

The Gloucester Charities Trust

# Guild House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

Guild House is a care home without nursing for up to 35 older people, some of whom are living with dementia. At the time of this inspection on 4 November 2020, there were 30 people living at the service. Six people were living with diabetes at the time of our inspection.

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

The service had a diabetes management policy in place. This was developed in line with current national good practice guidance.

Information was available to staff to know how to recognise when people's blood sugar levels were becoming unstable. This included information provided by the GP during people's diabetes reviews.

People were supported to manage the risks associated with diabetes and were supported to access foot and eye care services.

The kitchen staff were familiar with people's food preferences and people living with diabetes were supported to have the choice of a balanced diet.

The provider and registered manager were committed to making improvements to the service when concerns were raised. They had reviewed their pre-assessment process prior to our inspection to ensure comprehensive medical information about people's health such as borderline diabetes would be gathered prior to admitting people to the home.

The service had appropriate infection control policies and procedures in place. These were developed in line with current government guidance. We were assured the service were following safe infection prevention and control procedures to keep people safe.

Rating at the last inspection

The last rating for this service was Good (published 3 January 2019).

Why we inspected

This targeted inspection was prompted by concerns received to CQC in relation to the management of people's diabetes. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We also 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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Were assured people living with diabetes were supported to manage the risks associated with their health.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

**Inspected but not rated**

# Guild 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Guild 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. 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 took place unannounced.

#### What we did before the inspection

We reviewed all the information we had received about this service since the last inspection. This included information of concern, information provided by the provider and feedback from commissioners of the

service and involved healthcare professionals. We used all of this information to plan our inspection.

During the inspection

On 4 November 2020 we spoke with the deputy manager, one member of care staff and one chef employed at the home. We reviewed a variety of records relating to the management of the service, including policy and procedures.

The registered manager was not available on our first visit. We returned to the service on 4 December 2020 and we spoke with two care staff, the head of care, a shift leader and the registered manager. We reviewed a range of records. This included the care and risk assessments and associated records for three people living with diabetes. After this visit we spoke with the Chief Executive of the provider.

# Is the service safe?

## Our findings

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

We have not made a rating of this key question, as we only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check how the service were ensuring people's diabetes care needs and risks were being assessed and how people were protected from risks associated to their care. We will assess all of the key question at the next inspection of the service.

### Assessing risk, safety monitoring and management

- People living with diabetes had diabetes care plans and risk assessments in place detailing the support they needed to manage their health. This included the dietary support they required, where they were able to make choices in relation to their diet and any medical checks or appointments required, such as blood sugar checks.
- People's diabetes care and risk management plans informed staff for example, how to identify when people's blood sugar levels became unstable and the action, they then needed to take to keep people safe. Staff told us they knew people's needs and when people were feeling unwell.
- When people required regular blood sugar checks to monitor their diabetes this was completed. The GP had reviewed people's diabetes care and provided clear information so that staff would know when to request medical assistance when they found people's blood sugar readings to be high.
- Care staff were trained in the use of a nationally recognised tool to identify when people began to feel unwell. One member of staff told us, "We all are able to look for signs and symptoms should people be feeling ill, we are a strong team and we communicate really well."
- Care plans also described how other health risks associated with diabetes needed to be managed such as ensuring people received appropriate foot and eye care to ensure they remained healthy. The registered manager had a system to monitor when people had received support from healthcare professionals, which included GP visits, opticians and the chiroprapist.
- Each person had a hospital passport which was a care plan that gave health professionals all the information they required about people's diabetes care if they were to be hospitalised to ensure people would continue to receive appropriate care.
- Records showed where people were prescribed medicines to manage their diabetes, they had received their medicines as prescribed.
- People living with diabetes were encouraged to have a healthy balanced diet to keep their blood sugar levels stable. People's dietary needs were reviewed by the GP and known to the catering staff to ensure people were offered appropriate meal and snack options in accordance with their preferences. A chef we spoke with showed us the systems used to communicate people's dietary needs to the kitchen staff to ensure the appropriate meals were prepared.
- Staff discussed some people could at times make 'unwise' food choices. Staff said they would respect people's decisions as they had the mental capacity to make these independently. However, continued to

inform people of the impact their lifestyle choices could have on their health and would contact the GP if they had any concerns about people's health.

- Clear guidance was in place for staff to assist people who needed support to eat and drink or were at risk of choking to ensure they would remain well nourished. This included the consistency of the food and support required when eating and drinking.
- People's weight was monitored as needed and a universally recognised assessment tool was used to identify when people were at risk of malnutrition. Where monitoring identified people were at risk of becoming malnourished records showed the support people required and where additional support was required such as fortified diets. Where necessary staff completed food and fluid charts to ensure people received enough to eat and drink.
- Staff received training based on people's individual needs. The registered manager and care manager explained how they ensured staff had the right skills to care for people's needs and promote their health and wellbeing. The provider had recently implemented diabetes training for staff.

#### Learning lessons when things go wrong

- The provider and registered manager ensured lessons were learnt when things went wrong. Following a concern raised about people's diabetes care, the provider and registered manager had taken prompt action to review their assessment process.
- The registered manager told us more robust pre-admission assessments had been introduced to ensure comprehensive information about a person's health needs would be available prior to them moving to the home.
- Additional information had also been included in people's diabetes care plans such as signs and symptoms staff need to be aware of when supporting people with a borderline diabetes diagnosis.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.