

Gorselands Court Limited

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Inspection report

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Date of inspection visit:
07 January 2019

Date of publication:
30 January 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 07 January 2019 and was unannounced.

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.

The last inspection of the service was carried out in January 2018 and during that inspection we found a breach of Regulation 17 relating to the governance of the service. Systems for monitoring, checking and improving the quality of the service were not robust enough to identify some of the areas that required improvement that we noted during our inspection. At this inspection we found that improvements to systems of monitoring had been implemented to ensure the health and safety and wellbeing of the people living there.

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. People using the service lived in ordinary flats within a retirement complex.

Not everyone using Gorselands Court Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection there were two people receiving care and support.

The registered manager and five deputy managers had systems for reviewing, monitoring and assessing the quality of the service. The provider was undertaking their own internal audits of the records, therefore they were able to demonstrate how they monitored and identified any shortfalls. There was a plan to collate all information gathered and to take action to drive improvements.

The registered manager had ensured that staff received regular support, training and supervision and had the skills, knowledge and experience required to support people with their care and support needs. Training materials were up to date and reflected current good practice guidelines and legislation.

People received their medicines on time and the information available to staff about people's medicines was up to date. There were risk assessments in place so that staff had the guidance they needed to ensure people received their medicines safely. People's risk assessments were in place and had been updated and reviewed to reflect changes in their needs.

Care records were informative and up-to-date. Each person using the service had a personalised care and support plan and a risk assessment. All records we saw were complete, up to date and regularly reviewed. We found that people and their relatives were involved in decisions about their care and support.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service and disciplinary procedures had been followed appropriately and in accordance with policies.

Staff received an induction programme, regular training and supervision to enable them to work safely and effectively. There was also an up to date staff handbook that all staff were given and staff were informed when there were any updates.

People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary and when people requested their support.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding vulnerable adults.

The service had quality assurance processes in place including service user questionnaires. The service's policies and procedures had been reviewed in 2017 and information shared by the registered manager told us the provider was updating them again in January 2019. The policies included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding and recruitment.

People told us they were happy with the staff and felt that the staff understood their care and support needs. The two people we spoke with had no complaints about the service. The provider had a complaints procedure in place and this was available in the 'Service User Guide'.

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

Safeguarding policies and procedures were in place and staff had received training about safeguarding people.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Staff had received training about medication handling and managed people's medication safely when required.

Is the service effective?

Good ●

The service was effective

Staff were appropriately inducted and received ongoing training. They also had regular supervision meetings and an annual appraisal.

People had given consent for care to be provided and the service had policies and procedures in place in relation to the Mental Capacity Act 2005.

The provider provided initial assessment visits where people's needs were looked at and family were included in assessing and creating a personalised care and support plan.

Is the service caring?

Good ●

The service was caring.

Confidentiality of people's care files and personal information was respected.

People told us that their dignity and privacy were respected when staff provided care and supported them and staff showed a regard for people's individuality.

People told us that there was good communication between them and the service and staff understood them and their needs.

Is the service responsive?

Good ●

The service was responsive.

Suitable processes were in place to deal with complaints appropriately and people's comments and complaints were taken seriously and investigated.

People who used the service told us they were involved in their plan of care and where appropriate, their support needs were assessed with them and their relatives or representatives.

Care plans were reviewed regularly and there were records of communication with other professionals including people's visits to or by medical professionals.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place to ensure the service provided safe and good care and people who used the service had opportunities to express their views.

The registered manager was effective and had clear roles and responsibilities for all staff.

The service had a manager who was registered with the Care Quality Commission.

Gorselands Court Limited

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 January 2019 and was unannounced. The inspection was carried out by an adult social care inspector. With permission we were able to visit two people in their apartment.

Before the inspection we looked at our own records, to see if the manager had submitted statutory notifications and to see if other people had sent us feedback on the service.

During the inspection we spoke with two people who use the service, three carers/housekeepers, the training provider, two deputy managers and the registered manager.

We reviewed a range of documentation including two care plans, risk assessments, medication records, records for four staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the service was managed.

Is the service safe?

