Ringdane Limited

Gosmore Nursing and Care Centre

Inspection report

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Tel: 01462454925

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 05 April 2017and was unannounced. When we carried out the last comprehensive inspection in October and November 2016 we found the service was in breach of a number of regulations under the Health and Social Care Act 2008.. As a result the service was rated 'inadequate' and placed into special measures. At this inspection we found that improvements had been made in most areas, although some of these improvements still required time to be embedded in the culture of the service. We found some work to make further improvements in other areas was still required.

The service is a nursing home and provides accommodation and personal or nursing care for up to 60 people with a range of needs including those associated with dementia and with life limiting health conditions. At the time of our inspection there were 39 people living at the home. The service consists of two units each supporting both people with nursing needs and those with residential needs. Since the last inspection the provider had started work to move towards having one unit dedicated to people with nursing needs only.

The service had a registered manager. 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.

Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home. These were reviewed regularly. Accidents and incidents were recorded and there were processes in place to analyse the causes of these to reduce the likelihood of reoccurrence. People received their routine medicines as they had been prescribed although protocols related to the administration of 'as required' (PRN) medicine were not sufficiently detailed. There were robust procedures in place for the safe storage and stock control of medicines.

There were enough skilled and qualified staff to provide for people's needs. Robust recruitment and selection processes were in place, and the provider had taken steps to ensure that staff were suitable to work with the people who lived at the home. Staff received training to ensure that they had the necessary skills to care for the people who lived at the home and were supported by way of supervisions and appraisals. Nurses were supported to maintain and update their skills to maintain their registration.

People's needs had been assessed when they moved into the home and care plans were developed from this process. People and their families had been involved in the development of these plans although some we looked at lacked sufficient detail to ensure staff supported people in the way they wished. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

A range of activities were provided and people we spoke with reported that they had enough to do.. People were supported to have enough to eat and drink and they received support to ensure their health needs were met.

The provider had systems in place to monitor the quality of the service which identified areas for improvement and suggested remedial actions to be taken. Staff were able to contribute to the development of the service through team meetings and understood the visions and values of the service. People and their relatives had opportunities to share their views and make suggestions about how the service could be improved. Complaints about the service were managed appropriately and in line with the provider's policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were aware of the safeguarding process and how to make appropriate referrals to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled and qualified staff to provide for people's needs

People's routine medicines were administered safely and as prescribed. Arrangements for the ordering, storage and disposal of medicines were robust. However, protocols for medicines taken 'as required' (PRN) were not sufficiently detailed.

Is the service effective?

Good

The service was effective.

People had a choice of nutritious food and drink.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Is the service caring?

Good

The service was caring.

Staff were compassionate and caring.

Staff promoted people's dignity and treated them with respect.

Staff encouraged people to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in the development of their care plans. However, care plans lacked sufficient detail to ensure people's individual needs and preferences were met.

People had enough to do and their social needs were met.

People knew how to make complaints if they needed to and these were responded to appropriately.

Is the service well-led?

Good

The service was well led

The manager was visible, provided good leadership and was seen as approachable by people, their relatives and staff.

People were asked for their views and these were used to support continuous improvement to the service.

There were robust quality monitoring systems in place

Gosmore Nursing and Care Centre

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 unannounced inspection visit took place on 05 April 2017 and was carried out by two inspectors from the Care Quality Commission.

Before the inspection, the provider completed 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. We reviewed other information available to us, such as the previous inspection report, notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with12 people using the service and four visiting relatives. We also spoke with six care workers, one member of staff responsible for training, two nurses, the manager and the provider's regional manager with responsibility for the oversight of this service. We reviewed the care records and risk assessments for five people who lived at the home. We looked at six staff recruitment files and reviewed training for all the staff. We also reviewed information on the complaints system and how the quality of the service was monitored and managed.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in October and November 2016 we found people did not always receive their medicines as prescribed, and that there were inconsistencies in the recording of medicine administration. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and that people received their routine medicines as prescribed. However, we found that protocols to instruct staff on the administration of 'as required' (PRN) medicines were not always sufficient. Although protocols had been put in place for each PRN medicine we reviewed, they lacked sufficient detail to inform staff about why a person may need the particular medicine, and what signs to look for in the event the person was unable to state their needs verbally. A standardised format for PRN protocols had been used which identified four generic reasons for the use of the PRN. All of the reasons related to PRN medicines that were specifically for the relief of pain and none of them related to the individual needs of the person the medicine was prescribed for. In one instance the PRN medicine was not for pain relief, but was an anti- psychotic medicine. There were no instructions to staff about when it would be appropriate to administer this medicine on the PRN protocol. We discussed this with the nurse on duty, who informed us that the guidance was in the person's care plan. We checked the care plan and found no detailed instructions to guide staff in relation to this. Therefore staff did not have clear guidance on the administration of a PRN anti- psychotic drug which meant the person could be at risk of staff administering the medicine without sufficient reason to do so, or failing to administer it when it was required.

