

Mr & Mrs D J Hood and Mrs C A Bhalla

Gorsefield Residential Home

Inspection report

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Date of inspection visit: 18 November 2014
Date of publication: 13/04/2015

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The service provides personal care for up to 17 older people who may have dementia. There were 13 people living at the home on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We inspected this service on 18 November 2014. The inspection was unannounced.

At our inspection in April 2014 compliance actions were made as the provider was breaching legal requirements. These breaches related to the improvements needed regarding; risk assessments, staffing levels, mental capacity assessments, timely medical referrals, the quality of recording and quality monitoring systems not being effective and inconsistencies in records. Following

Summary of findings

this inspection we asked the provider to complete an action plan detailing when improvements would be made. The provider did not complete an action plan. We returned to the service in June 2014 and found some improvements had been made in respect of the recording of care. At this inspection we found that although some improvements were seen further improvements were still required.

People who were living at the service told us they felt safe. People's risk of harm was being assessed and there was guidance in place to manage people's risks.

The recruitment processes provided assurance that sufficient checks had been completed to ensure staff were suitable to work within a caring environment.

Staff received training which was linked to people's needs. Staff told us they received supervision and they felt supported to fulfil their roles.

We observed people being given day to day choices about food and bedtime preferences. People we spoke with told us they had not been asked to agree their care plans although some relatives told us they had been involved.

Some people were not provided with a suitable table to eat from. People at risk from weight loss were not being monitored in line with their care plans.

We observed that people were relaxed being with and talking to staff.

People we spoke with told us staff knew what they liked and how they wanted their care provided.

There were no regular arrangements in place to involve people in hobbies, pastimes and outings which interested them.

People and their relatives told us they would feel comfortable raising complaints or concerns with staff or the registered manager and felt they would be listened to.

The provider had asked people to complete a satisfaction questionnaire earlier in the year but there was no evidence that actions had been taken to address people's comments. There were no residents or relatives meetings in place for people to share their views of the service on a regular basis.

There were no systems in place to assess the quality of their service. Information from incidents was not used to identify trends which could affect or influence people's care. We identified some concerns with the way medicine stock was recorded. The provider did not have protocols in place to guide staff administering medicines prescribed on an 'as and when' basis to protect people from receiving medicine inappropriately.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 . You can see what actions we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe. The staffing levels had been increased but we saw people were left for long periods without supervision from staff. Staff were aware of their responsibilities to protect people from abuse. People's risk of avoidable harm was identified and acted upon. People received their medicines in a safe manner.

Requires Improvement



Is the service effective?

The service was not consistently effective. People's weight, including those at nutritional risk, was not being monitored as regularly as required. Staff did not fully understand the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff received training in the skills they required to support the people who used the service.

Requires Improvement



Is the service caring?

The service was caring. We observed good and appropriate communication between staff and the people who used the service. Staff knew people well. People told us they felt respected by staff and we observed people's dignity was protected.

Good



Is the service responsive?

The service was not consistently responsive. People were not supported to spend time as they wished. The care plans had been improved and included information about people's preferences. People and their relatives felt they could speak to the registered manager and staff if they had any concerns or complaints.

Requires Improvement



Is the service well-led?

The service was not consistently well-led. The provider did not return the Provider Information Return (PIR) we requested prior to the inspection. We took this into account when we made the judgements in this report.

People were provided with a satisfaction survey to complete but no actions were recorded to address the comments they made.

There was no audit programme in place to monitor the quality of the care which was provided.

People told us the registered manager was visible and approachable.

Requires Improvement



Gorsefield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 November 2014 and was unannounced.

The inspection was carried out by two inspectors 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 on this inspection had a special interest in older people.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we considered this when we made the judgements in this report. We also looked at the notifications that the provider had sent us. A notification is a document the provider must send us about incidents which have occurred in the home.

During the inspection we spoke with nine people who lived at the home, three relatives, four care staff, the registered manager and one of the providers.

We looked at care plans for five people, three staff recruitment files and documents associated with the management of the home.

Is the service safe?

Our findings

At our inspection in April 2014 we found the provider was non-compliant with staffing and that this had a minor impact on the people who used the service. There had been an increase in staffing levels since our last inspection which meant there was additional cover during the daytime. This increase was not reflected in the staffing levels at the weekend. The registered manager told us the provider did not feel as many staff were required at the weekend because there were no visits from the GP. The provider was not assessing people's needs to determine the staffing levels required. We saw staff were busy with tasks throughout our inspection which meant people were left for long periods without supervision. People told us staff would chat to them when they were serving drinks and meals. One person said, "I think they need more staff because I don't see them very often". Another person said, "The staff are really busy. They're here, there and everywhere". This meant people did not receive regular contact from staff.