Our findings

At our last inspection in January 2018 we saw that staff were administering prescribed creams to people and this falls under the definition of administering medication. No care plan was in place for the person to guide staff on how to administer the prescribed creams. The provider's medication policy did not provide any guidance to staff.

Since then, the registered manager had updated the medication policy which included guidance on the differing level of support staff could provide and the appropriate training. This included advice on how to support people with the use of creams. This had been updated to include current guidance from the National Institute of Clinical Excellence (NICE) on managing medicines for adults receiving social care in the community.

We spoke with people who used the service and we asked if they all felt safe with the care and support provided by the service. All replied that they did. One person commented, "I do feel safe, the staff know me and how to provide my care". Another person told us, "Staff make sure I am safe, they administer my medication to make sure I take the correct tablets in order and on time".

We discussed staffing levels with the registered manager and how the service was providing continuity and reliability to people using the service. We were told that there were sufficient staff to cover calls. We spoke with two people who used the service and they told us that they had a team of regular staff including deputy managers and they arrived at the correct time.

Staff also provided additional services within the complex such as housekeeping. There were five duty managers, one of whom was always available throughout the day and slept on the premises at night. In addition, there were 12 carers/housekeeping assistants all of whom were trained to provide personal care.

All care provided by the registered service was scheduled and provided between 8am to 3pm and 7pm to 10pm. The manager explained that outside of those hours the duty manager was available to respond to emergencies.

We looked at the safeguarding records at the office; there had been no reportable safeguarding incidents. We spent time discussing the safeguarding procedure and all staff were aware of their roles in reporting to the managers who would refer to the relevant local authorities. This showed that the registered manager acted appropriately to safeguard people using the service. All staff were aware of the whistleblowing policy and procedure and would use it if required.

We looked at the care and support plans for two people and they had risk assessment records to inform what care staff were required to provide and how to reduce risks. The risk assessments were specific to the individuals and very informative. Examples included transport, personal care support, health needs and medication. We saw that risk assessments had been reviewed regularly.

We looked at incident and accident records at the office, there had been no reportable incidences recorded in 2018. Records we looked at showed how the managers had liaised with a relative who had initiated actions required for one person who was becoming unsteady on their feet and they had contacted the local physiotherapist and support was being provided.

We looked at the medication procedure at the service and in the apartment of two people; all medication was stored in a place requested by the people. Staff administered medication and completed medication administration records (MAR's) for the people as part of their care and support. All MAR's we looked at had been completed appropriately and signed by staff. All staff informed us that they had completed medication awareness training and were competent and confident to administer medication.

We discussed medication training and competencies with the registered manager, the training provider and staff. There was a training programme in place that included competency checks and observations of staff to ensure the safety and wellbeing of the people.

We looked at the recruitment records for four staff members currently employed at the service. The records in the recruitment files showed that procedures had been followed to ensure that staff were safe and suitable to work with vulnerable people.

The registered manager explained the procedure that is used where an applicant would complete an application process to assess their suitability for the job, attend an interview and provide contact details of people to provide a reference. The references are then checked for validity. A Disclosure and Barring Service (DBS) check was also completed before staff began working at the service. DBS checks include criminal record and barring checks for person's whose role is to provide care or supervision.

We saw evidence that the registered manager had followed the company's disciplinary procedures appropriately and in accordance with their policies.

There was a one page summary support plan in the files we looked at, this would be used for example if the person was taken to hospital. The information would be shared with other relevant information including health details and medication.

We were shown by a deputy manager protective equipment including disposable gloves and aprons that were stored at the service office and also in a locked storage room. We spent time talking with the training provider who went through the thorough induction to ongoing training and development provided to all staff. Staff training records that we looked at showed staff were trained in infection control protocols. Staff told us that they would always wear disposable gloves when attending to people's personal care. People we spoke with told us that staff wore uniforms gloves when providing their personal care.

Is the service effective?

Our findings

We asked people using the service if they thought staff were competent in their roles. The people we spoke with said they were. One person told us "The staff are really good, well trained and very polite". Another person said, "Most staff understand me and how I like things to be done and show me respect".

