

The Gloucester Charities Trust

Guild House Residential Home

Inspection report

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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

Guild House is a care home without nursing for up to 35 older people, some of whom are living with dementia. At the time of this inspection on 23 October 2018, there were 32 people living at the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good. Why the service is rated Good:

The service continued to meet all the fundamental standards and had a registered manager as required. The registered manager was present and assisted us with the inspection.

People continued to receive responsive and person-centred care. Staff took the time to know people as individuals and their preferences about how they wished to be cared for.

The provider's values and ethos were known and shared by the staff team. Staff felt motivated in their roles and proud to work at Guild House.

People continued to be protected from harm and abuse. The provider and registered manager took a 'lessons learnt' approach to accidents, incidents, concerns and complaints and used these to make continual and ongoing improvements to the service.

People received their medicines safely and consideration was given to whether people were able to administer their own medicines.

There was a holistic view of dignity, which included considering people's self-esteem and helping to reduce feelings of social isolation.

The registered manager and provider used a range of internal and external quality assurance measures to ensure people received a high standard of care.

People had access to a range of social and leisure opportunities and were part of their local community.

Further information is in the detailed findings in the full 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?

Good ●

The service had improved to Good.

People received their medicines safely. People were protected from the risk of infection.

Staffing levels were sufficient to meet people's needs. People were protected from harm and abuse.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Guild House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 October 2018. It was unannounced and was carried out by one inspection manager.

We used information the provider sent us in the Provider Information Return (PIR). 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. Prior to the inspection, we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the chief executive (referred to as "the provider" in the report) and the registered manager. We spoke with the head of care, three shift leaders, the cook, two activities coordinators and the wellbeing and mindfulness coordinator. We also spoke with nine people who lived at the home and one relative.

We looked at three people's care plans, which included risk assessments, healthcare information and capacity assessments. We looked at medication administration records, accident and incident records, complaints and feedback received, and the registered manager's safeguarding files. We also looked at four staff recruitment files. We reviewed a number of other documents relating to the ongoing quality assurance and monitoring of the service.

Is the service safe?

Our findings

At our previous inspection in December 2015, we found medicine management was not always safe. There were not always protocols in place for people's PRN ('as required') medicines. At this inspection, we found improvements had been made and all relevant PRN protocols were now in place. These protocols clearly set out the reason for prescribing the medicine, the specific symptoms it had been prescribed to alleviate, and possible side-effects. Where people were prescribed time-specific medicine, such as thirty minutes before food, we found this was given in accordance with the prescriber's directions.

We carried out a random stock check of three people's medicines and found the stock balance to be correct for all three. Medication administration records were up-to-date, with all medicines signed for. Body maps were in place for the application of prescribed creams, which recorded the areas they were to be applied. Opening dates of creams were recorded, in accordance with best practice.

People's medicines were stored securely in their rooms and where people were able and wanted to, they were responsible for administering their own medicines. Temperatures of people's bedrooms were monitored to ensure the correct storage of their medicines. However, we found the room temperatures of the medicine storage room, where the overstock was kept, were not routinely recorded. We brought this to the attention of the registered manager during our inspection, who confirmed the temperature should be taken daily and they would take action to reiterate this important message to staff.

At our December 2015 inspection, we found staffing levels in the Grace Wing of the home were not always sufficient to meet people's needs. At this inspection, we found there was now always a minimum of two members of staff present on this wing at one time. Staff told us they felt staffing levels were sufficient at Guild House. One member of staff told us, "The ratio [of staff] is good here; we're lucky." We saw throughout our inspection that people did not have to wait for staff assistance, and that staff had time to spend with people and respond to their emotional needs.

People continued to be protected from harm and abuse. Before our inspection, we contacted the Local Authority for feedback on Guild House. They told us, "There are currently no issues, safeguarding or otherwise, with this home." Staff we spoke with were aware of the provider's safeguarding procedures, and we saw this information was displayed throughout the home. The registered manager had a system for recording and monitoring all safeguarding concerns at the home, including a separate file for monitoring any unexplained bruising or injuries. The risks associated with people's individual care and support needs continued to be managed and reviewed. These included areas such as skin health, weight, falls and oral care.

The provider and registered manager continued to monitor accidents and incidents at the home, and took a 'lessons learnt' approach to this. For example, one person had suffered a fall whilst suffering from an infection. The registered manager had reported this matter to the Care Quality Commission and been asked about the actions they usually took to help prevent falls for people suffering with a known infection. The registered manager had acted on this and now had a preventative system in place. The registered manager

had been working alongside the Gloucestershire Care Home Support Team, and they were due to deliver falls prevention training to all staff.