Medicines were administered by staff who had received training and observations of their competency. We looked at the medicine administration records (MAR) for five people and found these had been completed correctly with no unexplained gaps. Medicines were stored and accounted for as required and there were regular audits to ensure that stock levels were correct. We checked a random sample of boxed medicines, including controlled drugs to check that records of stock were correct and found no inconsistencies. Most people had their medicines provided in blister packs, but separate medicines were appropriately labelled, dated when opened and stored in lockable trolleys within the designated treatment rooms on each unit.

At the last inspection in October and November 2016 we found there were insufficient staff on duty to meet people's needs safely at all times. People had to wait a long time for call bells to be answered and staff were not easily visible throughout the home. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the numbers of staff on duty had improved. Staff were clearly visible throughout the home and call bells were responded to swiftly. Welfare checks to those people who were not able to use the call bells were carried out regularly. The building is old and presents some challenges regarding the layout and the visibility of staff. The manager explained that she had taken steps to address this as far as possible by taking the layout of the building, as well as the needs of people using the service, into consideration when judging how many staff were required to work on each shift. She was working to change the two mixed needs units into one dedicated to nursing and the other to residential needs. It was intended that this would support more effective deployment of staff to where they were most needed. This was being done in consultation with residents and no one was

being compelled to move rooms if they did not wish to.

Whilst staff were busy and occupied, we observed that they were generally able to spend time with the people using the service and respond to them if they needed something. There was a relaxed, friendly atmosphere and staff did not report feeling rushed or under pressure. At the time of the inspection there were only 39 out of a possible 60 people using the service. Staff told us there were enough of them to care safely for people. However, they expressed some concerns that this would not be the case if staffing numbers did not rise in accordance with any increase in people or in the complexity of their needs. One member of staff said, "If we had full capacity it would be difficult." The manager and the regional manager confirmed they were mindful of this and that staffing ratios would not be allowed to fall back to where they were previously.

At the last inspection we found the home was not sufficiently maintained or cleaned to ensure people were protected from the risk of health related infection. Carpets, flooring, surfaces and furnishings were stained and in disrepair. There was a strong odour of stale urine present in some parts of the home. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found a significant improvement had been made to the cleanliness of the building. The home was clean and free of odours. A programme of refurbishment was underway, with several bedrooms out of commission until the necessary work had been completed. We saw those areas of the home that had been refurbished were clean, bright and fit for purpose. A relative said, "It is much cleaner and tidier than it was."

The people we spoke with told us they felt safe living at the service. One person said, "I feel safe and well cared for." A relative said, "I would say (relative) is safe. The staff are kind."

Staff were able to describe some of the ways in which they kept people safe, and the process they would follow if they were concerned that a person might be at risk. One member of staff said, "If I saw someone was being abused or neglected then I would inform the manager." Another member of staff said, "I would go to the regional manager or external agencies if I had to."

We saw that the provider had up to date safeguarding and whistleblowing policies. Whistle blowing is a process by which staff can raise concerns without the fear of any consequences for doing so. We saw from records that the manager reported safeguarding concerns to the local authority appropriately and also notified the Care Quality Commission (CQC) as required by law.

There were personalised risk assessments for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the action staff should take should an incident occur. Examples of risk assessments carried out included the risks associated with developing pressure ulcers, the risk of malnutrition, mobility, and falls.