During the last inspection we had also identified concerns about the lack of risk assessments and plans in place to manage risks of harm consistently. At this inspection we saw people's risks had been assessed and were being reviewed regularly. A person whose mobility fluctuated had a risk assessment in place which recognised this. The risk assessment covered both the use of a walking frame and the use of a wheelchair. It explained to the staff what was required and how to support the person safely. We observed this person being accompanied by staff and saw they were supported as planned. Another person had been assessed to be at harm of pressure damage to their skin because they could not move themselves easily. A management plan had been put in place to reduce the risk to this person. We saw that staff were following the plan and the position changes for the person were documented accurately.

People we spoke with told us they felt safe living at the home. One person said, "I feel very safe living here". People told us if they were worried about their safety they would let the staff know. One person said, "I sometimes worry when I'm being moved but the staff say 'Don't worry you'll be safe, we'll look after you' and they always do". Care staff told us they were aware of their responsibilities to maintain people's safety and safeguard them from abuse. We saw that staff had recently received training in identifying signs of abuse and all the staff we spoke with could explain what actions they would take if they had any concerns. This meant the staff understood their responsibilities to keep people safe.

We observed a member of staff administering medicines and saw this was completed in the correct manner. People's identity was checked and their medicine was not signed for until it had been successfully administered which demonstrated a safe process.

We identified some concerns with the management of medicines. One person was receiving medication for their eyes. This person told us and we observed that they were in constant discomfort and we saw that they had been prescribed drops to alleviate this. The administration instructions for one bottle of drops read 'Follow consultant instructions' and the other 'As directed'. Both sets of drops were being given once daily but staff we spoke with could not tell us what they based the frequency of use on. This meant the person may not have been receiving their treatment at the correct dosage or frequency.

We looked at the recruitment records for three staff and saw that appropriate checks had been undertaken before staff were able to work in the home. Staff we spoke with confirmed that they had been asked for referees prior to employment and had waited for the return of their disclosure and barring clearance (DBS) before starting to work. The Disclosure and Barring service (DBS) provides information to employers if potential staff have a criminal background. This meant people could be confident they were being looked after by suitably recruited staff.

Is the service effective?

Our findings

At our inspection in April 2014 we had raised concerns with the provider about the inaccuracy of the scales they were using to weigh people and the lack of suitable action when weight concerns were identified. Following our inspection the scales were replaced. At this inspection we saw some people had been identified to be at risk from not having sufficient amounts to eat and drink to maintain their health. We were told by the registered manager and staff that people were weighed weekly. In the care plans we looked at we saw people had only been weighed once or twice a month. This included people who had been assessed to be at risk. We saw one person had lost eight pounds in weight in one month and there was a comment next to the latest weight to 'observe' however it was not clear what this meant as no further action had been recorded. Staff we spoke with were uncertain what actions they should be taking. One member of staff said, "I'm sure they've been referred to their GP for supplements". We saw there was no referral documented for this person. This meant people at risk of poor nutrition were not sufficiently monitored.

Some people had chosen to remain in the lounges to eat their meals however there were no suitable tables to support people who wanted to eat in this way. We saw some people struggled to manage their plate on their knee. One person was balancing a plate with breakfast whilst attempting to take a tablet. There were small tables at the side of people but we saw, on two occasions, staff left drinks which people could not access. The registered manager confirmed they did not have suitable tables which meant people did not receive the support they needed to maintain their independence at mealtimes.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During lunch we observed staff engaging with people who were sitting in the dining room. Staff encouraged people to interact with each other so they could enjoy a sociable mealtime. People we spoke with told us they enjoyed the food at the home and were given a choice of meals. We observed the cook speaking individually to each person

during the morning asking them for their choice of lunchtime dish. One person said, "The food is good, they feed us very well". A relative told us, "My [the person who used the service] tells me the food is delicious".

People told us they were happy living at the home. One person said, "I'm pleased with everything here". A relative told us, "I like that it is small and has a homely atmosphere". People told us they thought the staff knew how to look after them. Staff said they could access training which reflected the specific needs of people living at the home and the training records showed staff had been provided with a range of training. Staff told us they had received training on safe moving and handling which had taken place in the garden. A relative told us they had watched them and saw they moved people as they had been taught. The registered manager told us they had all just completed eye care training and had, based on what they had learnt, changed the crockery which had previously been white to a coloured option. This meant staff used their training to improve people's care.

