

Mr & Mrs D J Hood and Mrs C A Bhalla

Gorsefield Residential Home

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Gorsefield is a residential care home providing personal and nursing care for up to 17 people. At the time of the inspection there were 15 people using the service some of whom were living with dementia.

People's experience of using this service:

People were not consistently supported by enough staff. People were not consistently receiving responsive care and support.

The systems in place to monitor the quality of care were not always effective and actions were not consistently driving improvements.

People felt safe and they were protected from the risk of abuse. Peoples risk assessments were followed and risks associated to the environment had been mitigated. Staff were safely recruited. Staff were trained and able to support people's needs.

People were treated with kindness by staff who knew them well. People's privacy and dignity was respected and their independence was encouraged. People could choose for themselves.

People were listened to and had their views sought about the care they received. There was a positive culture and learning and partnership working were encouraged.

The service met the characteristics of Requires Improvement in most areas.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 governance. Details of action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 7 February 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The location has previously been rated as Requires Improvement. At this inspection the provider had made improvements to those areas, but other areas were found to require improvement. We may consider enforcement action if there is a continued lack of improvement at our next inspection.

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Gorsefield Residential 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Gorsefield Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with seven people who used the service and one visitor. We did this to gain people's views about the care and to check that standards of care were being met. We observed care to help us understand the experience of people who could not talk with us. We also spoke with three staff and the registered manager.

We looked at the care records of four people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included training records, incident reports, medicines administration records and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked at evidence people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels:

- At the last inspection staffing levels were not systematically reviewed and adapted, in line with changes in the needs of the people living at the home. The provider assured us they would monitor and, as necessary, adjust staffing levels to reflect the needs of the people.
- At this inspection we found some improvement had been made, however additional support was provided by the registered manager so whilst people were supported safely this impacted on the time available for effective management of the home.
- Rota's showed the registered manager was included in the staff numbers to support people on most days. This meant their time for monitoring the home and providing management support was reduced.
- People told us they did not feel there were always enough staff on duty and that staff were rushed and they sometimes had to wait for their support.
- One person said, "Sometimes I can sit quite a while in here and not see a member of staff." Another person told us, "I would like to go out more often but they just don't have the staff. I don't have any relatives to take me so sometimes I feel imprisoned." Whilst another said, "The registered manager does a lot of the running around and takes people out when they can because the staff just don't have time." Another commented, "The staff are very friendly and helpful but there are not enough of them. The registered manager does a lot of the staff's work because there are not enough of them."
- We saw there were sufficient staff to keep people safe. Staff confirmed there were enough staff to meet people's needs, however sometimes they did not have as much time to spend with people as they would like.

Supporting people to stay safe from harm and abuse, systems and processes:

- People felt safe living at the service. One person told us, "I am quite happy living here and I do feel safe because I have lots of other people around me."
- Staff were able to describe different types of abuse and how they would recognise these. One staff member said, "Any issues would be recorded and raised with the registered manager. I am aware I can raise things with other agencies such as the local authority if I am concerned."
- The registered manager described how previous incidents had been investigated. Where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required.

Assessing risk, safety monitoring and management:

- At our last inspection we found that improvements were needed to the building to keep people safe. At this inspection we found some of those improvements had been made and others were ongoing, but people were safe.
- People's individual risks had been assessed and plans put in place to manage the risks.

- Staff could describe the support people needed to help minimise risks to their safety.
- Risk assessments and mitigation plans were clearly documented for individuals and reviewed on a regular basis.
- For example, one person posed a risk to themselves and others due to sometimes displaying behaviours that challenge. There was a clear plan in place for staff which gave detailed guidance and incidents were recorded and monitored as required.

Using medicines safely:

- People received their medicines as prescribed. We saw staff ensured people had their medicines in line with the prescribed instructions.
- There was guidance for staff on how to administer medicines. Body maps were in place for topical medicines to show where to apply the medicine.
- Some people had medicines which needed to be taken on an 'as required' basis for pain or anxiety management. We saw there was guidance in place to show staff when to administer this medicine.
- Medicine stock checks were carried out to ensure people had an adequate supply of their medicines and all medicines were stored safely.
- However, we found one record which had not been recorded correctly. We confirmed this was a stock counting error and the registered manager assured us they would have identified this in their weekly checks.

