Guysfield House Limited

Guysfield Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 8 September 2015 and was unannounced.

When we last inspected the service on 14 July 2015 we found they were not meeting the required standards in relation to management of the home and nutrition. We issued them with a warning notice which stated they must be meeting this regulation by 15 August 2015. At this inspection we found that there were significant improvements made in relation to people's safety, welfare and the quality of the service.

Guysfield Residential Home provides accommodation and personal care for up to 51 older people. However, at the time of our inspection due to enforcement action we had previously taken, there were 23 people living at the home. The manager had started the day previous to our inspection which meant they had not yet registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty. People's ability to make decisions independently was assessed and reviewed regularly.

There were sufficient trained staff to meet people's needs and they had been employed following a robust recruitment procedure. Staff were provided with regular supervision of their practice.

Medicines were generally managed safely, however there were some areas that required improvement.

There was regular access to health and social care professionals. There was sufficient choice of food and assistance to maintain a healthy diet.

Staff were kind and caring and people's privacy and dignity was respected. People were involved in planning their care and received care that met their individual needs. Care plans included clear information to guide staff and there were varied activities available and events that encouraged family involvement.

There were systems in place to obtain people's feedback and there were systems implemented to oversee the running of the home. Regular audits were completed and these worked in conjunction with action plans to drive improvement at the home.

A new manager has started and was supported by an experienced management team. The manager was spending time getting to know people and the staff. They were keen to work with the management team to continue to improve the service.

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 were supported by staff who knew how to recognise and respond to abuse.

People's individual risks were assessed and well managed.

There were sufficient staff to meet people's needs and they had been employed with a robust recruitment procedure.

Medicines were generally managed safely, however there were some areas that required improvement.

Requires improvement

Is the service effective?
The service was effective.

People were supported by appropriately training and supervised staff.

There was sufficient choice of food and assistance to maintain a healthy diet.

People's ability to make decisions independently was assessed and reviewed.

There was regular access to health and social care professionals.

Good

Is the service caring?
Staff were kind and caring.

People's privacy and dignity was respected.

People were involved in planning their care.

Good

Is the service responsive?
People received care that met their individual needs.

Care plans included clear information to guide staff.

There were varied activities available and events that encouraged family involvement.

There were systems in place to obtain people's feedback.

Good

Is the service well-led?
There were systems implemented to oversee the running of the home.

A new manager has started and was supported by an experienced management team.

Audits worked in conjunction with action plans to drive improvement at the home.

Good

Guysfield 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 8 September 2015 and was carried out by one Inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the action plan the service had developed to ensure they would be working in accordance with regulations.

During the inspection we spoke with three people who lived at the service, four members of staff, the newly appointed manager, clinical peripatetic manager, the regional manager and the operations director. A clinical peripatetic manager is someone who is appointed to oversee the staff practice at the home and help improve and monitor working practice in the absence of a permanent manager. We received feedback from health and social care professionals. We viewed three people's support plans and four staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires improvement

Is the service safe?

Our findings

When we inspected the service on 14 July 2015, we found that the manager did not review accidents, incidents and events to ensure that all necessary action had been taken to reduce the risk of a reoccurrence. At this inspection, we found that the management team now reviewed these events to ensure all appropriate steps were taken to reduce the risks to people.

Following a person falling, an investigation commenced which included taking a photograph of the environment to enable the manager to determine if there were any hazards. We also saw that people had been referred to medical professionals, not only for injury but also to have a health check carried out to assess for any other contributing factors. Other actions taken included updating of people's care plans and risk assessments, and through consultation with the person, moving them to a different bedroom to help promote their safety.

Information from these accidents, incidents and events was recorded onto the provider's reporting system. This then provided analysis to determine if there were any themes or trends to the events and was additional check for the regional manager to ensure the home manager had completed the required actions.

People told us that they felt safe at the service. One person told us they felt, "Absolutely safe." Information was displayed advising people, visitors and staff of how to report concerns about a person's safety and welfare. Staff were aware of what form abuse could take and how to raise concerns. All staff were confident to raise any concerns internally but were also aware of external agencies such as the local safeguarding authority and the CQC.

People were supported by sufficient numbers of staff to meet their needs. One person told us, "You pull your bell and they come quickly." Another person told us, "They're always popping in and checking to see if you need anything." We noted that staff were able to respond to people's requests promptly, this included in communal areas and answering call bells in under three minutes. The call bell system gave a printed report for each call bell that was rang and this showed that staff responded in an appropriate timescale to calls. We asked the regional manager and manager to provide us with a plan of how they will manage the staffing arrangements when the number of people living at the home increases. The regional manager told us that they have already completed the recruitment process for new staff in advance of the numbers of people living at the service increasing.

