

Fosse Healthcare Limited

Gladstone House

Inspection report

Lord Hawke Way
Newark
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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

About the service

Gladstone house is an Extra Care Housing service that provides personal care to people in their own flats in two separate buildings. A rehabilitation service is also provided which supports people with regaining their independence following a stay in hospital. The aim for these people was to return to their own home. At the time of the inspection 44 people were receiving support with some elements of their personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received care that kept them safe from harm. Risks to their health and safety were regularly assessed and updated as their care needs reduced or increased. There were enough staff in place to support people safely whilst still encouraging people to do as much for themselves as possible. People's medicines were managed safely. The provider had ensured people were protected from the risk of the spread of infection. Accidents and incidents were investigated, and actions taken to prevent the risk of recurrence.

People's care was provided in accordance with best practice guidelines and legislation. Staff were well-trained and received regular supervision of their competency to carry out their role. People were supported to maintain a healthy lifestyle through making wise food choices. Staff worked alongside other health and social care professionals to provide people with high quality, relevant and timely care.

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.

People found the staff to be kind and caring and were treated with respect and dignity. People were involved with decisions about their care. People's privacy was respected by staff. People's ability to do things independently of staff was continually reviewed and assessed.

People received person-centred care and were consulted on the care provided and any changes that may need to be made. People were provided with information in an accessible format. People were encouraged to socialise with others and to take part in activities that were important to them. Complaints were handled in accordance with the provider's complaints policy.

People received a good standard of care and support with individualised aims and goals in place for all. Helping people achieve positive outcome from their stay was a fundamental aim of the staff and management. People told us they would recommend this service to others. People and staff praised the management of this service. The registered manager had a good understanding of the regulatory

requirements of their role. External health and social care professionals praised the approach of staff and management.

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 the service under the previous provider was requires improvement, (published on 4 July 2019). The new provider has addressed the concerns of the last inspection and the rating for this service has improved to good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Gladstone House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type .

This service provides care and support 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 or rented 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 and support service.

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

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since registration. We sought feedback from the local authority, other health and social care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with ten people and one relative across two buildings about their experience of the care provided. We spoke with four members of the care staff, the care manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and abuse.
- All people spoken with told us they felt safe with the staff. One person said, "I have always felt safe, particularly during the pandemic. They have kept us safe."
- People were provided with details of how to report concerns about their or other's safety.
- Allegations of abuse and/or unsafe practice by staff were investigated, and, where required, reported to the relevant agencies such as the Local Authority and the CQC.
- All incidents were recorded on an internal electronic recording system. These incidents were then reviewed by senior management and they, along with the registered manager, ensured the incident was investigated, and actions taken to prevent recurrence. This helped to keep people safe.

Assessing risk, safety monitoring and management

- People were protected from the risks associated with their care.
- People told us staff understood how to support them and they did so safely. One person said, "I use a 'stand aide' and I always feel very safe. The staff know exactly what they are doing and make sure I am comfortable before moving me. I trust them."
- Care records and risk assessments were detailed. Staff told us and our reviews confirmed that the records contained sufficient guidance for staff to reduce risk of people coming to harm. Records were regularly reviewed and updated as people's needs changed. This was particularly important on the assessment unit where people were supported with their rehabilitation following a stay in hospital.
- Plans to evacuate people safely in an emergency were in place. These were individualised and considered people's mental and physical health.

Staffing and recruitment

- Staff were recruited safely and there were enough staff in place to meet people's needs and to keep them safe.
- People told us they felt confident that staff were there if they needed them. One person said, "I call them if I need them and never have to wait long. It does depend on if they have an emergency sometimes though. I would say they are pretty quick, even at night."
- Staff confirmed there were enough staff in place to ensure they could carry out their duties safely.
- Staff were recruited safely, and appropriate checks were carried out prior to them commencing their role. This ensured people's and other staff's safety was always respected.

Using medicines safely

- People received their medicines safely.
- Where people received support with their medicines they told us they were happy with the support received from staff. One person said, "They give me my medication; well, they pop the tablets on the table for me and I take them myself. I just can't manage the packaging."
- We observed a staff member supporting a person with their medicines. They did so safely, were patient and checked to see that the person had taken their medicine before they left.
- People had medicine administration records (MAR), care plans and risk assessments in place. These records were regularly reviewed to ensure errors were highlighted before they impacted people's health and safety.
- Staff competency in all aspects of medicine management were monitored and regularly assessed. Errors were discussed with staff, with guidance, support and further training provided for staff should it be needed. This helped to continue to ensure people's medicines were managed safely.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us staff always wore gloves and aprons whilst carrying out personal care and during the pandemic they had been wearing face masks. People told us they had felt safe and protected throughout this period.
- We were assured that the provider was preventing visitors to their office 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 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 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.
- We were assured the provider was facilitating visits for people living in accordance with the current guidance.

