

# Black Country Housing Group Limited

## Gower Gardens

### Inspection report

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19 February 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Gower Gardens is a residential care home providing personal care to 61 people aged 65 and over at the time of the inspection. The service can support up to 66 people.

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

The service was not always well-led. The registered provider had established some systems and processes that were necessary to operate, monitor and evaluate the operation of the service, however these needed further development to ensure they consistently identified and addressed shortfalls. Some new systems had been introduced, however these needed to be sustained and embedded into practice. People, and staff told us the provider and manager were approachable. The manager, who was not available when we inspected was acting in an interim role and was not registered with us as required by law.

People did not always receive safe care. Although people told us they felt safe, risks to people's safety had not always been assessed and mitigated against. Overall people were supported to receive their medicines as required however, improvement was required in some areas of medicine practice. Staff understood how and when to raise any safeguarding concerns. We received some mixed views from people and relatives regarding staffing arrangements. Safe recruitment practices were in place and were followed. The general day to day practice supported infection control, but improvement was required to ensure appropriate lidded bins were available in bathrooms.

Staff liaised with other health care professionals to meet people's health needs and support their wellbeing, but improvement was needed to weight monitoring and to ensure people received appropriate dental care. We saw people's food choices were explored with them and that staff understood people's specific dietary needs.

We observed kind and friendly interactions between the staff and people. People told us they were treated with kindness and compassion. However, we found concerns that, on occasions, compromised people's dignity and privacy.

People did not always receive responsive care. Care records were reviewed but people had not had the opportunity to have input into these reviews. People we spoke with knew how to raise a concern or make a complaint. A log was kept of complaints received but this did not always record the outcome of the complaint or any action taken. People had the opportunity to participate in activities of interest to them.

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

### Rating at last inspection

The last rating for this service was good (published 22 December 2018).

### Why we inspected

The inspection was prompted in part due to concerns received from whistle blowers and members of the public about medicines, staffing, moving and handling of people and care provided to people. We decided to inspect and our inspection included examining the concerns shared with us.

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.

### Enforcement

We have identified breaches in relation to Safe care and treatment and Good Governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

Two inspectors, an Expert by Experience and a specialist advisor, who had experience in nursing care and dementia, carried out the inspection on the 18 February 2020. Two inspectors returned to the service on the 19 February 2020 to complete the inspection.

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 nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with nine people who used the service and seven relatives about their experiences of the care provided. We also spoke with a visiting health care professional. We spoke with 12 members of staff including the deputy manager, clinical improvement lead, unit managers, senior care staff, care staff, kitchen staff and domestic staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- There was a risk people might not receive the right care, due to the lack of guidance for staff, which could put people at risk of harm. For example, risk assessments on the use of the hoist were not always sufficiently detailed, however staff we spoke with were aware of the correct use of the hoist and sling.
- We were informed that there was a system in place for checking the slings used to hoist people were in good condition and safe to use. However, records of these checks had not been made. Following our inspection, we were informed these would be completed.
- Following a previous incident in the service, it was identified there was a risk of one person going into other people's bedrooms. The person's risk assessment did not identify that noise from adjoining bedrooms may be a trigger to the risk occurring and the action staff should take.
- Some people had dysphagia and were at risk of choking. Information on the specific food textures they required was recorded in lots of different places and not always in their care plan or risk assessment.
- People were not fully protected from the risks associated with skin damage. One person's care plan indicated they were at high risk of skin damage. To mitigate this risk the person required repositioning however their care plan did not detail their current support needs. Feedback from staff we spoke with indicated they were aware of the person's needs and records indicated repositioning of the person was being undertaken.
- Some people were prescribed pain killers in the form of transdermal skin patches. Medication errors can occur due to old patches not being removed at the time of application of a new patch. Staff were not recording when these had been removed so increasing the risk of errors and harm occurring.
- One person had their medicines crushed before administration. Their care plan recorded a list of foods and drinks the medicine could be added to, but this conflicted with guidance from the pharmacist. This exposed the person to the risk of their medicine not working effectively.
- We identified concerns around fire safety. Some people's evacuation plans referred to evacuation chairs, which the home did not have. We were informed this was an error and would be amended as the home had evacuation slide sheets. On the first day of our inspection several televisions were partially obstructing a corridor leading to a fire door. We were informed they were there temporarily awaiting safety checks. The televisions were still in the corridor on the second day of our inspection. They were then removed when the safety checks were completed.

