

Black Country Housing Group Limited

Gower Gardens

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Gower Gardens is a residential care home providing personal care to 59 people aged 65 and over at the time of the inspection.

The care home accommodates people across three separate floors, each of which has separate facilities. It provides care to older people, some of whom are living with dementia.

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

People had detailed risk assessments which guided staff to support people safely and mitigate risks. Care plans were detailed and outlined people's support needs. However, we reviewed the records of one person who had diabetes and found records did not include a hyperglycaemia/hypoglycaemia rescue plan or the person's normal range for their blood glucose reading.

People told us they felt safe and relatives told us they were confident their loved ones were supported safely.

Medication errors were addressed appropriately. Staff had medication training and received regular competency checks.

Staff were recruited safely. Staff had the required training to enable them to support people safely. Staff felt supported by the management team and felt comfortable raising any concerns. Staff received regular supervisions, spot checks and progress reviews.

Incidents and accidents had been recorded, investigated and appropriate action taken.

Infection prevention and control practices were safe, and the registered manager carried out regular checks on staff and audits.

People were supported to eat and drink. People were offered a variety of different food choices, and staff presented the food to them to enable them to make their own choice.

Staff worked with other professionals to ensure people received joined up care.

The design of the home was suited to the needs of people and people's rooms were homely.

Audits were effective in identifying quality issues. The registered manager evidenced actions taken to resolve the issues identified by audits. People and relatives were encouraged to provide feedback on the service. The provider had an action plan which detailed improvements needed across the service. The action plan outlined who was responsible for individual actions and completion dates.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 April 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to medication and the systems and processes in place for restraint. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

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.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Gower Gardens

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.

Inspection team

The inspection was carried out by two inspectors, an Expert by Experience and a specialist advisor who was a qualified nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Gower Gardens is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Gower Gardens is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used information gathered as part of monitoring activity that took place on 29 April 2022 to help plan the inspection and inform our judgements. We reviewed on-going monitoring such as information received. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the deputy manager, the agency nurse, unit managers, care workers, a member of the domestic team and a member of the maintenance team.

We reviewed a range of records. This included seven people's care records and multiple medication records.

We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we were not assured that all reasonable steps had been taken to reduce risks associated with people's care which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We reviewed the care records of a person with diabetes. There was a chart in place to record their blood glucose reading. The records did not include the person's normal blood glucose range and there was no hyperglycaemia/hypoglycaemia rescue plan attached to the medication administration records (MAR) sheet. We discussed this with the registered manager who assured us they would update the relevant records without delay.
- The registered manager had made improvements to people's risk assessments to ensure they detailed risks to people and guidance for staff to follow to support people safely and mitigate the risk of harm.
- There was a system in place for checking the slings used to hoist people were in good condition. Checks were carried out monthly and recorded.
- Improvements had been made to care plans and risk assessments for people who were at risk of choking. Care plans and risk assessments outlined information on the specific food textures people required, and how staff were to help people eat and drink safely.
- People were protected from the risks associated with skin damage. Care plans detailed people's associated support needs and repositioning charts evidenced this support was being provided. For example, we reviewed the care records of a person at risk of developing pressure damage. Staff had contacted the district nurse for advice. The advice was to increase repositioning from 4 to 2 hourly. The care plan had been amended to reflect this advice and the repositioning chart evidenced that repositioning was taking place at the required frequency.
- Improvements had been made to people's fire evacuation plans to ensure the plans detailed the correct equipment the home had available to evacuate people in the case of an emergency.

Staffing and recruitment

- The majority of relatives we spoke with were happy with the staffing levels. However, one relative said, "There are not enough staff, [relative] tells me this all the time." During the inspection we observed there were enough staff on duty, however, on a few occasions we observed people waiting a short time for staff assistance.

- The registered manager used a dependency tool to determine how many staff were needed each day and night and adjusted this as necessary. The registered manager told us, "If someone's health deteriorates or they are on the end of life pathway, we will review the dependency tool and assess if we need more staff for the unit or to meet residents' needs."
- The service occasionally relied on the use of agency staff. The registered manager told us, whenever possible, they block-booked agency staff to ensure consistency for people and their relatives. The registered manager said, "Agency are used to cover annual leave and sickness; it has reduced significantly. The profile is sent by the agency, we have an induction form, we go through a checklist and we keep a copy of the profiles". The registered manager evidenced copies of the profiles.
- Staff records evidenced that staff had been recruited safely. The registered manager ensured people had a Disclosure and Barring Service (DBS) check prior to commencing work. DBS checks provide details about a person's criminal record. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Oh yes, the carers look after us."
- Relatives told us they felt their loved ones were supported safely. One relative said, "Yes, 10 out of 10 for safety."
- Staff we spoke to knew how to recognise the signs of abuse and escalate concerns. One staff member told us, "I'd report any poor practice, abuse or neglect. I'd report to the deputy, our head of care, CQC, police and social services."
- The registered manager had reported safeguarding concerns to the relevant bodies.

Using medicines safely

- There had been several recent medication errors over recent months. All errors were identified on the day they occurred and recorded as an incident. Medical advice had been sought, and the residents were closely monitored for adverse effects. The incidents were all investigated and appropriate action taken.
- Medication was administered by the nurse and senior staff. Staff who administered medication confirmed they had received training and regularly had their competencies assessed. A staff member told us "We have a daily five spot check which the senior performs and a monthly medication audit. The spot check is a random check of five medications to make sure all the signatures are in place, counts are good and there's no old stock."
- Medication was stored safely in a cupboard that was locked.
- Where people were prescribed 'when required' (PRN) medication, there were clear protocols for the administration of these. One relative told us, "[Person] receives their pain killers appropriately whenever they need them."

