

Gorsey Clough Nursing Home Limited

Gorsey Clough Nursing Home

Inspection report

Harwood Road
Tottington
Bury
Lancashire
BL8 3PT

Tel: 01204882976

Website: www.gorseyclough.co.uk

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17 April 2019

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Gorsey Clough Nursing Home is a residential care home that is registered to provide personal and nursing care to 50 people. At the time of the inspection there were 31 people using the service.

People's experience of using this service:

At this inspection we found the evidence supported the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Risks were well managed. Where people had behaviours that might challenge the service these were being identified, monitored and well managed.

People's health needs were being met and medicines were managed safely.

The home was clean, and improvements had been made to areas of the building, including the development of a new dementia care unit.

Care records were person-centred and reflected people's current needs.

Staff received the training and support they needed to carry out their roles effectively. Staff had been safely recruited and there were sufficient numbers of staff to provide people with the person-centred support they needed.

Staff interactions were polite, friendly and good humoured. People received support in a discreet, patient and unhurried manner.

Everyone was very positive about the manager and the improvements they had made at the home.

The manager had introduced a range of quality monitoring and auditing. Although we saw significant improvements had been made, we have not rated the well-led key question as 'good'. There is a history of non-compliance. To improve the rating to 'good' would require the embedding of audit systems and a longer-term track record of sustained improvement and good practice.

The manager had a clear vision of what the service should be. They were very enthusiastic, had a good knowledge base and an understanding of people's needs. They spoke with passion about promoting the rights of people and improving quality and people's experiences of the service. The provider and staff we spoke with shared this commitment to continue with the improvements.

Rating at last inspection: At the last comprehensive inspection published on November 2018 we found the service to be Inadequate in safe and well-led and requires improvement in effective, caring and responsive. This gave the service an overall rating of Inadequate. We identified nine breaches of the Health and Social

Care Act (Regulated Activities) Regulations 2014. We also identified one breach of the Care Quality Commission (Registration Regulations 2009. This was because the service had not sent in statutory notifications as required. The service was placed in special measure and a warning notice for governance was issued. At this inspection we found the required action had been taken and the breaches of regulations and the warning notice were met. The service has been removed from special measures.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Requires Improvement ●

The service was well-led. However, due to the history of non-compliance to improve the rating to 'good' would require the embedding of audit systems and a longer-term track record of sustained improvement.

Details are in our Well-Led findings below.

Gorsey Clough Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by two adult social care inspectors, as assistant inspector and a medicines inspector.

Service and service type:

Gorsey Clough Nursing Home is a care home registered to provide accommodation, personal care and nursing to up to 50 people.

The service should have a manager registered with the Care Quality Commission (CQC). A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager has applied to be registered with the CQC.

Notice of inspection:

The first day of inspection was unannounced. Inspection site visit activity started on 16 April 2019 and ended on 17 April 2019.

What we did:

Before the inspection we asked the provider to complete 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 what improvements they plan to make.

We also looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. They raised no concerns.

During our inspection we spoke with six people who used the service, five visitors, the manager, the providers, clinical service manager, maintenance person, activity coordinator, two cooks, a laundry assistant, two nurses and three support workers.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed meal time experiences and used the SOFI to observe care on one occasion.

We looked at four people's care records, a range of records relating to how the service was managed including 8 medication records, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection published in November 2018 we rated this question as inadequate. This was because we identified concerns in relation to safe management of medicines, risks to people's safety and well-being, infection control and lack of premises and equipment maintenance and safety checks. We also found that there were not sufficient staff to meet people's needs. At this inspection we found that action had been taken to address all the concerns.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- People we spoke with said they felt people were safe living at the home. A visitor said, "Yes, it's very safe, its excellent. We come to visit 1-2 times a week. We are very happy with the home."
- Staff had received training in safeguarding people from abuse. They knew how to raise any concerns and were confident any concerns they raised would be dealt with appropriately. One said if they raised concerns with the manager they were; "110% confident. Yes, he would deal with it."