There were robust recruitment systems in place to ensure that staff were fit for to work with vulnerable people. We saw staff files included interview questions, verified written references, a criminal records check and proof of identity. There was also a record of previous qualifications.

Medicines were managed safely. Medicine administration record (MAR) charts were completed consistently and any handwritten entries were countersigned. All medicines were dated on opening and there was a signature sheet to identify staff who signed for administration. However, we did note that a sheet introduced to guide staff where to place a person's medicine patch on their body was not always completed. This meant that staff may not be clear on where to attach the person's patch.

We also found that the number of remaining tablets in two of the boxed medicines we counted did not tally with the records kept. This indicated that people may have missed doses of medicines. We brought this to the manager's attention who told us they would address this with the staff responsible. There were regular medicines audits completed and any issues which they had identified were listed as actions and signed when completed.

Good

Is the service effective?

Our findings

When we inspected the service on 14 July 2015, we found that people were not sufficiently supported to ensure they received adequate amounts to eat and drink. At this inspection we saw that this shortfall had been addressed.

People who required assistance to eat and drink were given the support to do so in a calm and patient manner. We noted that even when a person ate very slowly, staff continued to sit and chat with them, offering drinks and encouraging them to eat. People told us that they enjoyed the food and there was sufficient choice. One person said, "The food is good." People's nutritional risk was assessed and care plans developed to ensure their wellbeing was maintained through eating a balanced diet, were in place. We saw that where people were at risk of not eating or drinking sufficient amounts, they were monitored by staff and concerns were reported to health care professionals. One person told us, "They tell me I'm losing weight, if I don't like the food, they get me something else." We also saw that fortified foods and supplement drinks were available for people and observed people being encouraged to eat and drink these.

People were supported to make their own decisions and asked for consent before support was given. We observed staff ask people before helping them and respecting their choices if this was declined. One staff member told us after care was refused, "I'll ask them again in a little while." We noted that staff went back to the person to offer support later on. People had their mental capacity assessed. Where people were unable to make decisions independently, relatives were involved in their care. There was also advocate details available. The appropriate Deprivation of Liberty Safeguards applications had been made for people who needed this in place to keep them safe and there was a record of when these needed to be reviewed. Best interest decisions were clearly recorded in people's care plans but still encouraged staff to get people involved in decisions about their care even if they were recorded as unable to make independent decisions.

People were supported by staff who had received training and supervision which was relevant to their role. This meant that they understood the assessments they were completing about people's needs and therefore able to complete them accurately. As a result, people's needs were being met appropriately. In addition staff received 1-1 supervision of their care practice. The clinical peripatetic manager worked with all staff to provide practical supervision in addition to the one to one meetings. This helped to ensure staff had the appropriate skills, knowledge and support and that they worked in accordance with plans, training and guidance.

There was regular access to health and social care professionals. We saw that when people's needs or health changed, the appropriate professional was contacted. A health care professional told us that they visited regularly to review people's needs and they were pleased at how well everyone was doing. They also told us that staff follow guidance and instructions they give on how to support people and that they make the relevant referrals when needed. For example, for blood tests, equipment and occupational therapists.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, “They’re very good, they look after me.” People told us that things were better now there were no agency staff and they received support from staff that they knew. One person said, “They fetch me things they know I need.”

Staff were respectful when speaking with people and took time to listen to what they were saying. We saw that when a person requested something, this was brought to them without delay. We noted that this had contributed to the fact that people, who had appeared anxious at our previous inspections, were much more relaxed and were laughing, smiling, joining in with activities and chatting throughout the inspection.

People’s privacy was respected. Staff knocked on doors before entering and asked people discreetly if they needed to go to the toilet. The provider had arranged for the clinical peripatetic manager to work at the service to provide supervision of practice and training on the job. The clinical peripatetic manager told us that they were working with all staff for a whole shift on a 1-1 basis to observe their skills and they had been pleased with their findings. They said, “Staff are keeping people covered when we are washing them, only exposing the bits that are being washed, I have only seen really positive practice.” They want on to tell us that they had always seen staff be kind, respectful and polite.

People were involved in planning their care and encouraged to share their likes, dislikes, preferences and life histories. One person told us, “I’m very happy, I can do what I want.” We saw that care plans included information about people and their lives. Where this was blank, there was a record that the person was unable to contribute and a family member had been asked to contribute.

Good

Is the service responsive?