In discussion with the training provider and talking to staff and from looking at staff files it was clear that staff received a comprehensive induction when first employed by Gorselands Court Limited. As well as carrying out their own thorough induction, the service implemented the Care Certificate, which is a national qualification accredited by 'Skills for Care'.

Gorselands Court Limited had a range of training that included topics such as medication, safeguarding, equality and diversity, fire safety, food safety, mental capacity, recording and reporting and moving and handling theory and practical. The training provider was trained to provide staff with all relevant training including moving and handling, safeguarding, person centred care and medication awareness training. Staff were up to date with training and told us the training was really good and interesting.

Records showed that staff had an individual supervision meeting up to four times a year and an annual appraisal. One staff member told us, "The manager is very supportive and acts straight away on anything we discuss." Another staff member told us "The managers will always do their best to support me and will always inform me of action outcomes and information on any issues I have raised". Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

New staff also shadowed experienced staff for a week or two before working unsupervised. This included being introduced to the people they would be providing care to and getting to know their routine. The registered manager told us no new staff had been recruited in the last 12 months.

The managers conducted initial assessment visits where peoples' needs were assessed and family were included in assessing and creating a personalised plan if required. The care plans we looked at showed that each person's needs had been assessed and that they had a care plan informing staff of their daily routines.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People were supported to make day to day decisions, such as what they wanted to eat or wear. Staff told us they explained the person's care to them and gained their consent before carrying out any care and support and the people that we spoke to confirmed that this was the case. One person told us, "The girls always ask me if I would prefer to do certain things myself they support me in making my own decisions as I am quite independent

and know what I want". Staff told us that people chose how they would like to be cared for; they explained they always asked permission before starting and would talk people through the care taking place.

We discussed healthcare with the people using the service and they told us that staff would liaise with healthcare professionals on their behalf if required. We were also told that staff would accompany people to appointments in the community if required. Staff spoken with told us that they would notice changes in people's health and would support them to receive the relevant healthcare including contacting their GP. Staff said they would always notify the managers and record any actions taken.

We saw that the people's dietary requirements were catered for with the person's full knowledge and involvement. There was a dining room in the complex that the two people went to daily for their lunch. People's dietary information was available in their care plan, documentation included information on diabetic needs or intolerances to certain foods. Daily records completed by staff informed what they had provided at meal times. One person told us, "The girls get our breakfast ready for me and give us what I ask them too".

Is the service caring?

Our findings

We asked people if staff were kind and respectful and they said yes. One person told us, "Staff are really kind they support me, I am happy". Another person said, "Staff are very good, they do care and they know what I want and they help me".

When we visited people in their apartment we were told that staff were caring, attentive, calm friendly and supportive to people. Staff told us that they would liaise with family members and healthcare services if and when required. We observed that people made choices and decisions about their lives and we saw that staff respected these decisions. One person said, "The girls all treat me with respect and provide me with dignified care when they carry out personal care. One staff member [staff name] showers me twice a week, I think she is wonderful".

We discussed the different communication techniques used by staff at the service. A staff member commented "Communication between us is very good and we have a very good relationship with [people] we know when to use other forms of communication. We involve families in the person-centred planning meetings and at times they do join us".

We were able to observe staff supporting people in a communal setting with respect and we saw that interactions between staff and the people they supported were positive. Staff had a good knowledge of the people they were providing care and support for and people told us that in their opinion the care staff helped them in any way possible. Staff told us "I really enjoy working here it's great, working with people to care and support their independence. I really do love my job" and "I think we all provide great care here I wouldn't work here if we didn't".

We were able to see feedback that had been received by the service and this included, "Thank you we do appreciate all your staff do and we are very happy with all staff. They do a very good job".

We observed that confidential information was kept secure in the office as well as in the people's apartment. People told us they were aware of the records kept and had agreed for the care plans and assessments to be in place.

Gorselands Court Limited provided a handbook that was made available to people using the service and gave clear information about how the service operated. This included being clear about the care the service does and does not provide. For example, they do not provide care to people who require the use of a hoist for transfers or assistance from two carers at any one time. There was also clear information about the times personal care could be provided.

