

Cieves Limited

# Gorselands Residential Home

## Inspection report

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20 February 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Gorselands is a residential care home registered to provide personal care for up to 21 older people, some of whom may be living with dementia. There were 16 people using the service when we inspected. The building is a large period property with communal areas and bedrooms on two floors. There is a lift to the second floor.

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

Following the last inspection, the provider and registered manager had undertaken a review of the systems and procedures which had contributed to the Inadequate rating and the service remaining in Special Measures. The actions taken following this review were clear to inspectors and there was evidence of improvement throughout the service. However, further work was still needed to address the concerns identified during this inspection and to ensure the improvements already made were fully embedded and sustainable.

People who were able to, had consented to their care. However, records relating to people who did not have capacity to do this, required further review to ensure they were fully in line with best practice. Following our inspection, the provider confirmed that they had carried out a comprehensive review of these records to make sure they accurately reflected how people's rights were being protected.

Risks had been reviewed since the last inspection, but some risks posed by the environment had not been fully assessed and mitigated. The environment was not always suitable for people living with dementia, especially if their condition was likely to deteriorate. We have made a recommendation about creating a suitable dementia friendly environment.

There were enough staff and they were safely recruited. Staff understood their safeguarding responsibilities and knew how to reduce the risk and spread of infection. Medicines continued to be very well managed.

Staff received training and support to carry out their roles and worked well with other healthcare professionals. People's needs were assessed before they were admitted to the service and their healthcare, eating and drinking needs were well managed.

Staff demonstrated a kind and caring attitude and relationships between staff and those they were caring for were good. There was a warm and homely atmosphere within the service and people told us they felt well cared for. People's privacy and dignity were maintained.

Care was person centred and care plans contained information about people's needs and preferences. Activities were varied and people enjoyed them. People's care needs and preferences for the end of their life had been discussed with them and recorded.

### Rating at last inspection and update

The service was rated Inadequate at the last inspection (published 16 August 2019.) At that inspection we found three breaches of regulation. This was because the provider did not have systems set up to safely assess and manage risk and had not ensured people had consented to their care. The inspection before this had also identified the same concerns about safety and risk management. The service remained in Special Measures following that inspection, having been previously placed in Special Measures on 28 September 2018.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

The rating for this service has now improved to Requires Improvement. During this inspection the service demonstrated to us that sufficient improvements have now been made and the service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor this service and will request an improvement plan to help us do this. We will inspect it again in line with our regulatory inspection schedule, or sooner should we have any concerns.

## 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 not always safe.

Requires Improvement ●

### Is the service effective?

The service was not always effective.

Requires Improvement ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was not always well-led.

Requires Improvement ●

# Gorselands 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. 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors on 19 February and by one inspector on 20 February.

#### Service and service type

Gorselands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service including notifications of incidents and accidents which they are required to send us by law. We also sought feedback from the local authority quality monitoring team. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with three members of the care staff including one senior, the chef, the quality assurance manager, the registered manager and the provider.

We reviewed a range of records. This included four people's care records and three medication administration records. We looked at one staff file in relation to recruitment and at other records relating to training and staff supervision. We also viewed other records relating to the quality and safety of 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection, some risks to people's safety had not been fully assessed and the provider had not acted to reduce these risks. This resulted in a breach of regulation 12 of the Health and Social Care Act (2008) (Regulated Activity) Regulations 2014.

At this inspection we found the provider had made some improvements and they were no longer in breach of this regulation. However, some concerns about the management of risk still need to be addressed.

- People had individual risk assessments in their care plans. These related to a variety of issues including falls, choking and pressure care. Risks assessments set out the risk and outlined clear measures to reduce it. Staff were knowledgeable about people's individual risk profiles.
- However, we found one assessment which was not sufficiently detailed. A person was known to walk around the service frequently, rarely staying still. Another person who used the service told us the person often came into their bedroom which they did not like. They said this had happened three times on the day of our first inspection visit. All the risks associated with this, included some which were known risks, had not been fully explored. We fed our concerns back to the provider and registered manager who assured us they would review this.
- Risks posed by the environment had improved. However, wheelchairs were stored in a designated and clearly marked area of a corridor. However, footplates and lap belts were not always contained within this designated area and posed a potential trip hazard. We discussed this with the registered manager who told us they were planning to redesign the space and create a secure storage system. By the second day of our inspection visit they had begun to take action to do this.
- Some areas of the service required action to make sure people could be independent and safe. For example, several large items of furniture were not firmly secured to walls to ensure people did not pull them over and harm themselves. A radiator cover was only loosely fixed in one bathroom and could have posed a hazard if someone leaned against it.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff received appropriate training and knew how to recognise and report any safeguarding concerns. The registered manager had made safeguarding referrals when needed and was aware of their responsibilities to take prompt action. The provider had recently reviewed their whistleblowing policy which clarified there would be no recriminations for any staff raising safeguarding concerns.