Our findings

People were receiving care in a way that met their individual needs. One person told us, "I can't think of anything else I need." However, they did go on to say they would like a bath more regularly.

Staff were attentive to people's needs and offered regular assistance and support. We heard staff say, "Let us know if you need anything else." They regularly checked on people and supported them with care tasks throughout the day. We noted that they were calm and unrushed giving people time to chat.

Care plans were person centred and gave staff clear guidance on how to support people. These plans had been reviewed and updated as people's needs had changed. For example, when a person had lost weight, the nutritional assessments and care plan were updated detailing the additional support and staff had consulted the GP about the weight loss. There was also information shared with kitchen staff about the changes. However, we did note that one assessment for a person's risk of developing a pressure ulcer stated that, although they were at low risk as they were independently mobile, the person should have been considered for a pressure relieving mattress on their bed. We found their care plan stated they had a standard divan bed and when we checked their bed, we confirmed that they had a standard divan. We told the regional manager and newly appointed manager about this who stated they would ensure the waterlow assessment was accurate and if so, arrange for the mattress to be changed straight away.

There was a varied range of activities and the recreational therapist was innovative in their planning. Events held at the home included karaoke and an upcoming autumn BBQ. There had recently been an 'Alice in Wonderland' themed tea party on the anniversary of the book where everyone dressed up, there were games and the story had been read in groups ahead of the party. Family and friends were invited to join in. activities in the home included gardening, quizzes, 'Oomph' sessions and one to one time for people who chose not to come out of their room for group activities. One person told us, "I can go to the activities but I'm happy here [in their room], you don't have to join in." However, they were aware of what activities were on offer.

People knew how to make a complaint and these had been responded to appropriately. We saw a log of recent complaints that had been appropriately investigated and positive feedback by the complainant was documented. The regional manager who had been leading the home, along with the deputy manager, had made themselves available at meetings to ensure people and their relatives could speak with them regarding any concerns.

A recent survey had been completed and the results were positive with people and their relatives acknowledging the improvements made at the home. We saw where suggestions had been made, these had been actioned. For example, the request for a more enjoyable and accessible garden was being put into place with landscapers working on the project during the inspection.

Good

Is the service well-led?

Our findings

When we inspected the service on 14 July 2015 we found that they were not meeting requirements in relation to the governance of the home and as a result this impacted on some areas of care delivery and people's safety. We issued them with a warning notice which stated they must be meeting this regulation by 15 August 2015. At this inspection on 8 September 2015 we found that the appropriate action had been taken and as a result people's needs were being met safely.

Following our last inspection there were changes to the management structure. A peripatetic manager and the regional manager had taken over the leadership of the home, supported by the deputy manager who was working in capacity of manager. They had implemented systems that enabled them to ensure the service was working to a good standard and any required actions were carried out. Quality assurance systems were in place to oversee the service and ensure that everyone was working in accordance with guidelines, people's needs and the regulations. Where shortfalls were identified, action plans were developed to address these. For example, where environmental issues were identified, photos were taken and these were signed and dated when completed, or where work was required to update a care plan, this was tasked to a specific staff member who had a set timescale to get it completed. This was then rechecked at the next audit. The regional managers audits had seen the percentage increase from 55% at our last inspection to 85% at this inspection as they found some on-going. There was a plan in place for the home to continue to work through these areas.

People and their relatives were positive about the changes at the service. One person told us, "It's definitely starting to pick up." They went on to say they had attended meetings where they had been informed of the plans and were looking forward to meeting the new manager.

A new manager had started the day before our inspection and was clear on what was still required and confident about driving further improvement. We observed that they were spending time with people and observing staff getting to know them. We also observed the manager giving advice and structure to staff during a mealtime. They told us, "I find this is the best way to get to know people and see if there are any issues." This was positive as offered a point of contact and provided leadership for staff who had seen changes over recent months. The manager told us they were keen to get, "Stuck in." and welcomed the inspection as it gave a good starting point.

There was an induction and handover plan in place to support the manager in their new role. The regional manager was to provide daily support, along with the clinical training manager, until such time that they had sufficiently settled in to the role. The senior team at the service were experienced and invested in the home so were also able to ensure they were informed of the needs of the service.

There had been a newsletter developed to keep people up to date. This shared changes and updates to the service. We saw there had also been meetings where lessons learned were shared and, staff meetings which kept staff informed of actions that needed to be implemented and how to ensure regulations were met. Staff told us that they were kept well informed and that they felt the home had 'dramatically' improved. One staff member told us, "[The provider] have listened to us, feels good to have been heard and things have changed." They went on to say that as a result staff morale has improved and this has positively affected everyone living at the service.