There were general risk assessments completed which identified any risks to the environment. Regular maintenance checks were being carried out including portable appliance testing (PAT), gas safety checks and fire equipment checks. Equipment, including hoists, was serviced regularly. There was a contingency plan in place which detailed the steps the service would follow in case of an emergency and each person had a personal emergency evacuation plan (PEEP) included within their care records. We noted that, where incidents or accidents took place in the home these were appropriately recorded and processes were in place to enable the manager to analyse the records to establish patterns and trends. This enabled action to be identified to reduce the risk of further occurrences.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including requesting references from previous employers, proof of the applicants' identity, confirmation of their right to work in this country, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Good

Is the service effective?

Our findings

At the last inspection in October and November 2016 we found that people were not offered enough to drink, choices made by people about their meals were not followed and the support offered to people who required assistance to eat was inconsistent. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made.

People told us, "The food is generally good; sometimes not what I like but you can't please everyone. There is always a choice. We usually choose what we want the day before." Another person said, "I can't grumble. I never leave any (food), so it can't be all bad." However, another person said, "The food could be better."

In response to feedback from people and their relatives the service had made changes to the arrangements for providing food throughout each day. People had said that meal portions were too big and the space between meals was too long. This had resulted in food being left at mealtimes but people feeling hungry before the next mealtime arrived. In response the manager reduced the portion size of main meals and offered food and snacks several times a day in between main mealtimes. The manager reported this had been well received and resulted in people eating more during each day. We noted that water was available to people we visited who remained in their room during the day, and a choice of drinks was made available at all times. Fluid and food intake charts we reviewed were completed and these indicated that people had been offered enough to eat and drink.

At lunchtime the dining tables were attractively laid with tablecloths and up to date menus were clearly on display. We observed that the meal provided was well presented and served hot. There was a choice of both main meal and dessert, and we saw people who did not want either of the options were offered and provided with an alternative. We observed that staff offered skilled support and encouragement to people who required assistance to eat their meal. They noticed when people were not eating well, and supported people to eat as independently as possible by offering sensitive prompts to those who required this. We saw that risk assessments had been completed in relation to nutrition and hydration needs and that people's weights were monitored appropriately. Where necessary, referral to dietitians and speech therapists were made to ensure people's needs were met in relation to eating safely.

At the last inspection people and their relatives said that some staff were not skilled or well trained to do their job. Although records showed that training took place, staff reported a low satisfaction about the frequency and quality of training. At this inspection we found that improvements had been made. People told us they believed staff were trained well and were good at their jobs. One person said, "They are so good at their jobs. They can't do enough for you. I think this is one of the finest homes there is, I really do." A relative told us, "Staffing is always an issue in places like this, but they are just so good here." However, another person said, "I wouldn't say they are all great. Some are lovely, but others are not patient and should not be in the job. I would give it six out of 10."

The staff we spoke with told us they received improved training that was relevant to their role and helped

them to carry out their duties effectively. One member of staff said, "We are always training, it is on the go or on offer." The manager explained that training provided was a mixture of e- learning, face to face sessions and hands on, practice based learning. To check and maintain staff understanding of training, the manager revisited recent training sessions in staff meetings and asked questions of staff on daily walks around the home and handovers. Staff confirmed they felt more confident in their understanding of key aspects of their role as a result. Staff were supported to undertake qualifications to develop their role such as national vocational and qualification framework qualifications. Nurses confirmed they were supported to complete training to enable them to maintain their registration. The service had an in house trainer who delivered some of the face to face training to staff and also supported them through mentoring and practice observations. They told us, "I provide face to face training, practicals and updates for moving and handling and safeguarding. I carry out competency assessments and six monthly updates. If I see anything that needs updating then I have allocated every Wednesday to do the updates and carry out observations." The staff training record confirmed that training compliance levels were good. Staff confirmed they were supported by way of regular formal supervision, practice observations and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The managers and staff demonstrated an understanding of the MCA and associated DoLS and training had been provided. Where appropriate we saw that capacity assessments had been completed, and best interest decisions had been made on people's behalf appropriately. We saw that DoLS applications had been made where it was deemed that a person lacked capacity and where their liberty was restricted. People's rights were therefore protected.

