

Guysfield House Limited

Guysfield Residential Home

Inspection report

Willian Road
Willian
Letchworth Garden City
Hertfordshire
SG6 2AB

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Tel: 01462684441

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Guysfield Residential Home is a residential care home providing personal and nursing care to up to 51 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 34 people using the service.

Guysfield Residential Home provides care and support in one adapted building over two floors. There are shared communal spaces such as lounges, dining room and gardens for people to use.

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

People told us staff were kind and their needs were met. Relatives were also very complimentary about the care people received and the staff team.

Staff received appropriate training for their role and people felt they had good knowledge and skills. Staff felt supported by the provider and management team. They were positive about the new manager.

People felt they were safe and most felt well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents was completed, and any actions needed were carried out. There were elements of moving and handling practice that were being addressed. Additional training and supervision were ongoing.

Staff enjoyed working for the service and told us the culture was to ensure care was person-centred. They stated they would be happy to have a relative of theirs living there. Care plans were in place and were reviewed regularly. At times staff completed records retrospectively, however we noted needs had been met and the service was about to move to electronic care planning.

People's medicines were managed safely. Staff knew how to report any concerns about a person's safety or welfare.

People and relatives were asked for their views about the service and were positive about the management team. Staff were also asked for their views and felt the management team were approachable. There were monitoring processes in place to help monitor the standard of service and address the shortfalls. Additional management support and training had been implemented to help drive the changes needed.

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 good (Published 27 September 2017).

Why we inspected

We received concerns in relation to people's care needs not being met, safeguarding people from harm and the overall management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained the same based on the findings of this inspection.

We have found evidence that the provider needs to make some improvements. Please see the safe section of this full report.

The provider took action to mitigate risks to people prior to and during our inspection process. This included additional training, management checks and amendments to monitoring tools. This action had been effective in addressing these areas.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Guysfield Residential Home on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Guysfield 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 Health and Social Care Act 2008.

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 was carried out by one inspector.

Service and service type

Guysfield Residential Home 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. Guysfield Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the manager had applied to be registered.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 May 2022 and ended on 25 May 2022. We visited the location's service on 17 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with four people who used the service and received feedback from six relatives about their experience of the care provided. We spoke with the manager, the regional manager, a supporting manager from another of the provider's locations and four staff members. We received feedback from a further three staff following our visit. We reviewed a range of records. This included four people's care plans and daily notes for an additional people. A variety of records relating to the management of the service were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance 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 we rated this key question good. At this inspection the rating has changed 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

- People told us that staff looked after them well. Relatives told us they felt staff supported people safely. One relative said, "The care given to my [person] is excellent. [Person's] health and mental health was at an all-time low and the caring professional staff at Guysfield turned their health around."
- Staff were able to tell us about the people they supported; this included their individual risks.
- People had plans in place to help promote their safety. They covered areas including falls, skin integrity and moving and handling. However, we found that there had been instances, and also observed two instances, where moving and handling had not been done correctly.
- We observed two people being supported to transfer from chair to wheelchair. Both needed support from staff and staff did not follow appropriate moving techniques. We did observe a senior member of staff giving instruction on how to support a person to the agency staff member they were working with.
- One of the staff members told us that one of the people became distressed when using the hoist. The manager told us re-assessments were scheduled and showed us additional training was planned based on a concern they had received. Following our visit, the assessments had been completed and staff had received additional training and supervision by the provider's quality team. No further concerns were identified.
- We found that at times, charts such as checks on people in their rooms and repositioning, were completed retrospectively. While we saw staff were completing the checks, and people told us the staff were supporting them, records were filled out when staff had time. The manager told us that electronic records were being introduced, with training starting the following week, so this would reduce this issue. There was a risk assessment in place to ensure the safe and effective transfer of records.
- Accident and incident analysis was carried out and where needed action was taken to reduce the risk of a reoccurrence. This included reviews of medicines, moving rooms and changing people's bedrooms around.
- People had low beds and sensor mats when they were at risk of falling in their rooms.
- We also saw that where people were unable to use call bells, a sensor mat was installed in their room. Staff also carried out hourly checks on people in their rooms.
- We reviewed the plan in place to support a person who could at times become distressed. The plan detailed triggers to their distress and how to de-escalate their distress if it occurred.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Staff are lovely and look after me well."
- Staff knew how to report concerns about a person's safety and welfare, both internally and to external organisations.
- There had been some safeguarding concerns about the home. These were being investigated by the local safeguarding authority. The provider and management team acted in response to these being raised. This included additional spot checks, all people receiving a body map review, increased leadership in the home, additional training and staff meetings. No concerns were noted as a result of the management team's investigation and we found no concerns as part of our inspection.

