

Mr & Mrs H Emambocus

# Gladstone House

## Inspection report

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Inadequate ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Gladstone House is a care home providing accommodation for people who require personal care and nursing care to up to 12 people, some of whom may be living with mental health issues and or a learning disability. At the time of our inspection there were 10 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

Care plans were not always in place for people to support them with their mental health, emotional well-being, finances, personal care needs or in some cases dietary needs. People who required support with managing their diet had not been provided with enough support to do this effectively to maintain their health. Care plans and monitoring records were not in place or not completed.

The service didn't support people to have the maximum possible choice, control and independence be independent and they had control over their own lives. People were not encouraged to achieve their aspirations and goals.

The service didn't give people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. Regular fire drills were recorded as taking place however, there were some issues with the fire doors being unsafe or ineffective and health and safety procedures regarding potential hazardous materials were not followed correctly.

Medicines had not been managed, stored or administered safely. Insufficient records and systems to monitor medicines were in place. Staffs competencies to administer medicines was not always checked. People with their medicines in a way that promoted their independence and achieved the best possible health outcome. People were not supported to play an active role in maintaining their own health and wellbeing.

### Right care

The service didn't always act to protect people from poor care. The service didn't always report concerns to the appropriate places. Staff had training on how to recognise and report abuse however, this wasn't always practiced.

The service didn't have enough appropriately skilled staff to meet people's needs and keep them safe.

People were not supported by person centred practices; care plans did not contain personalised plans or outcomes for people with achievable goals.

People were not encouraged to take positive risks. Risk assessments were not followed, and some were not in place. Monitoring records had not been completed consistently and we could not be assured people were receiving appropriate care and support.

#### Right culture

People didn't always lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The quality assurance processes in place were not effective and failed to identify and address shortfalls in a timely manner.

People didn't always receive good quality care, support and treatment because staff were not trained to meet their needs and wishes. Safe recruitment processes were not always followed

People and those important to them, including advocates, were not always involved in planning their care. The service didn't enable people and those important to them to work with staff to develop the service.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 11 December 2019)

#### Why we inspected

The inspection was prompted in part due to concerns received about the quality of care being provided to people and infection prevention control. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider acknowledged the significant shortfalls found during this inspection. They took some action following the first day of inspection to begin to address some of the shortfalls found.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gladstone House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred care, dignity and respect, assessing and managing risks, medicine management, infection control, nutrition, staffing, safe care and treatment, staff training and support and provider oversight and monitoring at this inspection.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review, and we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Inadequate ●

The service was not caring.

Details are in our caring findings below.

### Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

# Gladstone House

## 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

This inspection was undertaken by two inspectors on the first and second days of inspection. The third day of inspection was undertaken by a medicines inspector.

#### Service and service type

Gladstone House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

from the local authority and other professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of support staff, the registered provider, the registered manager and the deputy manager.

We conducted a tour of the service and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always assessed and recorded appropriately. This put people at risk of harm.
- Risk assessments were not in place for people at risk of self-neglect or where there were risks associated with going out in the community.
- Risk assessments that were in place for choking risks and self-harm were not always followed and this put people at risk of harm.
- Where risks had been identified when reviewing people or following an incident. Risk assessments had not been updated or created to reduce the risk of reoccurrence. Which meant appropriate action had not always been taken in response to risks.

Failure to assess, monitor and mitigate risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely
- Information regarding people's allergies was not recorded correctly on relevant documentation. This meant there was a risk people may be given medicines which they have previously reacted to.
- Although instructions for medicines that were given when required were available when they were present, they did not contain any person- centred information. For example, a medicine for anxiety did not have any information for staff on when to administer.
- Medicines Administration Records (MAR's) for two medicines did not always contain the correct information to show the dose of medicine prescribed. Changes to MAR charts made by staff had not always been witnessed and signed by another person.
- Although fridge temperatures were being recorded, the temperature of the room where medicines were being stored was not being monitored. We recommend that areas where medicines are stored have the ambient temperature recorded and monitored daily.

This evidence demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely Staff were trained to administer medicines and had their competency checked to do so.

The provider took some action during the first day of inspection to address some of the initial medicine



storage shortfalls found.

#### Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There had been no recent IPC audits completed.
- We were somewhat assured that the provider was using PPE effectively and safely. However, PPE was not disposed of appropriately.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was visibly unclean furniture, flooring and unsafe food handling concerns seen.
- We were assured that the provider was able to meet shielding and social distancing rules when required.
- 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 somewhat assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Failure to operate effective infection, prevention and control to reduce the risk of spreading infections is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Visiting in care homes

- Visits to Gladstone House were in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

#### Staffing and recruitment

- Safe recruitment processes had not always been followed for staff employed by the provider.
- Appropriate safety checks had not always been completed before they commenced working at the home.
- Staff files and recruitment information was not always completed and didn't contain a full employment history or account for any gaps in their previous employment and not all staff records were made available during inspection.
- Information from staff interviews was limited and not appropriately recorded.
- Effective inductions were not always carried out with new starters.

Failure to ensure safe recruitment of suitable staff is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were in place to safeguard people from the risk of abuse. These had not always been followed.
- Two previous concerns were not raised as safeguarding alerts with the local authority or investigated this was raised with the registered manager to address.

