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Gordena Care 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Gordena Care Home provides accommodation, personal care and support for up to 9 people. There was one vacancy at the time of the visit. People who live at the home have a learning disability. There were seven single bedrooms and one shared bedroom. The kitchen and dining room were situated on the third floor which was accessed by stairs. There was a stair lift that could be used by people if required to reach the second floor where the lounge was situated.

There was a registered manager in post. The registered manager was also one of the owners of the business. 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.

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 14 and 16 April 2015.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to

Summary of findings

follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes. People received their medicines safely.

People's views were sought through care reviews, house meetings and surveys. People's views were acted upon. Systems were in place to ensure that complaints were responded to with action taken to improve the service provided.

People were involved in making decisions about their care. People had a care plan that clearly described how they wanted to be supported. People had opportunities to take part in activities both in the home and the local community. People were encouraged to be independent. Some people could access the community on their own whilst others required staff support. Some people managed their own finances. Other health and social care professionals were involved in the care of the people living at Gordena Care Home.

Staff were knowledgeable about the people they were supporting and spoke about them in a caring way. Staff had received suitable training for them to deliver safe and effective care. Staff told us they were supported in their role and met with the registered manager regularly to discuss their performance and any training needs.

The service was well led. There was evidence that learning took place from incidents, accidents and complaints. The provider was a member of various organisations which ensured they were kept up to date with any changing legislation relevant to the care industry. They completed regular checks on the systems that were in operation in the home to ensure they were effective. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included, and their views were sought. There was an emphasis on Gordena Care Home being people's own home.

Summary of findings

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 safe. People received safe care and risks to their health and safety were being well managed whilst not curtailing their rights or independence. Medicines were managed safely.

Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or people using the service would be responded to appropriately in respect of an allegation of abuse.

Staff had been through a thorough recruitment process before they started working with people. There were sufficient staff to keep people safe and meet their needs.

Good



Is the service effective?

The service was effective. People received an effective service because staff provided support which met their individual needs. People's nutritional needs were being met. They were involved in the planning of the menus and supported to make choices on what they wanted to eat and drink.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Good



Is the service caring?

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

People's views were listened to and acted upon.

A person at the end of their life was cared for by staff, who made sure they

were comfortable, free from pain and supported by people that were familiar to them. They had strongly advocated for this person.

Outstanding



Is the service responsive?

The service was responsive. Staff were knowledgeable about people's care needs and how they wanted and should be supported. People were involved in developing and reviewing their plans which clearly described their support needs, interests and life histories.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

There were systems for people or their relatives to raise concerns.

Good



Summary of findings

Is the service well-led?

People benefited from a service that was well led where their views were actively sought to improve the service. Staff were clear on their roles and aims and objectives of the service and supporting people in an individualised way.

Staff described a cohesive team with the provider/ registered manager working alongside them.

Regular staff meetings took place and staff confirmed they were able to express their views and make suggestions to improve the service. Staff told us they felt supported both by the management of the service and the team.

The quality of the service was regularly reviewed by the provider/registered manager and staff.

Good



Gordena Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2014 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.

The last inspection was completed in January 2014 and there were no concerns. This inspection was carried out by one inspector and took place on 14 and 16 April 2015 and was unannounced.

Before the inspection, we reviewed the information we held about the home. This included notifications, which is

information about important events which the service is required to send us by law. We did not ask the provider for a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

During the inspection we observed and spoke with people, looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, three staff recruitment files and training information. We spoke with four people about the care and support they received, four members of staff and a senior manager. We contacted four health and social care professionals after the inspection who were complimentary about the service being provided.

Is the service safe?

Our findings

People told us they were safe and there was enough staff to support them during the day and night. One person told us, “A member of staff goes with me when I go out, this keeps me safe” whilst another person told us, “I go out on my own, I let the staff know where I am going and when I am going to come back home, I carry a piece of paper with my name and address in case I get lost”. It was evident arrangements were in place to keep people safe which took into consideration people’s skills and abilities. Another person told us “I was on the ground floor but I now share a room with my friend and this makes me feel safe”. Both people confirmed they were happy to share a bedroom.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Some people accessed the community independently or looked after their own money whilst others were supported by staff. There were risk assessments in relation to mobility and these had been kept under review.

Staff confirmed that everyone was assessed regularly to ensure they were safe when moving around their home. This was because there were three bedrooms, a bathroom and the lounge on the second floor and these could be accessed by a stair lift. However, the only access to the third floor, where the kitchen, office and dining room was situated was via stairs. Hand rails were in place to assist people if required.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people’s safety. There were policies and procedures in the event of an emergency and fire evacuation. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Other checks were completed on the environment including moving and handling equipment and routine checks on the gas and electrical appliances. Certificates and records of these checks were kept. An independent

company carried out an annual audit. This assessed the safety of the premises and whether it was fit for purpose ensuring the provider was following health and safety legislation.