Assessing risk, safety monitoring and management

- Risk assessments were person-centred and guided staff on what needed to happen to keep people safe. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Improvement had been made in the way the premises and equipment were maintained. Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment used. Concerns or repairs were dealt with effectively. We found risk assessments regarding shower chairs and door locks needed further detail. The manager updated them during our inspection.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- Significant improvements had been made in how people whose behaviour might challenge the service were supported. Reviews of people's needs had been completed. We found that challenging behaviour was being identified, monitored and well managed. Care records were detailed and included what might make the person upset or angry and described how staff would know if the person was becoming upset. They guided staff on things they should try that helped the person to become calm. Discussions with staff showed that they were aware of this information and understood how support needed to be provide. One person's record showed that they were not always willing to accept support that was essential to their health and well-being. Their records gave very clear, person-centred guidance about what action staff should take to help protect the person. A visitor said, "The management of behaviours is much better. They are on the ball. The residents really trust the staff."
- We saw the manager looked in detail at any incidents, what had happened and what could be done to try

to prevent future incidents.

Staffing and recruitment

- There was a safe system of staff recruitment in place. We looked at four staff files. They contained the necessary checks and documents to ensure fit and proper people were employed. There was a system for checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC.)
- People told us that there were always sufficient numbers of staff to meet people's needs. Staff we spoke with said that staffing levels had significantly improved. One said, "We can now spend time talking with people, we stagger routines, so it fits better. We are not rushed." A visitor said, "The nurses are much more noticeable now. They are down here [communal area] all the time."
- The manager showed us a dependency tool they now used to assess the staffing requirements in the home. We saw that this was regularly reviewed and updated as people's needs changed. Staff rotas we looked at confirmed staffing numbers were provided consistently.
- The service had policies and procedures to guide staff on what was expected of them in their roles.

Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed. Significant improvements had been made since our last inspection and continuous auditing had ensured that medicines could be accounted for and the records showed that medicines were given safely as prescribed.
- We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked.
- Some records relating to people who were prescribed medicines or creams to be given "when required" or with a choice of dose needed further development. We also saw that for some people practical information was missing to help staff give covert medicines safely. We discussed this with the manager. We saw that on the second day of our inspection appropriate detailed guidance had been put in place.

Preventing and controlling infection

- The home was visibly clean. There was a slight odour in the entrance to the main lounge. We discussed this with the provider who said that as part of planned improvements the old flooring was going to be replaced. There were no unpleasant odours elsewhere. There were detailed cleaning schedules and audits.
- There were policies and procedures for the prevention and control of infection to inform staff of good practice issues.
- Staff had received training in infection prevention. There were robust systems in place to prevent the spread of infection or disease. We discussed with the manager the need to ensure risks associated with PPE were assessed and appropriate safe storage was considered.
- Suitable facilities were in place for the cleaning of people's clothes.

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- The manager reviewed the records and action taken to identify any patterns or lessons that could be learned to prevent future occurrences.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection published in November 2018 we rated this question as requires improvement. This was because we identified concerns in relation to staff training and staff were not acting in accordance with the Mental Capacity act 2005. At this inspection we found that action had been taken to address all the concerns.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed. Conditions of DoLS authorisations were being met.
- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- Where people were not able to make a decision, including where restrictive practises were being considered a best interest decision making process was followed. This included consideration of the least restrictive options and these decisions were documented. We saw this included where people were being given their medicines covertly.
- Where needed independent advocates were involved in best interest decisions.

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

- There had been no new admissions since our last inspection. However, we saw that improvements had been made to the pre-admission assessment. The assessment was comprehensive and should help to ensure that people are now appropriately placed, and the service can meet their needs.
- Where people had behaviours that might challenge the service, we saw that the assessment process would include a multi-disciplinary meeting to ensure that the service could meet the person's needs and

consider compatibility of residents.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- We saw all new staff completed an induction to the service. Those who were new to care services also completed the 'Care Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care.
- Records showed staff completed a range of training the provider considered mandatory. Staff told us the training was good. One said of the manager, "He's hot on training."
- Staff had received training in 'Conflict management'. This guided staff on how best to support people whose behaviours might challenge. We saw that additional training on dealing with incidents was also planned for all staff in May 2019.
- Staff identified as 'champions' received additional training for safeguarding, information governance, diabetes, challenging behaviour, wound care, continence care and medicines.
- Staff told us they now felt very supported. Records showed a programme of regular supervision was now in place and the manager had started annual appraisals.

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

- We found people's nutritional needs were met. Food was stored and prepared safely. The kitchen was clean and appropriate checks such as food temperatures were being maintained.
- Any special dietary needs a person had were identified and included in care records. Kitchen staff were aware of people's specific needs.
- An 'Award in Excellence' had been awarded to the home as the kitchen plan healthy meals for residents. The kitchen has a 5-star food hygiene rating.