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 constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During the inspection the clinical improvement lead told us it had been identified by the provider that improvement was needed to the current risk assessment format. Plans were in place to introduce a new format and this formed part of the provider's improvement plan for the service.

- People were supported to move safely at their own pace, while staff reassured them.
- Staff we spoke with confidently described who was at risk of falling and how they supported them.

#### Using medicines safely

- Senior care staff took responsibility for administering medicines. Staff confirmed they had been trained and systems were in place to assess their competencies. There had been some recent medicines errors and the provider was working on renewing competency observations to help reduce the risk of further errors.
- Medicine administration records (MARs) were completed and demonstrated that people received their medicines as prescribed.
- Staff recorded when medicines were disposed of and returned to the pharmacy, however the procedures for the disposal of controlled medicines needed to be more robust.

#### Staffing and recruitment

- At the time of the inspection the service was short of permanent staff. Agency staff were being used to cover staff vacancies and we were informed that the service tried to use the same agency staff for consistency.
- We received some concerns about the number of agency staff working in the home. "One person told us, "A lot of agency carers, they don't know us and don't know what to do most of the time." The provider had acknowledged this was an issue and had recently recruited eleven members of staff who were due to commence at the home in March.
- We received some mixed comments about staffing levels but during our inspection people were not left waiting for assistance and their needs were met by staff. One relative told us, "There are plenty of staff from what I have witnessed." One person told us, "Sometimes you can ring the bell and the carers will come and say they will be back shortly but sometimes it takes longer but I know they are busy."
- Staff we spoke with, and records we reviewed showed safe recruitment checks were carried out before staff started their roles.

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

- When potential safeguarding incidents had occurred, the provider had a track record of alerting the relevant authorities. There had been one incident prior to our inspection that had not been notified to the relevant authorities, but this was an isolated incident.
- Staff were confident the management team would take action should safeguarding concerns be shared with them.
- People were supported by staff who had received safeguarding training and who understood the signs of abuse and appropriate action to take should they have concerns.
- People told us that they felt safe. One person told us, "Not had any problems with feeling safe." Another person commented, "I do feel safe, there are lots of people around and no one can get in without being seen at reception."

#### Preventing and controlling infection

- There were systems in place to monitor infection control practice within the home. These had not identified that two bathrooms had bins without lids. The deputy manager told us he would ensure this was rectified.
- We saw the environment was clean and odour free. People told us the home was kept clean. One person

told us, "They come and clean my room every day, the domestics are amazing."

- Staff had completed infection control training and followed good infection control practices.

Learning lessons when things go wrong

- Incident records were completed to record any accidents or concerns; an audit was also completed which looked at the number of incidents over a period of time to identify any patterns or trends.
- There were some inconsistent records regarding the actions taken following people sustaining a fall. We also saw that for one medicine incident the investigation undertaken was not sufficiently robust. Improvement was needed to ensure the provider had a robust procedure in place to learn lessons.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff had recently completed training in oral healthcare and oral assessments had been introduced. Where assessments had indicated people may need to see a dentist these had not yet been acted on. The clinical improvement lead assured us these would be followed up.
- For the majority of people there was evidence that their weight had been monitored. For one person, they had not been weighed for several months. Staff told us the person had declined to be weighed. Alternative ways of measuring weight had not been considered. Records did not show what action had been taken when the person was found to have lost weight. A senior staff told us this had been discussed with the person's GP but acknowledged they had not recorded this in the care records.
- People had access to a range of health professionals and referrals were timely where people's health had deteriorated. One relative told us, "They deal with healthcare well, they always contact the GP if Mum is unwell."
- Staff knew what action to take in an event of a health emergency or if someone was unwell due to their health conditions.