### Staffing and recruitment

- The provider recruited staff safely, carrying out appropriate pre-employment checks.
- There were enough staff to meet people's needs. People who used the service, and staff, told us there were enough staff and audits of call bell response times confirmed this.
- The service did not use agency staff and covered shifts with their own bank staff. This meant people were supported by staff who they were familiar with and who were able to get to know them and their needs.

### Using medicines safely

- People received their medicines as prescribed and medicines were managed safely.
- Medicines were stored appropriately, and effective stock control systems were in place. Staff received medicines training and their competence to administer medicines was checked three times a year by the registered manager.
- Medicines which were given on an 'as required' basis, had clear protocols in place to guide staff.

### Preventing and controlling infection

- The service was clean, and the staff had a good understanding of infection control procedures. Staff had access to the equipment they needed to reduce the risk and spread of infection.
- The kitchen and laundry had infection control systems in place and staff received infection control training.

### Learning lessons when things go wrong

- Where any incidents or accidents had occurred, these were reported, reviewed and action taken to further mitigate risk where needed. For example, one person had left the service when it was not safe for them to do. This was because the garden was not secure. The provider had ensured that the garden was now accessible but secure and had updated the person's risk assessment. Staff were clear about the potential risks for this person.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we identified a breach of Regulation 11 of the Health and Social Care Act (2008) (Regulated Activity) Regulations 2014, which relates to consent.

At this inspection we found the service had made enough improvement and was no longer in breach of this regulation, although further review of some records was still needed.

- At our last inspection we found records relating to people's capacity to consent were not specific or were unclear. At this inspection we saw some improvements. People's capacity to consent to care and treatment had been individually assessed and a 'Best Interests' meeting held, if they were assessed not to have capacity to consent.
- However, the records were not always clear about how other people's views had been collected. Some of the 'Best Interests' meeting records had only been signed by the registered manager, even if others had been involved. We asked the registered manager to review these records to ensure they accurately reflected the 'Best Interests' meeting which had taken place. The registered manager confirmed to us that, following the inspection, they had reviewed all the relevant records and had ensured the decision-making process was clearer.
- Staff received training in the MCA and understood its basic principles. Staff were seen to ask people's permission before carrying out caring tasks.
- Where people had the capacity to make decisions about their care, they were supported to make these decisions, even if they went against medical advice. For example, one person had been prescribed a medicine to manage their health condition. They had decided this would impact them negatively in other

ways and told us, "I don't want it. I want to enjoy my life." This decision was recorded and respected.

- Where people had a DoLS in place, this was kept under review and restrictions were the least restrictive measures possible. The registered manager, and staff, understood the process of making an application and knew the implications of depriving a person of their liberty.

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

- We also noted that, as on previous inspection visits, there was a stairgate at the foot of the main stairs. This was designed to ensure people with poor mobility could not access the stairs independently and injure themselves. Staff told us that two people living with dementia might be able to open this gate. This could pose a potential risk to themselves and to others. The provider had not been proactive in fully considering all the environmental risks relating to people's increasing dementia.

We recommend the provider considers best practice with regard to creating a dementia friendly environment.

- Some areas of the service were not very warm, especially the dining room which several people told us they did not use. The provider was aware of some issues with the boiler and was addressing this. People affected had been provided with additional portable radiators and blankets, where necessary. Staff carried out additional checks to monitor the temperature of the rooms.
- The service was homely, and people's rooms reflected their personality and taste. People's personal items, such as ornaments and the paintings one person had done, were displayed in communal areas, which people liked. New laminate flooring had been laid since our last inspection and provided a safer flooring surface. It also made it easier for staff to operate equipment such as the hoist. There were signs and photos throughout the service to help people navigate their way around independently.

