

Gorselands Court Limited

Gorselands Court Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 December 2017 and 04 January 2018. The first day of the inspection was unannounced. The inspection was carried out by an adult social care (ASC) inspector.

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. People using the service lived in ordinary flats within a retirement complex.

Not everyone using Gorselands Court Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The last inspection of the service was carried out in August 2016 and during that inspection we found breaches of regulations in respect of staff training and supervision and recruitment procedures. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, and well-led to at least good.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

Improvements had been made to the recruitment information obtained and retained by the provider in respect of staff. This meant that the information was now available to check staff identification and to carry out checks to help ensure they were suitable to support people who may be vulnerable.

Improvements had also been made to the processes for inducting, supervising and training staff. A system had been put into place for all staff to receive their annual appraisal and for formal supervision to take place.

We found a breach relating to governance of the service. Systems for monitoring, checking and improving the quality of the service were not robust enough to identify some of the areas that required improvement that we noted during our inspection.

You can see what action we told the provider to take at the back of the full version of the report.

Staff had not always received the training required to administer prescribed creams nor were policies or care plans available to provide guidance for staff to follow when administering prescribed creams. People did receive prompting to take other medication as described within their plan.

Policies were in place for safeguarding vulnerable adults, and staff were aware of these. Information about how to raise a complaint was readily available and a relative told us they would be confident to raise any concerns they had.

People received their care on time and from staff who were unhurried and able to meet their needs. Staff were knowledgeable about people and had received training in how to carry out their roles effectively. Further training was planned to ensure staff remained up to date and to deal with people's changing needs.

Staff were aware of people's health care needs and had responded appropriately when people required support to meet these.

Staff spoke warmly about people and gave good examples of how they maintained people's privacy and dignity. They were aware of how to support people to make every day decisions and how to communicate with people in a way the person could understand.

Daily care records were comprehensive and showed people had received their care as they required. However care plans did not always contain sufficient information to guide unfamiliar staff on how to support people safely.

The registered manager knew people well and was able to verbally explain the care and support people required. Systems for checking the quality and safety of the service were not robust and not always followed by staff. This meant that areas of concern were not always identified and acted upon quickly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medication was not always well managed.

Sufficient staff were available and they provided the care and support people required on time and in an unrushed manner.

Staff knew how to identify and report potential safeguarding concerns

Is the service effective?

Good 

The service was effective.

Staff received on-going training to equip them for their role and they felt supported.

People were supported to make decisions for themselves as much as possible. Staff were aware of how to support people who lacked capacity to make complex decisions.

Is the service caring?

Good 

The service was caring

Staff knew people well and provided care based on the person's choices as well as their support needs.

People's privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive.

Staff communicated with people in a way the person could respond to.

Personal care and support was provided to people in the way they preferred.

A policy was in place for dealing with complaints.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Systems for checking and improving the quality and safety of the service were not effective.

The registered manager knew people well and was approachable to the staff team

Gorselands Court Limited

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 19 December 2017 and 04 January 2018. The first date of the inspection was unannounced. The inspection was carried out by an adult social care inspector.

We used information that we held about the service and the service provider. This included notifications we received and the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Gorselands Court Limited was providing personal care to two people at the time of this inspection. We met briefly with one of the people who received support and spoke with a relative. We were unable to speak with the other person as part of this inspection.

We spoke with seven members of staff who held different roles within the service. We looked at a range of records including recruitment files for four members of staff and training records for all staff. We also looked at care records for the two people receiving personal care.

Is the service safe?

Our findings

At our last inspection in September 2016 we found that the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because required information was not available in the recruitment files of staff employed to work at the service. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

We looked at staff files relating to four members of staff and found that they contained the relevant information. This included obtaining and validating references, a photograph of the person, a disclosure and barring service check (DBS) and identification checks. This information helps to ensure that staff are suitable to work with people who may be vulnerable.

At the time of our inspection the provider had a policy in place that stated people would be prompted to take their medication and staff had received training in this. We saw that staff had signed daily to evidence that they had prompted a person to take their medication. However we also saw that staff were administering prescribed creams to people and this falls under the definition of administering medication.

No care plan was in place for the person to guide staff on how to administer the prescribed creams. In addition to which the provider's medication policy did not provide any guidance to staff. The registered manager told us that he had recognised a growing need for staff to receive additional training in supporting people to take their medication and we saw that this had been arranged to take place in January 2018. Following our inspection the registered manager sent us a copy of a revised medication policy which included guidance on the differing level of support staff could provide and the appropriate training. This included advice on how to support people with the use of creams. This had been updated to include current guidance from the National Institute of Clinical Excellence (NICE) on managing medicines for adults receiving social care in the community.