Staff were able to describe the ways in which they gained consent from people to provide care. One member of staff said, "I always assume capacity, if I think they don't have the capacity then a mental capacity assessment will be done. The multidisciplinary team support us with this." Another member of staff said, "Although sometimes the family might say things that they want doing, we have to take the persons wishes into view. For example a family told us that the person doesn't like sausages, but when we served sausages they would ask for them. We told that the family about it and gave the person what they wanted." A third member of staff spoke about how they supported people to make choices when they did not use verbal means of communication. They said, "When we have people who can't communicate verbally with us then we will us other methods, for example for one person we have a board which we write on."

People told us that they were supported to maintain their health and well-being. One person told us a doctor would come to see them if they needed this and that the doctor attended the service every week. We saw from records people had access to a visiting chiropodist and they also had opportunities to have their eyesight tested. On the day of the inspection a hairdresser was visiting the home and we noted many people had chosen to make appointments with them. People's care records included details of any referrals to external healthcare services and involvement from professionals such as consultants, dentists, district nurses, dietitians and speech therapists.

Good

Is the service caring?

Our findings

At the last inspection in October and November 2016, we found people's privacy and dignity were not always upheld. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported to bathe regularly and some people were left in a state of undress in areas of the home where they may have been overseen by others. At this inspection we found that improvements had been made. People told us they had the support they needed to wash as frequently as they wished. People were fully dressed in clean, well maintained clothes that protected their dignity.

People told us staff treated them with respect and they were not left inappropriately exposed at any time. Staff told us they took care to maintain people's privacy when delivering personal care by keeping doors closed and using towels to cover people as much as possible. One member of staff said, "We make sure doors are closed and curtains are drawn. When I wash someone I make sure they are covered and I will always ask permission. I talk them through what I'm doing and will explain." This was confirmed by people who reported feeling comfortable when receiving personal care. We noted that staff always knocked on bedroom doors and waited to be invited in by the person before entering.

People we spoke with told us they had a good relationship with staff. One person said, "The staff are a wonderful lot." Another person said, "They treat me alright and take good care of me." The interactions we observed between people and staff were very positive and the atmosphere in the home was friendly. Staff appeared to know people well and took time to chat amiably with them between and during tasks.

Staff supported people to make choices about their care, gave them good information to support their choice and respected the decisions they made. For example, a nurse came to see a person and their relative in their room while we were speaking with them. They noticed that the person was not as cheerful as they usually were and took time to find out that they were in pain. They asked if they would like some pain relief and immediately went to obtain it, returning within a couple of minutes with the medicine and a drink of water.

People, were supported to maintain their independence. One person said, "They let me get on with the things I can do for myself." At lunchtime we saw one person was supported to eat with prompts from staff. At one point the person started to put food in their mouth with a knife. Instead of immediately taking over, the staff member quietly suggested they may prefer a fork and offered one to them before gently removing the knife. This meant the person was supported to maintain their ability to eat independently, but safely, with only minimal support.

Relatives told us they were able to visit whenever they wished and were always made to feel welcome. One relative said, "The manager and all the staff are friendly." Where people did not have family and friends to support them, the service provided details of an advocacy service who they could contact for support if they wished.

Requires Improvement

Is the service responsive?

Our findings

At the inspection in October and November 2016 we found that people were not involved in the development of their care plans, that their needs were not met in a timely way or in a manner which suited them. We found that people who were cared for in their room were at risk of isolation, and a lack of stimulation, other than that provided by television or radio. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made, although there was still work to be completed, particularly in relation to care planning.

An initial assessment was carried out when people first came to the service to determine their level of need and from this a care plan was developed. People we spoke with were unsure about whether or not they had a care plan but those that were able to, did confirm they were asked for their views about their care. Relatives we spoke with confirmed they were involved in planning appropriate support on their family member's behalf where this was appropriate. One relative said, "They ring me or speak to me when I am here to check something out or tell me if something has changed,"

There was evidence that people and their relatives had been involved in this process in some instances. The Care plans covered areas such as eating and drinking, personal care, sleeping, skincare, mobility, and communication. Where people had a specific medical condition, a care plan had been developed to guide staff on how to meet the person's needs in relation to this. However, although care plans had some personalised details, they lacked sufficient information to guide staff on how to deliver care that suited people's individual needs or preferences. For example, the care plan for one person stated they had poor vision. There was no information as to how this affected the person or what support they required in relation to this. We spoke with the person who told us they needed support to know where objects were in relation to them, such as a drink, or a meal. Without being shown where the drink was the person would not know it was there.