Learning lessons when things go wrong

- The provider ensured lessons were learned when accidents and incidents occurred.
- Accidents and incidents were investigated appropriately. Changes to care plans, increased staff training and competency of practice reviews were completed where required. This reduced the risk of recurrence.
- Reviews of all incidents were carried by the care and/or registered manager. Where required, senior management also reviewed these incidents to offer guidance and support where needed.
- Where more serious incidents had occurred across the provider's group of services, these were discussed at senior management level to help identify trends and themes. Learning was encouraged across the services. Action plans were in place to support registered managers in reducing the risk of these incidents recurring.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were assessed prior to them starting with the service and continued throughout their stay.
- Where people had health conditions that required care and support to be provided in accordance with best practice guidance, care plans and risk assessments had been amended to reflect this. For example, guidance was in place to support people living with arthritis and with diabetes.
- People's protected characteristics were considered when care was provided. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- People were provided with care and support from staff who were well-trained, experienced and had the skills to provide effective care.
- People told us staff understood their care needs and were happy with the way care was provided. One person said, "The staff know what they are doing and are looking after me well. I am becoming more independent, doing a bit more at a time. The staff are there if I need anything though."
- Records showed staff had received a wide variety of training relevant to their role. They received regular supervision to enable their competency to be assessed. Staff had also been supported to complete externally recognised qualifications such as diplomas in health and social care. This helped to ensure people continued to receive effective care from skilled staff.

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

- People were supported to maintain a balanced diet and to make healthy food choices.
- People told us staff supported them well with their meals.
- Most of the people we met were able to make their own meals and drinks. Some people told us staff would make a sandwich for them for teatime and leave it in their fridge.
- People were encouraged to support themselves as much as possible and we saw people making themselves a drink and tidying up themselves. This process was important in ensuring people's continued improved rehabilitation and independence.
- If people had a health condition that could be affected by food and drink choices, such as diabetes; guidance was in place for staff to encourage people to make wise food choices.

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

- A variety of health and social care professionals worked alongside the care staff in providing care and support for people who were being supported with their rehabilitation.
- We spoke with, amongst others, an occupational therapist and social worker. All professionals praised the approach of the care staff and management. They felt the care was well-organised, timely and effective in improving outcomes for people.
- When guidance was provided by these professionals, care records and risk assessments were updated to ensure they received required and appropriate care.
- People were provided with information about how to access other healthcare agencies. Where needed, staff attended appointments with people. This helped to ensure that people were able to receive reviews of their health from other health professionals.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the Mental Capacity Act 2005.
- There were examples where people had provided their written or verbal consent to care being provided. MCA assessments were in place where required.
- The registered manager was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well-treated, cared for well and were treated with respect.
- People told us they liked the staff who provided them with the care and supported they needed. One person said, "The staff are very nice, very caring, when they call to help with my tablets they always stop and have a chat. It is a nice place to live." Another person said, "It is a nice environment, and the staff are very nice, very helpful and caring. I am happy here. I feel well supported and would like to stay if I can."
- People were supported to lead their lives in their chosen way. There was a clear focus on ensuring each person enjoyed their stay at the service, whether that was for a few days or weeks or on a permanent basis. Staff spoke positively about their role and the impact they had on improving people's lives.
- All staff spoke respectfully about the people they cared for. They understood the need to ensure people's protected characteristics such as age, sexual orientation and gender were embraced, and people should not be discriminated against. We were advised that should people wish to practice their chosen religion then they would always be supported to do so.

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

- People were encouraged to give their views about their care and decisions were always made with them, or, where relevant, an appropriate other person such as a relative.
- People told us staff listened to them and respected their views. One person said, "They are all pretty good, they understand my condition and know what I like and don't like. They are all good at what they do. They are all kind."
- Records showed people were involved with regular discussions about their care. Where people were receiving support with rehabilitation, these meetings were more frequent, with a wide range of professionals involved with agreeing the next best course of action with the person.
- Where needed, people were provided with access to an independent advocate who could speak on their behalf, for example, if the person had no-one to speak for them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected; independence was encouraged, and they were treated with dignity.
- A person described the support they received with their personal care. They said, "They [staff] are good at it, and I never feel embarrassed. They know my choices and look after me and they treat me with respect."
- Others told us they had lived at the service for a long time and they knew some of the staff well. We observed some caring interactions and people appeared comfortable when being supported by staff.
- People's right to privacy was respected. We observed staff knocking on people's doors and waiting to be

called in.