There was an induction programme in place for newly appointed staff who told us that although they had previous experience of caring, they had been provided with information and support prior to working independently in the home. This meant staff were given time to become familiar with the people who used the service before working without supervision.

There was low staff turnover at the home and the staff we spoke with referred to good staff relationships and support from the registered manager. Staff told us they received individual supervision sessions with the registered manager which gave them an opportunity to have a one-one-one discussion with the manager about any concerns they had, their training needs and also receive feedback on their performance.

People told us and we observed that staff asked them for their agreement before delivering care. People told us they had not seen their care plans or been asked to sign them to indicate they were happy to consent to the care and treatment they received. We did see a relative's signature on a care plan. This meant staff had not recorded people's agreement to care.

There was some confusion by staff we spoke with about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Standards (DoLS). The act sets out the requirements

Is the service effective?

for people who are not able to make decisions about their health and safety for themselves. Staff we spoke with told us they understood the importance of assessments for capacity and the need to make decisions in people's best interests when they were unable through illness or injury to do so for themselves. The registered manager told us everyone living in the home had capacity and nobody was being deprived of their liberty. However the registered manager showed us DoLS assessments which had been completed for people with the capacity to make decisions themselves. This was unnecessary and demonstrated there was a lack of understanding about the requirements of the MCA.

People told us they saw their GP when they were unwell. The care plans we looked at confirmed this. A person who had recently moved into the home was reluctant to use a walking aid they had been provided with by the hospital. We saw staff constantly reminding the person to use the walking frame and recognising the person's reluctance to use the equipment. They had referred the person for a reassessment with a view to providing them with an aid they felt more willing to use. We read in the care plans that people had access to health promotion programmes designed to keep people well, for instance, immunisation against influenza. This meant people were supported to maintain their health and well-being.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. One person said, "It's better than a first class hotel". People spoke highly of the staff and said they were more like friends than care staff. One person said, "The staff are really kind." Another person said, "They [the staff] really spoil us".

Throughout the inspection we saw staff engaged well with people. Staff spoke kindly and politely to the people they cared for. One person told us, "The staff here are excellent". Another person said, "The staff are really good, they'll do anything for us".

We could see people felt comfortable in the presence of staff and observed people joking and laughing which demonstrated they felt at ease. One person told us, "They [the staff] always make us laugh".

Care staff told us they enjoyed working at the home and were enthusiastic about their work. One member of staff said, "I love working here, it's a small friendly home, you can spend time with people".

Staff knew the people they cared for well and were receptive to people's moods by checking on their

wellbeing. One person said, "They're [the staff] very perceptive. They know if you're not right". People told us staff let them know what was going on. One person said, "They tell us what's happening. The manager says if you want to know anything, just ask". We saw staff offered non-verbal support and reassurance through gestures such as placing a hand on their arm whilst chatting. People's expressions and body language indicated they were happy and content.

People we spoke with felt respected by the staff and we observed people's privacy and dignity were respected and promoted. People told us staff always knocked on their bedroom doors and waited for a response before entering. We saw staff protecting the dignity of one person who had left a bathroom door open. The member of staff said, "I'm going to close the door so that you have some privacy. Is that okay?"

People we spoke with told us their friends and relatives could visit whenever they wanted. A relative told us, "I come in every day, it's never a problem". We saw one person chatting to a relative on the home's telephone and they told us friends and relatives could ring and chat anytime they liked.

Is the service responsive?

Our findings

People told us they had limited opportunities to follow their interests or take part in hobbies. One person told us, “We’re bored; we just sit here all day like chips waiting for salt and vinegar”.

Staff told us they tried to spend time with people by talking with them or giving manicures but it was ad hoc and time limited. People we spoke with told us there was not enough going on to stimulate or occupy them. We observed some animosity and friction between people sitting in the lounges. One person said, “Sometimes we get an afternoon activity and sometimes bingo but not often”. A relative told us they had purchased knitting wool and needles along with word searches and colouring books in the hope that people would be supported and encouraged to participate but this had not happened. We saw one person spent a lot of time walking around the home. The person said they wanted to exercise and retain their mobility. The person told us, “I want to exercise, not to be half asleep all the time as some people here are.”

Some people had expressed their preferences for pastoral support. One person said they had been a regular church attender and would like to display religious pictures in their bedroom. We noted that the person had not been supported to do this or receive regular visits from their priest as they had requested.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in April 2014 we found the provider was not planning and reviewing care that reflected people’s preferences.

The care plans we looked at during this inspection confirmed people’s care needs were assessed prior to moving into the home. The care plans were reviewed on a monthly basis which meant the care people received remained appropriate for them. A relative told us they were involved in the review of their loved one’s care plan. There was nothing recorded to indicate that people were given the opportunity to be involved in reviewing the care they received. This meant staff had not recorded that people had been supported to express their views about the care they received.