Regular maintenance was carried out when required. Staff confirmed there was a good response to repairs. A senior manager said there was a planned redecoration programme in place. They told us the kitchen was being refurbished and the woodwork in the hallway was going to be repainted. The ceiling in the bathroom had black damp spots. This was being investigated and action was being taken to address this.

The home was clean and free from odour. Cleaning schedules were in place. People told us they were supported by staff to complete daily chores and the cleaning of their bedrooms.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. They said if they suspected abuse, then they had a duty to report it to the registered manager. One staff member commented “I have no concerns about any of the staff that work here, but if I did I would report to the manager and I know they would deal with it”. They told us if they had any concerns that had not been responded to, they would have no hesitation in reporting to external agencies such as the Care Quality Commission or South Gloucestershire Council’s safeguarding team. Staff were aware they could report to external agencies and this formed part of the whistle blowing policy.

Some people needed support to look after their finances. Policies and procedures were in place to guide staff. People told us they could access their money whenever they wanted and only had to ask the staff on duty. Checks were completed to ensure the finances were correct as part of the daily handover. Records were maintained of all money entering the home and any expenditure including receipts. Some people contributed towards the home’s transport and made a monthly contribution towards their toiletries. People could opt out of this if they wanted. The senior manager told us this was discussed with individuals living in the home. There was a lack of records demonstrating the

Is the service safe?

people's involvement in this decision. The senior manager said this would be addressed immediately, although they felt the registered manager had recorded this in the past with the records having been archived.

Some people were prescribed medicines they could not manage themselves. Staff told us that at the time of the inspection no one was self-administering but this would be considered if it was safe for a person to do so. The arrangements for managing medicines on their behalf were safe. Care files included information about what medicines people were taking and any side effects. This included guidelines for the administration of 'as and when' required medicines.

Medicines were kept safely and were stored securely. Clear records were kept of all medicines received into the home and given to people and where these were returned to the pharmacy when no longer required. These records showed people were getting their medicines when they needed them.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. This was confirmed in the training records and from speaking with staff on duty at the time of the visit.

People told us there was enough staff to support them during the day. Staff told us there was always two staff on duty during the day and one member of staff providing

sleep in cover at night. Additional staff were rostered if people had planned activities that required additional support. On the day of the inspection people were planning to attend a disco and a member of staff offered to stay later to enable them to get to the venue and return safely.

The provider followed safe recruitment practices. We looked at the recruitment files for three members of staff and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

A senior manager told us a recent health and safety audit had recommended they introduced a health declaration to ensure staff were fit and well in respect of the role they were to perform. They were planning to introduce this for all new and existing staff. They told us this was discussed informally during the interview but they wanted to make it more formalised.

Staff completed a six month probationary period where the registered manager checked if they were performing to a suitable standard. This continual process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people at Gordena Care Home.

Is the service effective?

Our findings

People told us they liked the staff that were working in the home and they helped them when needed.

People were happy with the variety of meals and the quantity they were given. They told us they were asked on a weekly basis what they would like to eat for the main evening meal. They said they were asked each what they would like for lunch. The main meal was cooked in the evening as people were generally out during the day. Records provided details of people's food likes and dislikes, and any foods that should be avoided. Staff told us this was constantly kept under review as people's preferences could change. Staff were aware of any specialised diets and any risks to people in relation to eating and drinking such as choking or issues relating to swallowing.

Staff told us all the food was freshly prepared and they were aware of what people liked and disliked. A member of staff told us they prided themselves on ensuring there was plenty to eat and that it was all home cooked. There was no one at the time of our inspection that was at risk of malnutrition. People were offered an alternative if they did not like what was on offer.

People had access to health and social care professionals. People confirmed they had access to a GP, dentist and opticians and could attend appointments when required. People had a health action plan which described what support they needed to stay healthy. Health and social care professionals confirmed any advice they gave staff was acted upon. A GP told us the staff contacted them appropriately in relation to the health needs of people.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This

provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff said they supported people to make decisions, for example about what to wear and how they wanted to spend their time. Staff were aware of those decisions that people could not make for themselves. An example of this was decisions about healthcare when people were not able to understand the relevant information. Meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals.