Is the service responsive?

Our findings

People we spoke with said that the care and support provided was personalised. One person we spoke with told us, "Staff help me and encourage me too, ensuring I am comfortable and happy. They do meet my care plan needs, they go above and beyond". Another person told us, "The staff know our routines and are very nice".

We looked at the care and support files for two people, comprehensive records were in place for them. The files contained assessments of people's care and support needs and any risks to their health, safety and well-being. Records included a daily overview summary of their required needs that included timings for staff to follow. Assessments of care and reviews were in place that showed how the service monitored their service and ensured that the people were being provided with the care they chose. This resulted in the records being specific to the individual and the identified risks having actions for staff. All the information was person-centred.

Every apartment within the building was fitted with a call bell that can be used by people to summon help. In addition, people also have a pendant to wear. The registered manager explained that the duty manager was available 24 hours a day to deal with emergencies and would support people if required.

The people being cared and supported had their own activity programme that they joined in at the complex. Their interests were discussed and staff told us that they encouraged the people to join in. The person-centred plans also included their dislikes and staff we spoke with were aware of them.

Care and support plans and risk assessments had been reviewed regularly and there were good records of communication with people, their relatives and visits to or by medical professionals. Staff we spoke with had good knowledge of people's care and support needs and were able to describe in detail the support they provided to individuals.

The provider had a complaints policy and procedure in place that had been reviewed in 2017. We looked at the complaints records at the office, there had been one complaint in 2018. There was information in place about how the registered manager had initiated an investigation and relevant actions were seen to have been completed.

People were aware of the complaints procedure and all told us they would talk to staff if they were unhappy about anything. One person told us "I have had no reason to complain and if I did I know something would be done". Staff spoken with told us they would initiate a complaint if a person informed them they were unhappy with something.

We asked the registered manager if the service provides 'end of life care' and was told the service would assess their input as part of a package of care. This would include working along with healthcare professionals.

Is the service well-led?

Our findings

The registered provider of this service Gorselands Court Limited is owned by the people who live within the retirement complex. They have elected a board of directors who are also shareholders. In turn the directors have appointed a management company who act as management agents. The agents provide a person who acts as the nominated individual for the care agency. They also provide advice and support with quality assurance and paperwork.

At the last inspection in January 2018 where we found that no formal system was in use for quality assuring systems within the service. At this inspection we found that record keeping and governance of the service was taking place. The registered manager and duty managers had implemented effective systems and processes to monitor, manage and improve the quality and safety of service and drive improvements. The records of monitoring were provided and the registered manager discussed how the collation of all audit records would be conducted in January 2019 which was the annual review date.

The service had a manager in post who had been registered with the Care Quality Commission The registered manager was supported by five deputy managers. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information. The manager had made timely notifications to the Commission when required in relation to significant events that had occurred at the service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings and they are accessible to all the people who use their services. We observed the last report on display on a notice board in the reception area.

We were able to see that the registered manager and deputy managers carried out audits of the service. Staff told us that the communication with the registered manager and deputy managers was very good and that they were approachable at all times. The registered manager was able to demonstrate their oversight of the service and its quality systems. We were able to see if any actions had been identified and acted on and how these were items on the agenda during meetings with staff and the people using the service. We saw evidence of action plans that had been developed from the findings of audits and that these were time specific for completion and were ongoing.

Other quality assurance processes included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an ongoing process of the service acting on issues and comments made and that people using the service felt listened to and comfortable to voice their opinions.

We saw that staff were able to express their views and any concerns they had. Staff we spoke with told us that they felt very supported in their role. We were told by one carer/housekeeper "The managers are really good and they do listen to what I have to say". Another staff member said, "The managers are really good, involved with the people here and always willing to help".

The policies in place had been updated in 2017 we were told by the registered manager that the policies were being updated by the provider. We were provided with a mail trail from the provider to the registered manager informing him of the updates. The policies included health and safety, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. Staff were provided with a handbook and told us that they had meetings and training if there were policy and procedure updates and changes. This ensured the staff had up to date guidance surrounding their practice.