The registered manager had reviewed care plans since our last inspection in April 2014 and staff told us they found the layout more user friendly. Each care plan provided staff with information about the person, their physical health and social care needs. People’s preferences for care were included within their care plan. We saw information about the time people liked to go to bed and the way they liked to be settled for sleep. We saw a member of staff sitting and involving a person who had recently been admitted to compile their care plan and adding personal information and preferences. The care plans also included a document entitled ‘This is me’ which provided information about people’s backgrounds and their personal history. Staff we spoke with knew the people they cared for well and were able to tell us about people’s likes and dislikes. A relative told us, “The staff try and listen to what people want”, which demonstrated staff wanted to provide individualised care.

There was a complaints procedure which was displayed in the reception area. No complaints had been received since our last inspection. People we spoke with told us they would raise any concerns with the staff or registered manager. One person said, “I’m pleased with everything here. I have no complaints” and a relative said, “The manager is approachable so I wouldn’t worry about speaking about concerns”.

Is the service well-led?

Our findings

Neither the registered manager nor the provider had responded to our request to complete the PIR. We spoke with the registered manager who told us she did not know how to open the document and had sent it to one of the three providers for completion. We spoke with one of the providers during our inspection and they told us they had not seen the PIR. Despite explaining the importance of the document, at the time of writing this report, we have still not received the information. This meant the provider had not responded to an information request from us.

There were no audits in place to monitor the quality of care in the home, such as care plan entries or medication chart entries to monitor if these were accurate and appropriately written. The manager told us she had been doing this on an informal basis but had not recorded the results.

We found the recording of medication stock was not well managed. The amount of medicine in stock had not been added to the medication administration record (MAR) or brought forward onto the chart in use which meant the registered manager could not tell us how much medicine they had in the home. There was no guidance in place for people who had some of their medicines, usually for pain relief, prescribed on an 'as and when required' basis. This meant there was a lack of information to ensure the staff recognised when people might be in pain or offered the medicines in a consistent manner.

We saw that there was a system for recording falls however there were no records of other incidents which may have occurred. We did not see any processes in place to investigate the circumstances of falls or what steps should be taken to minimise the risks in future. There was no analysis of trends, for example if people were more likely to fall when staffing levels were lower. This meant the provider did not have a system in place to identify how further accidents or incidents such as the cause of repeated falls, might be avoided.

A satisfaction survey had been completed earlier in the year. People told us they were asked for their comments on the quality of care and if they would like to see any changes. We saw from the survey that people had been happy with the care they received but several people commented about the lack of opportunities for social

interaction. There had been no action plan formulated to address the concerns raised in the survey. This meant there were no actions recorded to address the concerns people raised.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the registered manager was visible and was involved with them on a day to day basis. We saw that the registered manager worked predominantly with staff providing care although some time was identified by the provider for her to fulfil the managerial role. We looked at the staffing rota's and saw the time allocated for the management of the home was not always achieved as the registered manager covered any gaps in the rota caused by absences. There were no arrangements in place for the provider to monitor the effectiveness of the management arrangements they had in place. The registered manager told us she had not received supervision or an appraisal since she had taken on the management role in the home in 2011.

The registered manager told us she had recently implemented a key worker system in the home. This is a member of staff who is assigned to a person to ensure their needs are met. The registered manager wanted the key workers to take greater responsibility for individual people living in the home. The key workers would also be responsible for ensuring the care provided matched people preferences and assessed needs. The registered manager told us the change in arrangements would enable them to spend more time on their managerial responsibilities.

Neither the registered manager nor the members of staff we spoke with were aware of the vision or future plans for the home. During the inspection one of the providers was present in the home organising some refurbishment however none of the staff or people we spoke with were aware of what was planned. This did not provide an inclusive and open environment in the home.

We observed that the manager knew the people who used the service and had positive relationships with the care staff. People who used the service were complimentary about the registered manager, one person said, "She's marvellous". Another person said, "She [the registered manager] is very much in charge".

Is the service well-led?

Care staff we spoke with told us they felt supported by the registered manager and they would approach her if they were concerned about how colleagues were providing care or anything they witnessed that worried them.

Staff meetings had been implemented and staff told us what had been discussed during the last meeting including new instructions to be implemented for booking holidays so that the service would not be left short staffed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have processes in place to assess, monitor and improve the quality and safety of the services provided.

Regulation 17(1)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person was not ensuring that the care and treatment of service users met their needs and reflected their preferences.

regulation 9(1)(b)