In some instances care plans contained contradictory information. For example, the mealtime information for one person stated they required a normal diet cut into small pieces. However, in the next section of the plan it was stated that the person was diabetic, required a soft diet and assistance to eat. This resulted in some people being at risk of harm because their care plan did not sufficiently guide staff on how to support them appropriately.

The people we spoke with told us there were activities available for them to participate in if they wished. One person said, "Yes, from time to time I will go and see what's going on. Sometimes it's not of interest, but other times it's good. I like visiting the hairdresser." Another person told us, "We are watching Dr Shivago, I haven't seen the end of it but it's a good movie." The service had one full time member of staff who was responsible for the organisation of activities. They also had made contact with an organisation that supported the development of dementia friendly activities. We saw activities for the week on display on a notice board which included games, arts and crafts, church services time and a film afternoon. There were also a number of sessions allocated for one to one support which was offered to people who remained in

their room. This reduced the risk of people becoming isolated.

The people we spoke with told us they knew how to make a complaint and would be happy to complain if they felt it necessary. One person said, "I've have no complaints apart from having to wait for everything – but that's because I'm an impatient person. I would recommend it here but would know how to complain if I needed to." There was an up to date complaints policy and we saw that complaints were recorded effectively. Since the last inspection no complaints had been received. The manager told us they believed that this was due to improved communication within the service. They had put in place a number of different ways in which people could raise concerns and receive a response quickly and this reduced the number of formal complaints received. These included a 'You said…We did' notice board and an electronic feedback system.

Good

Is the service well-led?

Our findings

The service had a registered manager in post.

At our last inspection in October and November 2016 we found that information gathered during quality audits was not always accurate, complete or acted upon effectively. We also found that the registered manager had failed to take effective action to ensure identified improvements to the service requested by people or their relatives were made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found that improvements had been made.

The provider had developed a robust electronic process for auditing the quality of the service. Through a number of rigorous internal audits completed and entered onto the system by the home's management team, the provider was able to see a live picture of the service and any issues or themes for improvement at any time. The regional manager received notifications of areas requiring action or incidents of concerns which supported them to focus their input on the areas where it was most needed. We reviewed the management team's processes for internal audits and found clear evidence of regular checks on records, medicines and cleaning schedules. We saw the overarching provider monitoring process was comprehensive and required clear outcomes within set target dates. The improvements made within the service, such as those related to the cleanliness and maintenance of the premises, medicines management and clinical records demonstrated the provider and the registered manager were using this process to effectively drive improvements.

The people we spoke with told us the manager was visible and approachable. One person said, "[Manager's name] is great. I feel comfortable to talk to her about anything." A relative said, "Yes, I know who the manager is, it's [name] and I've always thought she was approachable." We saw the manager was visible within the service, completing regular walk around checks to speak with people and staff and to monitor the care provided.

The staff we spoke with told us that they felt the managers provided them with a good level of support. One member of staff said, "This manager is an exception, she really assists staff and wants them to excel. Since she came there has been a lot of improvement." Another member of staff said, "She's lovely and very supportive." It was apparent the manager had a person centred and consultative approach to their role. Through clear direction and openness to contributions from people, staff and relatives, they provided supportive leadership to the service. We saw that regular staff meetings were arranged where staff were encouraged to share their views and hold work based discussions about issues that affected their role. A member of staff said they were, "Always given a chance to share our views and say how we want help from the organisation."

People and their relatives were encouraged to share their views about the service and to be involved in making decisions about improvements. A new electronic feedback station had been recently introduced. People, relatives, visiting professionals and staff were able to complete satisfaction surveys, raise concerns, ask questions, give compliments and communicate about issues of importance to them at any time they

wished. The manager told us the system had been well received and, so far, appeared to be more successful in collecting feedback than previous, more traditional, paper surveys. In the month prior to the inspection 18 parties had provided feedback through this system. The system fed straight into the provider's quality monitoring system and was analysed regularly to identify actions required from the feedback given. In the last month the feedback was 97% positive.

Care records were stored securely within lockable cabinets at the nurse's stations and within the manager's office. This meant that confidential records about people could only be accessed by those authorised to do so.