Staffing and recruitment

- People told us staff were around when they needed them. One person said, "I have help when I need it."
- Relatives also felt there were enough staff. One relative said, "The phone is always answered quickly, and no question is too much, and they always know the answer, and know their care needs, during planned visits they look very looked after, happy and settled." Another relative said, "On most occasions I have witnessed there appears to be enough staff available to deal with immediate needs."
- Staff told us that staffing vacancies had made things more challenging. They said working with agency made shifts busier as until they were familiar with the home, they didn't know people or routines. However, staff said they felt care was safe. One staff member said, "At times it has been more task led than I would like, but the care is safe." Another staff member said, "We all work well as a team here." Staff told us that while the vacancies had made things more challenging, the change of staff was a positive thing to improve standards in the home.
- We saw staff were available when people needed support and call bells were answered promptly. At mealtimes, additional support from domestic and well-being staff was available to improve people's experience and reduce wait times.
- We reviewed clinical information such as pressure care numbers, falls and people's weights. We found that these were in low numbers. This indicated that people were being supported when needed. The manager also carried out analysis of these areas as part of the dependency checks that informed staffing levels.

Using medicines safely

- People's medicines were managed safely.
- We reviewed medicines recorded and counted a random sample of medicine quantities. We found that quantities of medicines were correct, and records were accurate.
- Medicines prescribed on an as needed basis included plans to advise staff on when they would be needed. Staff used a pain scale to assess if people were in pain.
- Handwritten entries were countersigned, there were daily counts of medicines and random quantity checks completed.
- Where a person was noted as needing to have medicines covertly, the record included input from the GP,

the person's next of kin and pharmacist advise.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections. However, they did not check we had a negative lateral flow test before letting us into the building.
- 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 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.

Visiting in care homes

- People were able to have visitors in the home. However, these needed to be pre-booked in line with the provider's policy. Current guidance is that there should be no restrictions on visiting to ensure people's well-being and personal lives are not impacted.

We signposted the provider to resources to develop their approach.

- Following the inspection, the provider updated their visiting policy to state that visits do not need to be pre-booked, unless in exceptional circumstances at the manager's discretion.

Learning lessons when things go wrong

- The management team shared any concerns, complaints and professional visit feedback with the staff team. They held meetings, supervisions and shared outcomes with the team. This included what action was needed to prevent a reoccurrence.

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 good. At this inspection the rating has remained the same.

This meant 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 were effective and robust governance systems in the service which covered the key areas such as medicines, care plans, accidents and incidents and infection control. Action plans were developed, and actions completed, for areas that needed improving.
- Where there had been concerns raised, for example in relation to safeguarding issues, the management team carried out full monitoring of the service. Where some points needing improvement had been found, they had developed an action plan to address these areas and these actions had been put into place ahead of our inspection. We found that any risks or concerns had been mitigated.
- The deputy manager had just recently taken over the role of home manager at the time of the inspection visit. They had applied to be registered. They were aware of what their responsibilities were and were working to ensure a good standard of care for people.
- The manager was being supported by a regional manager and manager from another of the provider's locations.

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

- People and their relatives were positive about the new manager. One relative said, "I know the new manager. They are very easy to talk to and listen well. We have a monthly newsletter and also meetings (online now) with family members of residents to talk about any problems and also to give ideas or suggestions. The management have always been willing to listen."
- Staff members told us they were frequently around the home providing guidance, implementing changes and offering support where needed. When we arrived, the manager was around the home carrying out checks. One staff member said, "[Manager] is very good, always out checking and offers help too, says what do you need and mucks in."
- During our visit we found the atmosphere in the home to be light and cheerful. Staff supported people in a way they chose and offered choice. People were happy and comfortable. Staff interacted positively, in a way that indicated they knew people well.
- People's care plans were detailed and were reviewed regularly. There was a plan to reassess everyone's care and support needs at the point of changing the plan from paper to electronic to ensure the information was accurate and so not to miss important information.

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, Continuous learning and improving care

- The management team were open with people, relatives and staff about the issues that had arisen in the home. This was shared through meetings and handovers.
- Relatives told us they were always kept informed. One relative said of a recent incident involving their family member, "The home manager phoned as part of this investigation asked us our view of the incident and if we had any concerns to how they had handled the incident, which we did not, and actions they had taken. This was also confirmed in a letter from the manager. [Person's] care needs have changed since this incident and we are fully informed of their change in care needs and how they are being managed."
- The provider was reporting to us events, incidents and safeguarding concerns along with actions on how they would address the areas identified.

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

- People and their relatives told us they felt listened to. They felt confident to express views or raise concerns should it be needed. One relative said, "We are asked to complete satisfaction surveys at regular times, views are welcomed at any time either via email, phone or at the relative's meetings. The service appears well run."
- There were meetings held with people, relatives and staff. Minutes to these were circulated to ensure everyone had access to the information. There was also a newsletter to help keep everyone informed.
- Surveys were sent to people and relatives. Responses were put into an action plan.
- Actions in place were reflective of people's involvement. Such as new bedding they would like, and activities or outings planned. The chef role included speaking with people after meals to gain their views on the food.

Working in partnership with others

- The management team were working with the local authority and the CQC to help improve the areas of shortfalls in the home.
- We found the management team to be open and receptive to our feedback.