Preventing and controlling infection:

- At the last inspection we identified concerns with infection control procedures not being followed and concerns over the cleanliness of some areas of the home and management of laundry. At this inspection we found the provider had made the required improvements.
- The home was clean and checks were in place to maintain the home. There was guidance in place for staff on how to minimise the risk of cross infection.
- Staff confirmed they had received training in how to minimise the risk of cross infection and were observed following the procedures and using protective clothing.
- New laundry equipment was in place and there were contingency arrangements in the event that this required a repair with a local laundrette.

Learning lessons when things go wrong:

- There was a system in place to learn when things went wrong. The registered manager told us when incidents occurred they were reviewed and action taken to minimise the risk of reoccurrence.
- Records confirmed the registered manager undertook regular reviews of any incidents and accidents and took action to make changes and prevent the situation from occurring again.

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.

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

- People's needs were assessed and plans were in place to meet them. There was guidance from other professionals included in the plans for people where needed.
- Plans were reviewed on a regular basis and any changes to people's needs were considered. The registered manager told us people and relatives were engaged in these reviews but informally and there was no record of this involvement in the care plan. The registered manager confirmed this would be recorded in future to show how people and relatives had been involved in care planning.

Staff skills, knowledge and experience:

- People were supported by staff who had the required skills and knowledge.
- In the PIR the provider told us staff received an induction and regular updates to their training. Staff confirmed this during the inspection.
- Our observations confirmed staff were skilled in providing care to meet people's needs.
- In the PIR the provider told us staff were supported in their role through supervisions and had regular meetings. Staff confirmed this was in place and they felt supported in their role.

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

- People were supported to maintain a healthy diet and could choose their own meals. People told us they were happy with the food. One person told us, "The food is quite good and we do have a choice."
- People were supported with their meals and risks relating to food and fluid intake had been assessed and planned for with health professional advice sought when needed. Staff were knowledgeable about people's needs and observed following the plans which were in place.
- For example, where people were at risk of malnutrition and dehydration there were clear plans in place and monitoring for intake of food and fluids. Weights were also monitored and any concerns were escalated to a relevant health professional.

Staff providing consistent, effective, timely care:

- People received consistent care. There were systems in place to ensure staff were kept up to date on any changes in people's needs.
- Staff told us the care plans and daily records in place helped them to ensure people had a consistent approach to how their care was delivered.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to support with their health and wellbeing. People told us they had improved in their health and wellbeing since being at the home and could access a health professional when needed.

- Staff could describe people's health needs and we saw plans were in place to support people with any health conditions.
- Where needed, referrals were made to health professionals and the advice given was included in people's care plans and followed by staff.

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

- At the last inspection we recommended the provider seek advice on adapting the care home environment to suit the needs of people living with dementia
- At this inspection we found advice had been sought and work had begun to make changes to the environment and further changes and adaptations were planned.
- For example, the bedrooms and corridors had all been decorated, signage had improved.
- People told us they were happy with their rooms and mostly happy with the environment. Although some people felt having access to a shower would be beneficial. The registered manager confirmed plans were in place to provide this.

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

- The 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 conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA. Where needed people had an MCA assessment and decisions were taken in their best interests.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

Is the service caring?

Our findings

Caring – this means 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.

Respecting and promoting people's privacy, dignity and independence:

- At the last inspection people's information was not protected which impacted on their privacy. At this inspection we found information about people was stored securely and people's privacy was protected.
- People had their privacy and dignity respected by staff. One person told us, "The staff are always very respectful and do consider my privacy."
- Visitors confirmed people were treated well. One visitor commented, "I have only ever seen staff being polite and respectful."
- Staff were respectful in how they spoke to people. We saw staff knock doors and ensure people had their privacy maintained. Staff could give examples of when people needed time by themselves and how they would support them to go to their bedrooms.

