The registered manager told us they had improved training and retention. In addition to mandatory training, they had introduced a new programme to recruit and upskill care staff to a new senior role. This included detailed guidance for seniors, for example about how to review key areas such as mobility and when to involve external professionals. This demonstrated a commitment to staff and developing their skills and opportunities.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. People had their needs assessed by senior staff prior to moving into the service.

- Care plans were detailed and personalised and were amended when people's needs changed. Senior care staff had received detailed guidance on how to improve care plans and ensure they were personalised.

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

- People were offered choice, in line with their preferences. Staff showed people the alternatives available at mealtimes, in line with good practice. There were plentiful snacks available, which staff prepared freshly in the kitchenettes attached to the lounges. A person told us they had a sandwich every evening. A relative told us, "There's always tea and snacks. [Person] wakes up early and staff bring a cup of tea."
- Staff supported people who had specialist nutritional needs, consulting with external professionals when necessary. Staff had supported a person to achieve improved outcomes in this area.

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

- People were supported to access health care services. Prior to our inspection we had concerns raised that staff did not always refer externally when people's health needs deteriorated. We found no evidence this was a current issue. People had been referred promptly to specialist health teams.
- We had also received positive feedback from health professionals working with staff to support people at the service during our monitoring call in April 2023. We were told, "I regularly visit the home on a professional basis and I am always made to feel extremely welcome."
- The registered manager described the improvements they had made to improve referrals to external agencies. Senior staff had met to review each person living in a unit to analyse all the actions being taken, following up gaps and chasing any outstanding referrals. Recording and oversight of external involvement from professionals would improve with the new electronic system.
- Staff gave us example of how they were working with external professionals to meet people's needs. For example, a person who had arrived at the service with a pressure sore had been visited recently by an occupational therapist and a tissue viability nurse.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Senior staff had assessed people's capacity to make decisions and had where necessary ensured decisions were made in the person's best interest.
- Senior care staff had attended a workshop where there had been a focus on how to implement the MCA. Guidance was practical about considering people's capacity at reviews and what process to follow.
- Our observations and discussions found staff understood people's rights to make decisions. Staff were able to tell us who had capacity and how to support people with making a choice about their 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 we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had invested in the service but improvements did not always maximise people's outcomes or reflect an understanding of best practice when promoting the wellbeing of people living with dementia. For example, they had purchased boxes of sensory equipment however these were stored in cupboards and require staff support for people to access them.
- Staff were kind and attentive, however we did not observe much activity to support people's wellbeing during our 2 visits to the service. There was 1 activity coordinator, supported occasionally by care staff. They were thinly stretched across the large service. Discussions with the registered manager and minutes of a management meeting confirmed a new activity coordinator was being recruited which would enhance people's quality of life.

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

- In November 2022, we received concerns of poor care at Gifford House. The local authority visited the service and put an action plan in place which was met in 2023. When we inspected, key areas of concern had been resolved.
- However, roles and responsibilities in the management team were not always clear and the planning of quality checks needed improving to ensure consistency. When we found issues, such as poor recording, the registered manager could not demonstrate the effectiveness of their quality checks. For example, there were a number of individual unit audits but these were not done according to a structured plan.
- Improvements were needed to ensure risk was effectively assessed. For instance, the registered manager and provider did not have a well-ordered risk assessment or plan to ensure existing resources were deployed effectively and safely while they were recruiting for maintenance and activity staff.
- Risk was mitigated because there was an established management team who knew the service well. Many of the tasks completed by senior staff were a good standard. For example, a meeting to review gaps in people's health care was an example of good practice and had improved people's outcomes. A planned electronic monitoring system was due to be introduced which would support the registered manager ensure care standards did not slip again.

Working in partnership with others; Continuous learning and improving care

- We had mixed feedback from the professionals we spoke to during the inspection. Visiting professionals were positive about the individual care being provided to people and told us staff worked well with them. However, a number of professionals contacted us to say the registered manager did not always welcome constructive feedback about areas for improvement at the service. They told us this made it difficult to develop positive working relationships and the service was quite isolated from key stakeholders.
- Some professionals also told us it was not always clear who they needed to communicate with, such as the registered manager, nurses and deputy manager.
- We found evidence the registered manager acted on concerns which had been raised by external professionals. However, they had not always used these opportunities to show they welcomed feedback. This did not encourage ongoing, open dialogue.
- Throughout the inspection we found a focus on people's health care needs as compared to themes such as safeguarding. The management team were all nurses and had some links with health professionals, in particular about people's individual needs. The registered manager had not developed networks, for example, with other local care homes or sought out resources provided by the local authority and health commissioners. As a result, they had not benefitted from shared best practice in the health and social care sector.
- We fed back these comments to the registered manager and provider for them to review in line with other ongoing improvements.

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

- We had contact with 9 relatives when monitoring the service in April 2023. All the feedback was positive about staff and the management team. A relative said, "Gifford House embrace the whole family and are extremely supportive."
- This feedback was reflected when we spoke to relatives during our inspection. A relative told us, "We have spoken with the manager. They are very approachable." They told us there was a WhatsApp group and relatives' meetings to help them keep in touch with the service.