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

- People received an assessment of their needs before they moved in to the home. This was designed to make sure the service could meet these needs and to provide an initial framework for people's care plans.
- Assessments included input from relevant family members and professionals, where appropriate, to help provide a holistic picture of people's needs.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable in their roles. They received a comprehensive induction and completed the Care Certificate, which is a nationally recognised scheme for newly appointed staff.
- Staff received ongoing training and support. The registered manager gave staff regular supervision sessions and an appraisal system was in place. Staff told us they felt well supported and had the training they needed.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were happy with the food provided and told us they could have an alternative to the meal served, if they wished. One person told us, "I don't usually have anything from the main menu – I'll have an alternative." The cook was knowledgeable about people's preferences and understood how to support and manage people's dietary requirements.
- Some people chose to eat in their rooms and staff provided sensitive support where needed. We observed one person struggling to eat their food as they could not get their wheelchair close enough to the table. We noted that they, and others, might benefit from adapted cutlery or plate guards to help them. We saw one

person had adapted cutlery which helped them eat independently.

- Where people had been identified as losing weight, the staff referred them promptly to the dietician or to a speech and language therapist, if a person was struggling to swallow their food. Staff followed the guidance these professionals gave, for example, to puree a person's food to make it easier to swallow.

- At our last inspection we had concerns about the management of people's diabetes. Systems were not clear and there was a risk of people's condition deteriorating and staff being unclear about what action to take. At this inspection we found significant improvement. People had their own diabetic management folder and records were good. Staff were clear about the actions they should take if a person showed signs of their blood sugars becoming too high or too low.

- The service was following best practice regarding people living with diabetes. People did not receive specialist 'diabetic' foods but were encouraged and supported to make healthy choices with their food. One person told us, "[I have] no problems eating. I see the diabetic nurse and the chiropodist.....I watch my diet."

- People's physical and mental healthcare needs were managed well. Staff made appropriate and timely referrals to other healthcare professionals and worked with them to ensure people's health needs were monitored and managed.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and caring. One person said, "The staff are really lovely - always upbeat and [they] will help out...You can have a laugh with the staff." Another person said, "Staff are always nice and not just because you are here!"
- Several staff had been at the service a long time and good relationships had formed. We observed staff treating people with patience, kindness and anticipating their needs. Several staff referred to the service as a 'family.' A person who used the service commented, "I'm in a routine and happy here. [I] - wouldn't want to go anywhere else- feels like a family."
- People told us staff provided their personal care sensitively and in private. We observed staff providing reassurance to a person who had become very distressed at the prospect of using the hoist. Staff explained what they were going to do at each stage and gave the person positive feedback throughout the manoeuvre. The person stayed calm and staff hoisted them successfully. We also observed staff noticing that one person was withdrawn from the group in the living room. They went over to them and gave them a flower to smell which engaged their attention.
- Staff encouraged people to maintain their independence and care plans documented how they should do this. Each care plan contained a section which assessed how much the person could be involved in daily tasks and chores within the service, if they wished this.
- The provider's policies and procedures recognised people's diversity and the importance of treating everyone equally. Staff treated people as individuals, respected their choices and were very mindful of what was important to people. For example, it was very important for one person that they had a particular item with them. Staff were very respectful of this and took care to ensure the person always had access to the item.