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

- Since our last inspection extensive improvements had been made to the building. This included the development of a unit that was planned to be used to care for people living with dementia. This was due to open within a month of our inspection. This area had been designed in line with NICE guidelines and was decorated to create a dementia friendly environment. There was adjustable lighting, none slip flooring, a variety of chairs and colour schemes that created a calming environment. One visitor said, "It's good to see all the changes taking place. The new unit is more 'homely' for people."
- Plans were in place for further improvements to the environment, including the dining experience and a café in the reception area.
- Peoples' bedrooms we looked at were well decorated and contained personal belongings such as pictures and ornaments.

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

- Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.
- We saw where required people had been supplied with equipment, for example pressure relieving and mobility devices.
- People were supported with their health needs and had access to a range of health care professionals. Records showed these included; GPs, community psychiatric nurses, tissue viability and district nurse, opticians and dentists.
- Since our last inspection all residents on medicines had had a full review of those medicines with their G.P. and a pharmacist.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection published in November 2018 we rated this question as requires improvement. This was because of concerns about the management of peoples' confidential information and staff interactions with people were task based. At this inspection we found that action had been taken to address all the concerns.

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

- Throughout our inspection we observed staff interactions that were polite, friendly and good humoured. People received support in a discreet, patient and unhurried manner.
- We observed staff were present in communal areas and were attentive to people who used the service.
- The manager and staff knew people well.
- Staff were very positive about the changes and how they had improved the support people received. Staff members said, "It's all positive, a lot happier and people settled" and "I really enjoying the work, it's a lovely home and everyone is friendly."
- A visitor told us, "This place is the elite. We feel that [person] is happy here." Other visitors said, "There is definitely a difference, since [manager] has started here", "It's a lot calmer in the home since [manager] took over, its chilled out", "Staff morale has improved. The way staff talk to people and [persons] appearance", "Staff spend more time with people. I saw people having their nails painted yesterday" and "It is so much better. You feel part of one big family."
- When asked if they would recommend the home one staff member said yes. They said that was because; "I am 100% care needs would be met, its individualised and can guarantee you will be looked after." A visitor told us that the home had improved since our last inspection they said, "I have recommended this home to other people looking for care."
- Visitors were positive about the care and support people received. They told us, "The staff are the tops, they really are. They look after me as well as my [person who used the service]. Everyone says hello to me when I come and visit", "I absolutely have peace of mind when I leave here, anything that happens they will ring me."

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

- Care records gave staff information on how people communicated. This included information on people's non-verbal communication, such as what individual's gestures and facial expressions meant.
- Visitors told us, "We are informed about any changes to [persons] care, and they will consult us too on options", "They always keep me informed" and "Yes, they do listen to me, they say to me 'you know [person] better than we do'."

Respecting and promoting people's privacy, dignity and independence

- All records were stored securely to ensure people's information remained confidential.
- We observed staff knocking on people's bedroom doors and asking permission to enter before going in

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At our last inspection published in November 2018 we rated this question as requires improvement. This was because we identified concerns that care records did not include complete or accurate information. At this inspection we found that action had been taken to address all the concerns.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Plans of care were computerised and gave staff secure access to read and amend plans of care when required.
- Care records we reviewed included detailed risk assessments and care plans. These included a pen picture of the person, things that are important to them and their preferred routines, their background, preferences and needs. These records had been reviewed regularly, reflected people's current needs and clearly stated how staff should support each person.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff and people demonstrated that discrimination was not a feature of the service and that the service had a very positive approach to supporting people as individuals.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. To help improve people's access to information the manager had sought advice from a specialist organisation that provided signage and information support for people living with dementia. They had also ordered signage and a new activities board and a 'You said, and we did' information board.
- People were very positive about the activities on offer both in the home and wider community. They were also positive about the enthusiasm of the activity staff. A visitor told us, "There are more things around for people to do. If there is a celebration, they always do something, and we are invited."

Improving care quality in response to complaints or concerns

- There was a complaints procedure and system in place to log any complaints received.
- The manager investigated any complaints and provided a response in line with the complaints policy and looked at ways to minimise incidents. Records show that matters have been explored and responded to accordingly.