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 make sure their needs could be met by the service.
- Assessments included information about people's life history, culture, religion and other preferences which would enable the service to deliver more personalised care.
- Care plans were in place and recorded as regularly reviewed but we found some did not reflect people's current needs. For example, in relation to one person's specific health condition and the support needed from staff to monitor this. A unit manager advised us they would ensure care records were updated to ensure they contained detailed guidance for staff to follow.

Staff support: induction, training, skills and experience

- Care staff told us, and records showed that newly recruited staff undertook induction training when they first started to work for the service.
- Staff we spoke with said they had received appropriate training to carry out their roles, so they could support people appropriately. There were gaps in the delivery of some staff training. However, the provider was taking action to address this, and staff had been booked to complete training. Some recent training specific to people's needs had taken place, for example in relation to falls management and diabetes.
- The majority of care staff we spoke with told us that they felt supported in their roles, but we received

some mixed feedback from staff regarding the frequency of formal supervision. Some staff told us they received supervision regularly whilst other staff said they had not received this for several months.

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

- Staff were attentive to people throughout their meal and encouraged them to eat and drink. We saw drinks were offered frequently. Fluid intake targets for people at risk of dehydration were not always recorded in their care plan but fluid charts indicated fluid intake was monitored and that people were having sufficient fluids.
- We saw people's food choices were explored with them and that staff understood people's specific dietary needs.
- People shared mixed views about the food. Comments included, "I don't get a lot to choose from, meat, fish it's very nice though." "The food is very good a carer comes the night before and asks me what I would like for the following day." "The food is not very good."

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw staff offering people choices and seeking their consent for care.
- The registered provider had submitted DoLS applications to restrict some people's liberty. We saw people were not restricted unnecessarily and moved freely around the home. Appropriate arrangements were in place where people had a Power of Attorney to make decisions on their behalf.
- When medicines had been administered covertly, [disguised in food], we saw appropriate safeguards were followed such as ensuring capacity assessments and medical approvals were in place.

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

- The premises were well maintained and were suited to people's needs with spacious corridors and communal areas which enabled people to move around freely.
- Adapted bathing and toilet facilities, a lift and handrails supported people's needs. Signage and colour schemes around the home helped people to orientate themselves.
- Staff used technology and equipment to meet people's care and support needs. For example, sensor mats to alert staff when people needed support.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's personal information was not always stored securely. Throughout the inspection we observed that people's medicine records were left on top of a trolley's stored in corridors. Several visitors were in the building and these records were left unattended by staff.
- While we saw kind and caring interactions from individual staff some of the providers systems and processes and oversight of the service meant that people were not always cared for.
- The interactions between people and staff showed us that people usually had their privacy and dignity respected.
- We saw staff were discrete when offering people support with personal care and knocked doors and waited for a response before entering. One person told us, "I have help with showers and getting dressed. The carers draw curtains, knock before coming in."
- We observed staff promoting people's independence with tasks such as allowing people to walk freely around their home. One person told us, "I get my own breakfast, cereal, toast. I sort my own clothes for the following day."
- Where assessed as safe to do so, people could undertake tasks such as making their own hot drinks in the kitchenette areas of the home.
- We observed staff supporting people to make decisions. For example, people were asked what they wanted to drink or where they would like to sit.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind and friendly interactions between the staff and people. One person told us, "The carers find time to stop and chat with me." Relatives confirmed they felt that staff were kind and caring.
- When some people became anxious, staff supported them in a kind and calm way, re-assuring them.
- People told us they felt cared for and well supported. One person told us, "Can't fault the carers, they are first class. If they see you struggling, they are there to help. The carers are kind and friendly."
- People's diverse needs were respected, care plans identified people's cultural, religious and spiritual needs.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were reviewed, but these reviews were not meaningful. There was no evidence that people had been actively encouraged to be involved in discussing or reviewing their own care on a regular basis.
- One person told us they had been involved in their care plan when they first moved in but had been at the home several years and not been involved since. The deputy manager told us that this issue had been recognised and the involvement of people was being implemented. We were informed that one review was underway, with the involvement of one person's relative.
- Staff respected people's individual choices and preferences. One relative told us their family member preferred female staff to provide their personal care and that this preference was respected.