- People told us they were happy with the support they received in regaining their independence. They told us they felt supported to be as independent as possible and some people told us they were moving back home having been helped with their confidence to do things independently of staff.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care that was provided in accordance with their personal preferences and choices.
- People told us they had choice and control over decisions about their care. This included their agreed daily routine where staff attended to calls throughout different times of the day.
- Some people told us that although they knew they had a care plan they could not access it as this was in an electronic format. The registered manager assured us that people were told they could have a paper copy of their care records and they would ensure people were notified of this again, in person, and also in a revised service user guide.
- Records showed people's daily routines were detailed, updated regularly and the level of care required. This included support people wanted with their medicines, meals and personal care.

Meeting people's communication needs

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

- Care plans, policies and procedures were available in an accessible format, this included larger fonts for people who were visually impaired. The service user guide could also be made available for people in Braille if required.

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

- Although the service was not a care home there were communal areas that were available for people to use. This included a restaurant and cinema room. These areas were not managed by this care provider.
- Some activities were provided for people by the housing provider to meet with others living in the building(s). Staff supported people to attend. Regular meetings took place to decide what activities people would like.
- Where it had been agreed as part of people's care package, people were supported to go to the local shops and other amenities with staff. People were also encouraged and supported to meet with friends and family wherever possible.

Improving care quality in response to complaints or concerns

- People were provided with guidance about how they could make a complaint if they needed to. This included how to contact external agencies.
- People told us they had not needed to make a formal complaint but if they did, they understood the process.
- Records showed that no formal written complaints had been received for nearly 12 months. Processes were in place to ensure if received, they were responded to in accordance with the provider's complaints policy.

End of life care and support

- End of Life Care was not currently provided. Where required, people's end of life wishes were discussed with them and plans would be put in place where required.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported to receive person-centred care that focused on them achieving positive outcomes.
- All of the people we spoke with told us they would recommend this service to others and spoke highly of the care they received from the staff and the way the service was managed.
- One person said, "I can't think of anything they could improve. I'm in here and enjoying it." A relative said, "We are very happy with the care [family member] gets. The staff are really nice and yes, we would recommend."
- Many people returned home after their rehabilitation stays at this service. Where people required longer-term support, people were welcomed to stay at the service should it meet their needs. Should people need full-time care they were supported with their transition to move to a care/nursing home.
- People were kept fully informed at all times and their progress towards their goals and the possible options for future care were discussed with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.

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

- All staff understood their roles and how they contributed to providing the best possible outcomes for people.
- People and staff praised the approach of the care manager. One person said, "She pops her head around the door occasionally, she is lovely. We have a bit of a laugh. I could tell her if I was worried about anything." Staff told us they felt the service had continued to improve since the care manager started in their role.
- Management were effective in reducing risks to people's safety and ensuring compliance with regulatory requirements. This included ensuring the CQC and other agencies were notified of any reportable incidents such as a safeguarding referral or serious injury.
- A care manager was in place. They managed the service on a day-to-day basis and were supported by an experienced registered manager. Together they had agreed roles, ensuring risks were addressed, staff were supported, and people received the care they needed. The care manager will be taking over as the

registered manager of this service following the outcome of this inspection.

- Staff told us they enjoyed working at this service and felt valued. Staff were provided with a variety of tools to support them if they needed guidance or advice about their role. This included access to external counselling and support services. This helped to provide a positive working environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were fully involved with the development of this service. Their views were regularly taken, in a variety of formats, and used to help senior manager act on feedback.

- A person told us they had been invited to a meeting with care staff to discuss what they would like to do for the Queen's Jubilee celebrations. Others told us they regularly met with staff to discuss their care. Some raised issues about the quality of the choice of food at the restaurant. Although this was not something managed by this service, people's feedback was taken and provided to the restaurant management to help to improve people's experiences.

- Staff attended regular meetings with management and had supervisions; both forums encouraged staff to give feedback about what was working well and what they thought could be improved. Action plans were in place, were regularly reviewed and progress was reported back to staff.

Continuous learning and improving care

- The provider ensured people were cared for and staff worked in an environment where excellence was aimed for, but there was also learning from mistakes and reviews of how to continually improve the quality of care provided.

- Staff were encouraged to become involved in reviews of incidents to help their and the provider's learning and to learn from mistakes.

- All staff spoken with were passionate about providing the best possible care for people and improving their skills. Some staff told us they had been supported and encouraged to complete further training, obtain relevant qualifications and seek promotion opportunities when they arose. Promoting from within was a key aim of this provider; ensuring continuity for staff and the people they cared for.

- Regular auditing of the quality of the overall care provision was carried out. We saw detailed assessments of a wide variety of key areas of care were regularly assessed and where needed, action plans were in place to address any shortfalls. Success was also celebrated, and staff were rewarded for examples of outstanding care.

Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs. They worked together to assist in providing the appropriate care and support the aim to return to their own.

- All of the health/social care professionals we spoke with praised the care and management of this service, with many commenting on the focus of staff in achieving the best possible outcomes for people.