End of life care and support

- Staff were trained in end of life care. People were encouraged to tell staff what they wanted at the end of their life to ensure their wishes were followed.

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

There was a new manager in place who had already made significant improvements to ensure the service was managed and well led. Although we saw improvements had been made, we have not rated this key question as 'good'. There is a history of non-compliance at the service and to improve the rating to 'good' would require the embedding of audit systems and a longer-term track record of sustained improvement and good practice.

At our last inspection published in November 2018 we rated this question as inadequate. We identified that systems in place to assess, monitor and improve the service were not adequate. We also found the service had not sent in statutory notifications as required. At this inspection we found that action had been taken to address all the concerns.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us that things had improved since our last inspection. They said, "Things have now changed significantly. You see things happening every day. Its miles better", "The home is going in the right direction, it happened very quickly" and "It didn't feel we were doing the job properly, now things are a lot better." A visitor told us, "Communication has improved. [Manager] is picking things up straight away."
- The service had a statement of purpose which explained the legal status of the company and the services and facilities provided. These also explained the service's aims, values and objectives.
- The manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- The manager had a clear vision of what the service should be. They were very enthusiastic, had a good knowledge base and an understanding of people's needs. They spoke with passion about promoting the rights of people and improving quality and people's experiences of the service. The provider and staff we spoke with shared this commitment to continue with the improvements.
- The manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The manager had submitted relevant statutory notifications to the CQC. The new system ensured that the manager reviewed all notifications before they were submitted to CQC.
- Everyone we spoke with was very positive about the new manager and how the service was now run and

organised. Staff said of the new manager, "The managers focus is on the residents, staff and the home. His leadership is fabulous", "[Manager] has just sort of slotted in, he's stuck to what he's said he was going to do. He came in and said he was going to make changes, he's approachable." Others said, "He's very approachable and always on the floor [communal areas]" and "[Manager] is always on floor, checking if okay or saying thank you, Things are tons better."

- Staff said of the way the home was now run, "It's moved up to next level", "What was needed is being done", "I like working here now, much more than last year, it's much better" and "It was previously chaotic. Everything has improved, attitude of staff and staff retention."
- Visitors told us, "It has been chaotic in the past. Since last July, there have been vast improvements, it's certainly improved since [manager] has arrived, morale had started to go up before then and its only increased since", "He is a good manager, he's here all hours, he will go around and say Goodbye to all the staff before he's leaving at night. He says I'm going now and checks if they need him for anything first." One visitor said, "Oh yeah, he's lovely, he just like a Grandson to me."
- We found there were now good systems of daily, weekly and monthly quality assurance checks and audits. The manager undertook a walk round the home at least twice daily, findings from these were recorded. They also held daily meetings with staff from all departments. These were used to identify any concerns and to update on actions taken.
- We saw that, due to the short space of time the manager had been in post, some audit systems were not yet fully operational. We saw that plans were in place to further increase the range of audits and quality checks. Whilst no breaches of regulations were found during the inspection, some issues found had not been identified through internal audits including advice regarding administration of some PRN medicines and environmental risk assessments. Immediate action was taken by the manager to rectify the issues.

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

- Regular staff meetings were now held. They included information about the change in management and improvements planned. Staff we spoke with told us they felt listened to. They told us, "There is good team communication. We feel more involved/informed. There are clear roles and responsibilities."
- The manager had looked at ways to get more feedback from staff, relatives and people who used the service about the home. A new electronic system was being used. Any feedback went directly to the managers email. Responses we saw were very positive. One comment "Thank you once again for looking after my [relative]."
- Visitors told us they felt part of developments and were kept informed of any changes. They said, "[Manager] kept everyone informed at every stage, every time we come in he speaks to us", "We've seen the new unit, he shows us at every stage, when something else gets added, he wants to show it off." Visitors told us they saw the providers more often. They said, "They are more involved. They have been very open and honest" and "The [providers], they are so approachable. The other day I was coming in the front door and [provider] said 'Come in here and let's have a chat, how are you?'. They check that you are okay too."

Continuous learning and improving care; Working in partnership with others

- The manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- Since our last inspection the manager and provider had worked closely with the local authority and Clinical Commissioning Group to achieve the best outcomes for people and to ensure that people were receiving the support they needed.
- The manager had links with NHS England and local universities. They told us this helped promote good practise, they were also looking at opportunities for staff to take part in further qualifications in health and

social care and nursing.