People were protected from the risk of infection. The home was clean and free of malodours. A relative commented to us about the cleanliness of the home and how impressed they were. The kitchen had been inspected by the Food Standards Agency since our previous inspection, and had retained the maximum five-star rating. Staff told us one of the strengths of the service was infection control and maintenance checks of equipment and premises. They told us, " We are very strict with infection control and hygiene, particularly where mattresses are concerned. We also have a very good maintenance team and when we raise an issue, it's dealt with usually within 24 hours. During our inspection, staff reported a problem with a headrest on a person's bed and action was taken straightaway to rectify this.

The provider continued to follow safe recruitment practice. All new staff were subject to reference checks, as well as checks with the Disclosure and Barring Service (DBS). The DBS helps prevent unsuitable people from working with vulnerable adults.

Is the service effective?

Our findings

We saw people were able to navigate their living environment with ease. On the dementia wing, there were aids in place to help people identify the bathrooms and their bedrooms. Plans were in place to build a tactile wall for people so they could enjoy the sensory experience. People had a choice of different environments at the home, including quiet lounges and a garden room, complete with artificial grass flooring. This was to replicate the garden experience for people who liked being outdoors. People were able to access the home's gardens, but they told us they usually only chose to do so in fine weather. One person told us how they had enjoyed planting and gardening this summer.

Staff, including the registered manager, deputy manager and head of care, were all trained in dementia care, with the registered manager and deputy having a dementia leadership award. Staff told us they continued to receive ongoing training, development and support to enable them to be effective in their roles. On the day of our inspection, refresher Mental Capacity Act training was taking place, which staff told us they did annually, alongside safeguarding training. When new staff joined Guild House, they completed the Care Certificate as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily practice.

People continued to be supported to maintain their health. This included access to a range of healthcare professionals and services, including district nurses, physiotherapists, memory clinics and ophthalmologists. People's weight was monitored using a nationally recognised malnutrition screening tool. Where there were concerns about people's weight, they were referred to relevant healthcare professionals and their recommendations and guidance followed.

People continued to enjoy a varied, balanced diet with meals prepared freshly onsite. We spoke with the chef, who was aware of people's individual dietary requirements, health conditions and likes and dislikes. There was flexibility in the mealtime provision. We joined people for lunch, and saw their choices were respected and catered for. A range of snacks and drinks were available to people throughout the day during our inspection and we saw initiatives were in place to encourage hydration, such as 'milkshake Mondays.'

The provider continued to adhere to the principles of the Mental Capacity Act. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider continued to only deprive people's liberty when lawful to do so and when the least restrictive options had been explored. For example, at the time of our inspection, there were people living at Guild House who received their medicines covertly. Covert medicine is the administration of any medical treatment in a disguised form, usually within food or drink. The provider ensured the principles of best interest decisions had been followed in these instances, involving relevant healthcare professionals and family members. The rationale for this decision was clearly documented and was kept under review to ensure it remained the least restrictive option.

Is the service caring?

Our findings

People continued to enjoy positive and respectful relationships with staff. We observed positive interactions throughout our inspection and saw people were at ease with staff, with a relaxed and uplifting atmosphere in the home. People told us they felt cared for. One person we spoke with told us, "You won't find anything wrong here! They [staff] are all wonderful. "A relative told us, " It's a very happy and homely environment, and each and every member of staff from all departments always appear happy to be working [at Guild House]. Everyone is greeted, residents referred to by their Christian name and the all round professional care and dedication they provide, with nothing being too much trouble, makes each resident feel special."

The registered manager told us they and their staff team placed importance on people's dignity, which included their appearance. The registered manager told us of the importance of ensuring people's daily grooming regime continued and that they were encouraged to take pride in their appearance. During the course of our inspection, two people enjoyed a pamper session with one of the activities coordinators and proudly showed us their newly painted and manicured fingernails.

Staff told us about the "dignity dos", which we saw described on notice boards throughout the home. These were the principles staff followed when considering dignity. The principles included assist people to maintain confidence and positive self-esteem; enable people to maintain the maximum possible level of independence, choice and control; listen and support people to express their needs and wants; and respect people's right to privacy. We saw staff upholding these principles throughout the course of our inspection.

The provider, registered manager and wellbeing and mindfulness coordinator told us about the home's inclusive approach to diversity. They told us inclusiveness and open-mindedness started with the provider's approach, which then cascades down to staff and the ethos of the home. One member of staff we spoke with told us how they had felt accepted immediately by the provider and their colleagues, which had meant a "huge weight" had been lifted from their shoulders. They told us this approach to diversity was for all, and that people's individual equality and diversity needs would be embraced. We signposted the provider to the Care Quality Commission's resource guide on excellent practice in equality, diversity and human rights because they were keen to develop further in this regard, such as making sure their care plans sensitively captured any equality, diversity and human rights considerations.