The senior manager told us they had recently submitted applications in respect of Deprivation of Liberty Safeguards (DoLS) and were waiting for a DoLS assessor to meet with them to discuss these. DoLS is the process by which a person in a care home can be deprived of their liberty if this is in their best interest and there is no other way to look after the person safely. The senior manager told us the applications were being made due to the level of supervision some people needed as they could not go out in the community independently due to risks to their safety. They were knowledgeable about the process for making these applications to protect people in their best interest. They were also aware that they had to notify CQC of the outcome of the authorisation.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training and were competent in the tasks they carried out. They told us training needs were discussed at staff meetings and also in individual supervision meetings with their line manager. Training was delivered by South Gloucestershire Council or through e-learning.



Is the service caring?

Our findings

People told us the staff were friendly and supported them well. People told us they had no concerns about the care and support they were receiving. One person told us “I have no close family and the other people and the staff are my family now”. They told us “we all get on, sometimes we have little fall outs but we all live together happily most of the time”.

The relationships between people at the home and the staff was friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. Staff sought to understand what was wanted and how they could help when people approached them. Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person’s care plan was current and up to date and they spent time with them on a one to one basis. One person was heard being asked who they would like as their key worker and being offered a choice.

Staff were knowledgeable about the people they were supporting. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them. Staff celebrated when people had received an award or certificate at college. One person proudly showed us their medals they had won and staff were observed giving positive feedback to the person.

People told us they could have visitors to the home. Records contained the information staff needed about people’s significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. People told us they have social get togethers where they could invite their friends and family to their home. One person told us “the manager took me in their car to see my relative it was important and I can speak with my family on the telephone if I want”.

We observed staff knocking on doors and waiting for people to confirm they could enter. People were able to lock their bedroom doors if they wished. This afforded people some independence and control over their life, whilst ensuring privacy when in their bedrooms. Two people told us they shared a bedroom which they said they preferred. They told us they were offered a bedroom of their own but they liked it, the way it was. There was a privacy screen which gave them some privacy.

Visiting health and social care professional’s feedback was very positive in relation to the caring approach of staff. One health professional told us “I am very happy with the service they provide, all the people seem well cared for and management is always informed and helpful when we visit” and another professional told us “everyone looks well cared for they really care and know the people they support well”.

Staff confirmed they could access information about the end of life care preferences for people. They described how they supported a person with their end of life wishes and respected the rights of the person to die in their own home if they wanted. This included seeking advice from other professionals including district nurses, palliative care specialists and the person’s GP to ensure appropriate equipment was in place. This included any pain relief to ensure the person was comfortable and pain free. A GP praised the staff on the support they were giving to a person in respect of end of life care. They stated “The fact the person has been kept alive and well for so long is a testament to their outstanding care”.

A member of staff spoke with us about training they had received in end of life care. They discussed with us the importance of ensuring that the person was peaceful, pain free and content. It was evident from the way that they talked about the care provided that they felt a strong commitment to providing the best experience they could for the person. We were told health professionals had considered moving the person but that staff at the home wanted them to stay as they knew the person well and wanted to continue to support them. They felt it was in the person’s best interests to be supported by staff who knew them well.

Is the service responsive?

Our findings

People told us there was plenty of activities organised for them, both in the community and in the home. They described the support they required from staff and some people told us they were independent. Some people had voluntary jobs whilst others attended social groups and college. It was evident this was kept under review with people to ensure activities remained appropriate.

People told us they were supported to have an annual holiday and they were asked where they would like to go and who they wanted to go with. Regular house meetings were organised to discuss menu planning, activities, staffing arrangements and any concerns or ideas people had about the running of the home.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported, enabling them to respond to their care needs. Staff told us it was important that any new person got on well with the other people in the home. The emphasis was that Gordena Care Home was people's home. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment. A senior manager told us they met with each person prior to them moving to the home. This enabled them to get to know the person to ensure they could meet their care needs.

Care plans contained information to guide staff on how the person wanted to be supported. These had been kept under review. Staff reviewed the care plans six monthly or as people's needs changed. Annual reviews were organised with the placing authorities (the council responsible for funding the care) and relatives. People confirmed staff discussed their care plan with them and they could view their care documentation whenever they wanted.

Care plans included information on how they supported people with their religious or cultural needs. People were supported to go to the local church if they wished.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important as it was an opportunity to discuss any changes to people's care needs. They told us this ensured a consistent approach and enabled them to respond to people's changing care needs.

A member of staff during the inspection was concerned about the welfare of a person and immediately responded by ensuring a medical appointment had been made for them. They referred to the handover record and staff on duty and it was evident that staff had responded in a timely manner as an appointment had been made the day before. One person told us "the staff are very good and will make contact with the GP if I am not well". Another person told us "my legs sometimes ache and staff will promptly give me my cream or tablets for the pain".