Improving care quality in response to complaints or concerns

- There were systems in place for people to raise concerns or complaints. People and their families told us they knew how to make a complaint and told us they would not hesitate in raising concerns.
- A log was kept of complaints received but this did not always record the outcome of the complaint or any action taken. The clinical improvement lead told us of the actions taken for each complaint and gave assurances these would be recorded in future.
- Prior to our inspection we had referred a number of concerns including allegations of poor care and insufficient staffing that we had received to the provider for investigation. Whilst the provider had investigated these concerns and responded to us, they had not been included in the provider's analysis of complaint themes and trends. The clinical improvement lead told us that these would be included in the future.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The clinical improvement lead, and deputy manager were aware of the accessible information standard.
- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.

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 had opportunities to engage in activities and planned events that interested them.
- We saw activities were on offer during our inspection and we received some positive comments for people about the activities. One person told us, "I have been to the cinema and watched 1917 about six or seven of us went." Other comments included; "There are things to do, there is Ipad class tomorrow." "I have been to Merry Hill with carers and the Black Country Museum, the cinema here last Tuesday, watched a documentary it was very good."
- A small number of relatives felt that activities within the service could be improved. The service did not currently have an activities co-ordinator, but one had been recruited and was due to commence.
- We saw that visitors were welcomed into the home and people maintained contact with family wherever possible.

End of life care and support

- The home supported people with end of life care.
- Where people's symptoms had identified they were near end of life we saw that appropriate contact was made with the GP and district nurses to gain advice and guidance.
- Where relevant, end of life care plans were in place. There would benefit from further detail, for example to include information on the person's current wellbeing and how staff would know if the person was in pain.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a range of quality monitoring arrangements in place, but they were not always effective. Audits undertaken had failed to identify some of the issues we found on inspection.
- Systems had not identified issues including covert medicines, hoisting risk assessments, complaints and accident recording, and lack of follow up to oral healthcare assessments. Some risks to people's safety had not been identified by the provider.
- The provider and management team had completed numerous audits however in some instances it was difficult to track whether actions from audits were completed as action plans had not been updated.

The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

- The service had been without a registered manager since August 2019. Since then there had been two acting managers. Following our inspection, we were informed that a previous manager would be returning to manage the service for 12 months whilst a permanent manager was recruited. The provider informed us the new manager would submit an application for registration.
- The provider had met regulatory requirements regarding ensuring the latest inspection report was on display and ensuring relevant notifications were submitted to the Commission.

Continuous learning and improving care; Working in partnership with others

- We found the management team and provider to be open throughout the inspection about what the service does well and what areas needed further improvement.
- The provider had a quality improvement plan in place that it was working through to help develop and improve the service.
- The service worked closely with the local authority quality team and health professionals as they carried out regular visits to the service.

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 Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour,

providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. The deputy manager and clinical improvement lead understood the need to be open and transparent with people and their relatives if something went wrong.

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

- Feedback from people about the service and their confidence in the running of the service were mixed. Several relatives raised concerns about the frequent changes of manager at the service. One relative told us, "I think there have been four or five managers in the couple of years [name] has been here."
- People, relatives and staff told us the management team were approachable.
- We saw that meetings for people and relatives took place regularly. One relative told us, "We get notified about resident meetings." People had the opportunity to complete a survey regarding the service. Whilst there was no specific action plan relating to the survey, we were informed the results fed in to the quality improvement plan for the service.
- Staff meetings were held regularly to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Reasonable steps had been taken to reduce risks associated with people's care which placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service.