Failure to report safeguarding concerns is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- Staff had not been provided with training to meet people's needs. For example, no staff had training in supporting people with mental health or learning disability or long-term conditions such as diabetes or stoma care.
  - The induction for staff was insufficient. Some staff had not received any induction.
  - Staff who had no previous experience of working in care had no appropriate training in place
- Failure to provide staff with effective and sufficient training to enable them to carry out their roles was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received supervisions with the registered manager

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care.

- Pre-admission assessments had taken place to ensure the service could meet people's needs but care plans were either not always in place or had not been updated to reflect people's current care and support needs.
- Other healthcare professionals worked with the people who used the service. However, there were insufficient records in place to evidence this.

Failure to maintain accurate, complete and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People did not receive effective support to maintain a balanced diet.
- People who required support to maintain a balanced diet didn't have effective care plans in place to guide staff to support them.
- People had not been consistently weighed to monitor their health.

Failure to meet people's nutritional and hydration needs was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The environment within the home was not always appropriately designed to meet people's needs. Two of

the bedrooms at the home were shared bedrooms one separated with a curtain. The provider had failed to follow associated best practice within right support, right care, right culture.

- Communal areas were not personalised and photo's on display around the home were of the registered manager and their family.

We recommend that the provider refer to current guidance regarding person centred support

- People were able to personalise their bedrooms. Communal areas were available however, the outdoor area was very small and limited.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were followed. Where people lacked capacity DoLS applications had been submitted or were in place where required.

# 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 our last inspection we rated this key question Good. The rating has changed to inadequate. This meant people were not treated with compassion and there were breaches of dignity; staff caring attitudes had significant shortfalls.

Ensuring people are well treated and supported; respecting equality and diversity, respecting and promoting people's privacy, dignity and independence

- People's dignity was not always respected.
- People's environment and sometimes equipment did not meet their needs or ensure they were treated in a dignified and caring way. Where people's behaviour (as a result of their diagnosis) impacted their environment, steps were not taken to ensure a person-centred approach to meeting their needs.
- People's dignity and confidentiality was not always respected. Personal discussions were observed during inspection in communal areas in front of other people who use the service. There was also a list of residents' names and room numbers on display in communal areas.
- People's privacy was at times compromised. For example, there were two shared bedrooms one separated with a curtain with large visible gaps and another without any separation.
- People's religious needs were not always recorded or respected in care plans for staff to follow.
- People were not always supported to have the equipment they needed to promote their independence.

Failure to communicate effectively with people and respect their preference is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Observation showed that choice was not offered to allow people to make their own decisions. For example, at mealtimes where people could eat. The registered manager told us, "We ask everyone to eat in the dining room for safety reasons as one person had an accident." This wasn't supportive of people's individual preferences.
- Choice was offered to allow people to make their own decisions as to how they spent their time. For example, we observed people coming and going and making choices of when to go out, and when to have a shower.
- People were not supported to be actively involved in their care planning and records confirmed they were not involved.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs. Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were not adequate or person-centred. Care plans didn't enable people to progress, plan ahead or achieve outcomes.
- Care plans for people who suffered from anxiety and difficulty managing their emotions due to mental health were not effective for staff to follow to support them in a person-centred way.
- Care plans had not been put in place to reflect people's individual needs, such as personal care requirements and preferences. It was unclear who required support and at what level.

Failure to provide person-centred care to reflect people's preferences and meet their needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans provided some information with regards to people's communication needs. Some information had been provided in other formats such as hospital passports were in an easy read format. Care plans didn't identify any needs for accessible information.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- People and relatives told us if they had any concerns, they would raise this with the manager. However, there were no records of any previous complaints.

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 could access the community independently and did so regularly to visit the local amenities.
- Relatives were able to visit the service when they wished.
- People who used the service socialised together and the rapport between people who used the service at the time of our inspection was positive.

End of life care and support

- People had end of life care plans in place that included peoples wishes.

# 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 changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The quality assurance processes in place were not effective and failed to identify and address shortfalls in a timely manner.
- The provider had failed to ensure they had effective oversight of the service. Some provider audits were tick boxes and did not cover all expected areas. For example, care plans, safeguarding concerns, accident and incident audits didn't pick up issues we found during inspection.
- The provider failed to ensure regulatory requirements were being met and that people were provided with the expected level of care.

Failure to operate effective systems and process to assess, monitor and improve the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There had been no recent engagement with people or their relatives on their views about the service.
- Previous questionnaire responses were seen and requests by people to make changes to the menus had not been actioned.

Failure to seek and act on feedback to continuously improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to access the community and maintain contact with their friends and relatives via visiting and telephone.

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

- The lack of person-centred support resulted in poor outcomes for people.
- The culture of the service was not person centred for example; people were encouraged to only have their meals in the dining room together and not offer choice. Care planning and oversight didn't encourage people be empowered or to set goals for the future.

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 agreed with the shortfalls found during inspection and took some immediate action.
- The provider took on board the inspection feedback discussed plans to communicate with people and relatives about the inspection findings and action they were going to take as a result.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Peoples care needs were not always met by individualised approaches that included outcomes.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  Peoples dignity was not always protected effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Safe care and treatment was not being provided to people due to a lack of risk assessments to enable people to take risks safely. Medicines were not managed and recorded safely and environmental risks were not identified.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Concerns had not been raised to safeguard people effectively to protect them from potential harm or abuse.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Management and oversight did not ensure the service was meeting regulations effectively.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures were not followed effectively to ensure safe recruitment.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not trained to support people effectively.