People were encouraged to be as independent as possible. This included going out in the community, making snacks and drinks and assisting with household chores. Where a person required support with personal care clear plans of care were in place. Care plans were in place in respect of any specialist equipment that was to be used for people such as hoists or an air mattress to reduce the risks of pressure wounds. Staff confirmed they had received training on moving and handling to enable them to support people and respond to medical emergencies such as falls.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. There had not been any complaints raised by people or by their relatives in the last twelve months. People told us if they were not happy they would speak with the registered manager, their key worker or a member of staff.

Is the service well-led?

Our findings

Gordena Care Home is a family run care home. The registered manager shared her time between this and another home in the local area. Staff spoke positively about the team and the leadership in the home. They described the registered manager as being approachable. Staff told us they could always contact the registered manager or another senior manager for advice and support if they were not working in the home. Staff described a positive culture in the home, including a team that worked together to meet people's needs. Staff told us the registered manager was open and transparent and worked alongside the team. Staff we spoke with told us they enjoyed working at the home. We were told, "It's the best place I have ever worked in. I like the atmosphere here; it's like one big extended family".

People told us they were happy with the care and support that was in place. They knew who managed the service and confirmed they could approach and speak with any of the management team and the staff. One person told us, "it is like one big family and everyone is nice and we get on well together". People confirmed they had house meetings enabling them to discuss any concerns or make suggestions. They told us they were consulted weekly about the menu choice and were involved in shopping for the home.

Staff meetings were held approximately every three months. Topics included management cover and the welfare of people living at the home. For example, staff were reminded about people's changing needs and the expectations of the providers. Staff told us the frequency of the meetings were appropriate and gave them an opportunity to meet as a team and discuss various topics relevant to the home. Minutes were available for those staff that had not attended.

Staff told us the emphasis on the care and support was it was the individual's home and care was delivered focusing on the aspirations and needs of the person. People were asked how they wanted to be supported and involved in making decisions about how they wanted to live their life. Many of the people had been living in the home for fifteen years and said they knew the provider and their family well. Staff recognised that although they had supported people for many years it should never be taken for granted that people's needs and choices would never change. People

confirmed they met with their key worker and a senior manager to discuss how they were feeling and to discuss any changes to their support plans at regular intervals. It was evident that the provider promoted people's involvement in the care and support they received.

Feedback received from health and social care professionals was positive. A health care professional told us "I know Gordena Care home well. I think it's one of the best, if not the best care home we have. The staff are wonderful and extremely caring and I am completely happy with the service being provided". They told us they found the registered manager of the home caring and approachable. They also told they had an excellent working relationship with the staff and the registered manager of the service. Another visiting health professional told us "the staff are creative and think outside of the box to ensure people's needs are met, they focus on the person and build a service around them".

People's views were sought through an annual survey including that of their relatives or significant others. Comments were positive about the care and support that was in place. One relative stated "I find the approach to be thoughtful, professional and above all respectful and would recommend the home". People confirmed they could approach the registered manager with any concerns or ideas and these would be acted upon. The senior manager told us it was important "that people and staff could make day to day decisions rather than asking the management team". This ensured people were empowered to have control over their own lives.

Systems were in place to review the quality of the service, these were completed by either the registered manager or a named member of staff. These included checks on the medicines, daily checks on people's finances, care planning, training, supervisions and appraisals. The senior manager told us there were no infection control and environmental audits. They told us they completed regular visual checks and a maintenance person was employed to complete any repairs. They told us either the registered manager or a senior manager visited the home daily. They told us they were aware this needed to be more formalised. We found no concerns in respect of infection control, however these audits would demonstrate regular monitoring of this area.

The senior manager told us how they were keeping up with current and changing practice. The provider/registered

Is the service well-led?

manager attends a local care home provider forum with South Gloucestershire Council and they were also members of Care and Support West. The senior manager told us they received regular updates on changes in legislation in respect of managing a care home. They were also members of an organisation called Citation which advises on changes of legislation, health and safety and employment law.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Staff told us that where an incident or accident had occurred this was discussed with the team to

prevent a further risk or incident. Incident reports were produced by staff and reviewed on a monthly basis by the registered manager. A senior manager told us the registered manager would file the incident report once they were satisfied appropriate action had been taken. However, there was no section on the incident report for the registered manager to sign or to record any action that had been taken.

From the incident and accident reports we could see that the registered manager had sent us appropriate notifications. A notification is information about important events which the service is required by law to send to CQC.