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

- People, and their relatives where appropriate, were involved in decisions about their care. People met with the registered manager and signed their care plans to demonstrate their agreement. The provider was often at the service and people discussed their care needs with them also.
- We saw staff listening to people's choices and acting on them during our inspection visit. This included if they wanted to participate in activities, where they wanted to spend their time and if they needed assistance with their meal.
- People's records included their preferences relating to their care, including their likes and dislikes.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- Care plans documented people's care and support needs and preferences. Care plans were reviewed with the person and their family, if appropriate, every six months. This happened more frequently should there be a change in the person's needs.
- Staff knew people well and were able to tell us, in detail, about their needs, preferences and life histories. Plans documented if people preferred to receive their care from male or female staff and this was respected. The provider carried out satisfaction surveys with people who used the service and ensured they followed up any informal concerns people expressed about their care.
- There was a complaints policy and procedure in place and people told us they knew how to make a formal complaint if they needed to. The policy was clearly displayed within the service and each person had a copy. There had been six formal complaints since the last inspection. These had been fully investigated and dealt with promptly and in line with the provider's procedure. Some complaints related to difficult situations which the provider and registered manager had handled with tact, sensitivity and diplomacy.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities and outings the service provided. There were photographs around the service documenting recent outings and events. Activities included darts, board games, bingo, exercise and singing. Outside entertainers came frequently and people told us they really enjoyed this. In summer people told us they were able to use the garden.
- People said they did not feel pressured into joining in if they did not wish to and people were observed reading their books, magazines and newspapers or just chatting to their friends. Staff ensured one to one time for those who did not like doing group activities. This included just sitting and chatting, as well as doing pampering activities such as people having their nails done.
- Records showed that one person had requested to visit the town and go to a café and additional staffing had been put in place to enable this.
- Family and friends were welcome to visit and did so regularly. The registered manager and staff helped to facilitate relationships, so people remained in contact with family and friends, if they wished this. Several family members visited during our inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific communication needs these were noted in their care plan and understood by staff.
- Information was available in accessible formats, such as large print and on a background more suitable for people with visual impairments. The service had used advocacy services when people needed this additional support.

#### End of life care and support

- There was a section in people's care plans to document their end of life care wishes. One person's plan contained some contradictory information which the registered manager agreed to clarify with the person.
- Palliative care was organised for people and aimed to ensure people's final care needs were anticipated, met and any pain controlled.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent.

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

At the last inspection we identified a breach of regulation 17 relating to the leadership and governance of the service. At this inspection we found that the provider is no longer in breach of this regulation. However, some further work was needed to achieve a good rating and fully ensure the safety and quality of the service.

- The provider had a service improvement plan which monitored all aspects of the service and was designed to ensure that the service was meeting the regulations. This document was a working document, which the provider kept updated.
- Some issues found at this inspection had not been identified by the provider's governance systems and therefore, did not form part of their service improvement plan. For example, environmental issues and omissions from care records, including those relating to the Mental Capacity Act 2005, had not been identified. The provider acknowledged our feedback and agreed to take immediate action to correct these areas.
- The registered manager provided supportive leadership for staff. New systems had been introduced and were mostly working well. They understood their legal duty to inform CQC of relevant incidents and had done so when required. The registered manager and provider were required to send CQC a monthly update regarding the management of falls and of medicines. This was an additional condition placed on their registration at a previous inspection. These reports had been received as requested and were of good quality. They provided us with reassurance that these issues were being well managed. This inspection has confirmed this.
- There was a clear quality assurance system in place. The provider had employed a quality assurance manager following the last inspection. Their role was to identify any shortfalls in quality, and work with the staff to bring about improvements.
- In addition to this, the registered manager carried out a number of spot checks and observations of staff practice to ensure staff provided safe care and were following best practice. They also used data from audits to try and identify any patterns and trends.
- Both the registered manager and provider had attended local forums and workshops to learn and further enhance their skills and knowledge

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Following the last inspection, the provider and registered manager had undertaken a review of the

systems and procedures which had contributed to the inadequate rating. People who used the service told us they were aware of a lot of improvements at the service. One person said, "They have made a lot of improvements, particularly with the environment."

- People who used the service, staff and relatives had been asked for their feedback about the service. People's comments and suggestions were considered as part of the wider improvement plan. Everyone knew the provider, who was often at the service and people told us they felt able to raise any issues with them or with the registered manager.
- Staff told us their regular supervision sessions and staff meetings gave them the opportunity to raise concerns and make any suggestions. One member of staff commented, "[Registered manager] is a good manager. [You can] raise concerns. [They] are open and reassuring. Their door is always open. The provider is very open too [and] visible."
- Three senior staff had taken on additional roles relating to first aid, admin, fire safety and the induction of new staff. The provider and registered manager told us they had identified that some issues had been previously overlooked and so they had decided to change the lines of accountability.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the registered manager understood their duty of candour and knew which issues needed to be shared. This included sharing key information with people, or their representatives, apologising for any shortfalls and assuring people how lessons had been learned.
- The provider had been honest and open with people who used the service and relatives following the last inspection and its rating of Inadequate. They had spoken to people about how they intended to make the required improvements and kept them informed.

Working in partnership with others

- The service had good links with the local community. Professional health and social care teams worked with staff to enable them to implement their advice and guidance.