Learning lessons when things go wrong

- Incidents and accidents were recorded, investigated and appropriate action taken. An audit was completed to identify any themes or trends in these events, so that action could be taken to reduce the risk of reoccurrence.
- The registered manager undertook a monthly analysis of falls. The audit tool considered where the fall took place, the day, injury sustained and whether relevant notifications had been made to the safeguarding team and CQC. Each fall had a short summary showing all possible factors had been considered and checked that risk reduction methods were in place at the time. The analysis identified what further actions had been taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

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

Visiting in care homes

- The registered manager had ensured people maintained contact with their relatives.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a variety of food options. Staff showed people the food to assist them with choosing what they would like to eat. One person told us, "The food is very nice. There's plenty of choice and they can do something else if I need."
- Relatives confirmed their loved ones were happy with the food choices available. One relative said, "10 out of 10 for food".
- Drinks were readily available throughout the day, and people were offered different options.
- Care records included a hydration and nutrition plan which outlined people's preferences, the level of support they required with eating and drinking, and any important information staff should be aware of.
- We observed staff encouraging people to eat and drink and providing any physical assistance needed to do so safely.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals to ensure people received joined up care. One relative told us, "My mum can see her GP [general practitioner], dentist, physiotherapist, whenever she needs to. The staff arrange all this for her. For example, the dentist comes in to see her regularly."
- People had oral health assessments in place as well as regular input from the dentist.
- Care records evidenced involvement from different health professionals such as GPs, opticians, district nurses and the mental health team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission to ensure these could be met by the service.
- Care records included an assessment of people's health needs and provided clear guidance for staff to follow on how to meet these.
- Care records outlined people's personal background, religion, and other preferences to ensure they received person centred care.
- We observed staff offering people choices and gaining their consent before carrying out tasks.

Staff support: induction, training, skills and experience

- Staff felt supported by the management team. One staff member said, "I feel supported because I can comfortably go and talk to management. I don't have to be very formal in my approach; I can sit down and

talk things through."

- Staff had the required training to enable them to support people safely.
- Staff received regular supervisions, spot checks and progress reviews.

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

- Relatives were happy with the design and decoration of the home. One relative told us, "They made [relative] room much safer. [Relative] now has a low bed and detector mats to monitor if they've fallen out of bed or fallen generally."
- The home was clean, well maintained and spacious. Directional signage and colour schemes around the home helped people to orientate themselves.
- People's doors displayed their name and rooms were homely and included their own sentimental belongings. One person told us, "My room has everything I need."
- The home had been adapted to meet people's needs. This included a lift, handrails in communal areas and adapted bathing facilities.

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.

- Staff were unable to tell us who had a DoLS authorisation in place. However, this information was recorded in people's care plans and the unit managers maintained a list of who had a DoLS authorisation in place. We discussed this with the registered manager who agreed to share this information with staff again.
- The registered manager maintained a DoLS tracker which detailed who had a DoLS authorisation in place and the date this was granted.
- Care plans detailed the level of support people required to make decisions. For example, one care plan stated the person was able to make simple decisions themselves such as choosing their own clothes, but unable to make decisions about their finances or their property.
- Staff had completed MCA and DoLS training and understood the principles of MCA and how to support people in their best interests. One staff member told us, "From getting dressed of a morning, to their food, we advise for their own best interests."

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had improved quality assurance systems and processes which had led to improvements in people's care since our last inspection. Audits were effective in identifying issues and demonstrated what action had been taken to resolve the issue.
- Improvements had been made since the last inspection to ensure people had robust risk assessments, including hoist risk assessments, where required.
- Complaints and accidents were clearly recorded, investigated and appropriate action taken.
- The registered manager submitted statutory notifications to the relevant bodies when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff felt the management team were approachable and felt comfortable raising any concerns. One staff member told us, "Yes I feel I can raise concerns with the manager; there's an open-door policy."
- Minutes from 'residents' meetings' evidenced people were involved in the running of the home and felt comfortable enough to express their views about staff, the environment, food and activities.
- Relatives were given the opportunity to provide feedback about their loved one's care. One relative told us, "They have forms in reception for all visitors and relatives to take and fill out." Another relative said, "Care staff and the receptionist asked me to give a Google review."
- Relatives were encouraged to be involved in their loved one's care planning and invited to attend events at the home. One relative told us, "I attend all care plan meetings. I receive regular updates on my [relative's] progress. I get email newsletters informing me of summer fetes, Christmas parties, etc."
- We saw evidence that staff meetings took place and appropriate issues were discussed. This included,

recruitment updates, updates on people's care needs, staff practices and improvements needed within the service.

Working in partnership with others; Continuous learning and improving care

- Care records included a professional visitors log which recorded input from professionals across health and social care, including dentists and opticians.
- The registered manager had an action plan which detailed improvements required across the service. The action plan outlined who was responsible for completing the action, a completion date and progress updates.

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 registered manager understood their responsibilities in relation to the duty of candour, and the need to be open and honest with others in the event things went wrong.