Staff had all received training in understanding and reporting safeguarding adult's concerns. Policies were in place to advise staff on how to identify and report any potential safeguarding adults' issues. A policy was also in place to provide staff with information on how to whistleblow if they needed to. Whistleblowing protects staff who report concerns that are in the public interest. Information on reporting safeguarding was also available on a notice board in the main office. However this was only available to care staff when the office was occupied by a senior staff member. Similarly we noted that the whistleblowing policy and staff handbook advised staff that they could report concerns but did not provide any direct contact details for them to use.

The registered manager advised us that plans were in place to revisit policies and rewrite them if needed. No safeguarding incidents had been reported by the service since our last inspection in September 2016 and no whistleblowing concerns had been raised.

We looked at people's care files and saw that a risk assessment had been carried out at the time they began

to receive care and that these had been reviewed. Care staff were aware of potential risks to people and could tell us about the actions they took to minimise these.

Staff who work for the care agency also provided additional services within the complex such as housekeeping. The staffing structure consisted of the registered manager and five duty managers one of whom was always available throughout the day and slept on the premises at night. In addition there were 12 housekeeping assistants all of whom are trained to provide personal care.

All care provided by the registered service is scheduled and is provided within set hours of 8am to 3pm and 7pm to 10pm. The manager explained that outside of those hours the duty manager was available to respond to emergencies.

We saw that there were sufficient staff available during these hours to provide the care contracted for. Staff told us that they always had enough time to provide the support people needed with one staff member explaining, "It's no problem if you run over a little bit."

Is the service effective?

Our findings

At our last inspection in September 2016 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have an induction training programme in place, was not providing staff with regular supervision or an annual appraisal. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

Staff told us that they thought they had received the training they needed to support people. One member of staff told us, "Oh yes, there's loads of study days."

Records showed that an induction process had been followed for new staff members and that fourteen of the nineteen staff employed, including the registered manager, had completed a nationally recognised qualification in care.

Staff had received training in a variety of areas relating to their role. The registered manager explained that they provided face to face training as this provided an opportunity for the training to be adapted to suit the support staff provided. In the past year staff had undertaken training in areas including, health and safety, moving and handling, first aid, equality and diversity and infection control. Training had been provided for staff in safeguarding vulnerable adult's and fire safety however this had taken place in 2014 for the majority of staff and we saw records that confirmed this was to be provided again in early 2018.

A matrix had been put together for all staff to have an annual appraisal and this process had commenced. A system had also been put into place for ensuring staff had more regular supervisions. We saw records that showed some staff had received supervision recently and staff confirmed this. The registered manager met regularly with staff including new staff, however these meetings had not always been formally recorded. It is particularly important to record supervisions undertaken with new staff to demonstrate they have received the support they require and working to the required standards. On the second day of our visit to the service we saw that records of these meetings had been introduced.

The registered manager told us and staff confirmed that one staff meeting had taken place, however this had not been recorded. All of the staff we spoke with said that they felt they could express their views to the registered manager.

Staff had an understanding of issues around capacity and consent, and were able to explain to us how they checked that people were consenting to the care and support being provided. For example staff explained that sometimes a person required easier to understand questions or more time to answer. They were also aware that people's understanding could fluctuate and so there may be better times to discuss issues with people. This was good practice and showed that staff tried to ensure people were as involved as much as possible in decisions about their care.

Care records contained some information about people's capacity to consent to their care. Where possible

people had signed their agreement to the care provided. Where relatives had given consent to care the registered manager advised that they had a legal basis for doing so. It would be good practice for this to be formally recorded within care records.

Staff had a good understanding of any health issues that people had that may impact on their care. Daily records showed that staff were aware of people's health needs and took these into consideration when providing support.

Original assessments of people's care needs had included information about any health conditions they had that may impact on their care. Although this was recorded within the person's daily records care plans did not always fully reflect the information. Discussions with staff and the registered manager showed us that people had received the support they needed in the event of a health emergency or in the event they required staff to support them to obtain medical advice or support.

Is the service caring?

Our findings

One of the people receiving support described staff to us as, "Marvellous." A relative told us they were happy with the care staff provided and described them as "Wonderful" adding "They all seem to love [Name]."

Staff gave us clear examples of the ways in which they supported people to maintain their dignity and make choices about their care. For example, a member of staff explained that they supported one person to choose what to wear by holding up two tops and if the person wanted neither offering a third choice. In this way the person was able to make a choice without becoming overwhelmed. This caring approach to supporting people was reflected in daily records. They showed staff had taken an unhurried approach and had checked with the person their choices and what support they required throughout.

We noted when talking to staff that they knew the people they supported very well. Staff were enthusiastic about the people they supported. It was clear through discussions that they wanted to provide a person-centred service to people and make people feel relaxed and comfortable when receiving personal care.