People continued to be supported with their individual communication needs. Each person had their own communication care plan, which set out any particular needs or assistance they needed. We saw staff adjust and tailor their communication style to meet the preferences and needs of individuals. The home has established links with a local advocacy service. Advocates help people to express their views and ensure these are heard and taken into account when important decisions are made about them or their care. People living at Guild House had access to Wi-Fi in the home, which facilitated the use of electronic tablets and video calls.

Is the service responsive?

Our findings

People continued to receive person-centred care. A relative told us, "Dad's room had been given careful thought and planning, with finishing touches of family mementos." One member of staff told us when asked what the ethos of the service was, " Person-centred care." Another member of staff told us, " We all know our residents well. We know that people vary each day, and some days they may be able to be more independent than others. We all recognise what sort of day people are having."

We saw staff respond to people's changing health and wellbeing needs. One person became very tearful because they were in pain and discomfort with their leg. A member of staff soothed the person and offered them pain relief, then reassured the person the pain relief needed time to work when they said they were still in pain a few moments later. This calmed the person, as did the member of staff sitting with them and holding their hand for comfort.

The provider employed three activities coordinators to work at Guild House, including a new role of a wellbeing and mindfulness coordinator. These roles worked in conjunction with each other to ensure people were able to pursue their individual hobbies and interests, as well as the opportunity to try new social and leisure opportunities. On the day of our inspection, some people enjoyed a pamper session in the morning, then went out in the afternoon to a social event arranged through the local church, which they told us they enjoyed. The registered manager had recently recruited volunteers to the home, whose role was also to take people out and about to places of interest.

The wellbeing and mindfulness coordinator focused on ensuring everyone had a 'at a glance' summary sheet about key information relevant to that person. They were also setting up a 'make a wish' initiative with individuals, which involved finding out what one thing a person really wanted to do or try. Staff would then support that person, as much as possible, to achieve this.

The provider continued to have a complaints procedure in place, as well as mechanisms for capturing feedback and suggestions. We found that where formal complaints had been made, these had been investigated, responded to and action taken, where necessary.

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of reviewing and updating people's care plans as they transferred them over to an electronic care planning system. They planned to document the communication needs of people in a way that meets the criteria of the standard.

The registered manager told us where people living at Guild House started to need end-of-life care, the

home worked with other healthcare professionals such as district nurses and GPs to meet these needs and enable the person to remain living at the home for as long as possible. We found people's care plans contained information around people's end-of-life wishes and preferences.

Is the service well-led?

Our findings

People, staff and relatives were positive about the provider, the registered manager and the running of Guild House. We saw people living at Guild House knew the registered manager well. One person enjoyed a warm and comforting moment with the registered manager and held her hand. As the registered manager left, the person said affectionately, "I do hope to see you again later." A relative told us the registered manager was, "Justifiably very proud of Guild House and her staff team." Staff we spoke with told us they felt supported and valued in their roles. One member of staff told us, "There is a good management here, with a clear management structure." Staff retention rates were high, with many staff having worked at the home in excess of several years. When extra shifts needed covering, these were usually covered by the existing staff team or bank staff. This meant people were cared for by a consistent staff team, with very rare use of agency staff.

The registered manager, provider and staff spoke of their pride about working for Guild House and its reputation in the community. The provider told us of their main values was PRIDE, which stood for personal responsibility in delivering excellence. At the time of our inspection, there was a waiting list for vacancies at the home and we heard the registered manager explain this to enquirers when they called the home about availability. We saw in two recent application forms, the prospective staff members had written they wanted to work at Guild House because of its positive reputation.

Since our previous inspection in 2015, the provider and registered manager had continued to make improvements to the service. This included the introduction of an electronic care planning system, as well as improvements to the décor and fabric of the building. People were consulted on the decoration of their home. At lunchtime, we saw different samples of wallpaper displayed on the wall for people to choose from for the decoration of the dining room. One person told us, "I'm not sure how they will decide in the end because we all seem to want different things! But it's good of them to give us the choice."

The provider had also recently instructed an external consultant to review their quality assurance systems and make suggestions as to how these could be improved. As a result, the provider told us they now worked from one overarching action plan, rather than several action plans for different areas.

The provider continued to monitor the quality and safety of care provided at Guild House. This included routine monthly audits, as well as responsive audits, such as if a person sustained pressure damage to the skin. We saw examples of where action had been taken following an audit. This was in regard to a fire door not closing properly, which had been swiftly resolved.

The registered manager had established links with the local community for the benefit of people living at Guild House. This had included links with a local nursery and Brownies club, with children having visited the home. We saw photographs from a recent visit which showed people enjoying interacting with the children.

The provider continued to comply with their legal and regulatory responsibilities, such as submitting statutory notifications to the Care Quality Commission and visibly displaying their current rating.