A handbook made available to people using the service gave clear information about how the service operated. This included being clear about the care the service does and does not provide. For example, they do not provide care to people who require the use of a hoist for transfers or assistance from two carers at any one time. There was also clear information about the times personal care could be provided.

A relative told us that they were involved in planning and discussing their relatives care and explained that staff went through the person's care plan with them.

Although we were unable to observe staff working with people they provided personal care to, we did observe staff interacting with people they supported who lived in the building and were not currently receiving personal care. This confirmed the impression we gained from talking to staff, that they always had time for people, spoke respectfully with people and had built good relationships with the people they supported in a variety of different ways.

Systems were in place to ensure people's information was securely stored. This included lockable cabinets and offices and password protected computers.

Is the service responsive?

Our findings

It was evident from talking with staff and reading daily care notes that care had been provided to people in a person centred way.

Staff spoke warmly about people and it was evident they knew the people they supported well. They were able to tell us about people's individual choices and how they liked their support provided. For example, one member of staff described how they supported a person to have a shower in the way the person preferred and ensured they gave them time to express their views.

Another member of staff said, "I always ask," explaining that just because the person's care plan stated they required support to have a shower that day did not mean that was what they always wanted on the day.

We found daily notes were detailed and showed that staff had taken into consideration the person's needs and choices in providing their support. This was less evident in care plan records which we found lacked person centred focus because they were brief and task orientated. For example one person's plan mentioned in an assessment that they had sometimes found communicating and understanding difficult, however this information was not followed up within their care plan. The care plan contained a list of how to support the person with their personal care. Whilst this did not impact on the support people received there was a risk that people may not receive the right care and support from any staff who were less familiar with their needs. The registered manager advised us that they were awaiting new care plan format which would be introduced. He also advised that staff would receive training in how to use them.

Staff were able to tell us how they used different ways to communicate with people and make information accessible to them. For example, they explained that to support one person they enlisted their relative to help but also gave the person simpler information that they could process and gave them time to think about it before replying.

Every apartment within the building was fitted with a call bell that can be used by people to summon help. In addition people also have a pendant to wear. The registered manager explained that the duty manager was available 24 hours a day to deal with emergencies and would support people if required.

A policy was in place that detailed how any complaints received would be investigated. It also provided people with a list of outside agencies that would be able to help them if they required support. A relative we spoke with told us that they would feel confident to raise any concerns that they had. No complaints had been recorded at the service since our last inspection in September 2016. Staff we spoke with were clear about their role in reporting any concerns that may be raised with them.

Is the service well-led?

Our findings

The registered provider of this service Gorselands Court Limited is owned by the people who live within the retirement complex. They have elected a board of directors who are also shareholders. In turn the directors have appointed a management company who act as management agents. The agents provide a person who acts as the nominated individual for the care agency. They also provide advice and support with quality assurance and paperwork.

We found that no formal system was in use for quality assuring systems within the service. For example the issues we noted with care records and medication had not been identified and therefore acted upon.

A system was in place whereby duty managers signed daily care records to evidence that these had been read however we found that this had not been effective. We saw notes that had not been dated and this had not been rectified by the duty manager who signed them. We also saw that one set of notes contained information regarding an unexplained bruise found on one person's body. No follow up action by the duty manager had been recorded. Although the registered manager and care staff were able to provide an explanation for this, it was a matter of concern that systems for checking that people are safe and receiving good support had not been followed.

A system was in place for senior staff to speak with people who used the service monthly and check they were satisfied with the service. However in one person's notes it was recorded 'unable to complete due to appointments.' We saw that this meeting had not then been rescheduled for another month. Records showed that another person would be visited in October 2017 when their family were around, however neither this nor any further meetings had been arranged.

This showed us that senior staff had not prioritised obtaining people's views formally.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes were ineffective at assessing monitoring and improving the quality and safety of the services provided.

The management agency has recently appointed a head of care, quality and compliance to carry out quality assurance visits to Gorselands Court Limited. We were advised that the first visit was booked to take place in January 2018. We were shown the document that would be used to plan and record the outcome of the visit. This had been developed in line with the Care Quality Commissions fundamental standards and regulations. It is expected that once completed this document will help the registered manager to further identify and plan future improvements to the service they provide to people.

The registered manager knew the people who received support well and had a detailed knowledge of their care needs. He advised us that he spoke regularly with them although this was not always recorded. Questionnaires asking about the support they received had been sent to people, however we found these were generic in that they did not really establish people's views and give usable information on areas for improvement.

Throughout our inspection we saw that people living at the complex knew the registered manager well and felt confident to approach him. Staff also told us that they found the registered manager approachable and said that he listened to any concerns they raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were ineffective at assessing monitoring and improving the quality and safety of the services provided.