Ensuring people are well treated and supported:

- People told us staff were nice and caring in their approach. One person said, "All the staff are very nice they really do their best to make me feel happy." Another person said, "I like all the staff and they are kind and helpful."
- People were comfortable with the staff and staff knew them well. Staff demonstrated a good knowledge of people and their needs.
- We saw people were spoken to by staff politely and with kindness. Staff offered support as needed and were seen to be patient with people when speaking with them.
- People had their communication needs assessed and planned for. Staff understood how to communicate effectively with people and were observed following the guidance in people's individual plans.

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

- People told us they could make their own decisions and choose for themselves and were supported to maintain their independence.
- Staff told us people could make their own choices and decisions and could describe how they supported people.
- We saw staff offered people a choice. For example, people had a choice of drinks and meals and could choose where to spend their time. People were choosing when and how to spend their time, meals, drinks and when to get up and go to bed.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were not always met. Regulations may or may not have been met.

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

- At our last inspection people were not consistently supported with access to activities. At this inspection we found this had improved, but more improvements were needed.
 - People told us they had access to some activities which they enjoyed but this was limited to staff availability and they did not get to go out as often as they would like.
 - One person said, "I love walking and would happily go out every day but there is no-one to go with me most of the time." Another person told us, "They now have an exercise class on a Tuesday. I like that it's fun but the rest of the time there is nothing to do"
 - Staff told us they tried to support people with doing things they enjoyed but this was not always possible. One staff member said, "We do some activities which people enjoy, but if staffing allows. People don't get out as often as they would like and some staff have done this in their own time."
 - People were engaged in an activity as a group during the inspection. People were enjoying this and laughing and joking with staff.
 - Peoples protected characteristics were not considered and recorded in assessments and care plans. However, staff knowledge of people meant their individual needs and preferences were considered. The registered manager told us they would update the systems in use to ensure this information was clearly documented.
 - Staff knew and understood people's preferences and used this knowledge to support people as they preferred.
 - One staff member could describe peoples work history and how they used this to have conversations with the person. Another staff member told us about how a person loved to spend time in their room sorting out their belongings and were supported to do this.
 - Care plans included information about people's preferences. The staff however were aware of peoples likes and dislikes and used their knowledge to provide responsive support
- Improving care quality in response to complaints or concerns:
- People felt they could raise any concerns or complaints with staff and the registered manager. One person told us, "I would talk with the registered manager as they are very approachable, I have only made requests, I have never complained."
 - There had not been any complaints since our last inspection but there was a policy in place and the registered manager could describe how complaints would be responded to.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care.
- People's future wishes were considered with them and relatives and where appropriate the registered manger told us they would document this in people's care plans.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- At our last inspection the provider's quality assurance systems were not effective in identifying improvements and ensuring action was taken where required. There was a lack of staff support for people to spend time doing things they found interesting and enjoyable. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found the staffing situation had still not improved. The provider did not have a system in place to assess the levels of staff required to support people.
- Whilst people were safely supported this was because the registered manager was included on the rota. This impacted on the time available to the registered manager to carry out management and governance activity.
- The provider had failed to achieve and sustain a minimum overall rating of 'Good' and has been rated requires improvement for the fourth time. Good care is the minimum that people receiving services should expect.
- The meant there was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was aware of their responsibilities for notifying us about incidents in the home and notifications had been received as required.
- The provider told us in the PIR there were regular audits and checks carried out on the quality of the service people received. We found audits were in place and were effective in ensuring changes to the service were taking place.
- Medicines audits were carried out with regular stock checks completed. There was a health and safety audit in place and the registered manager confirmed the provider acted on any concerns raised for repairs or maintenance.
- The registered manager understood their responsibilities and acted on duty of candour. Where incidents had occurred, relatives had been informed.

Engaging and involving people using the service, the public and staff:

- People were involved in reviewing the quality of the service and making suggestions. One person said, "Usually if I ask, they are very responsive and help me sort out any issues I have."
- Staff told us the registered manager was available to support staff. One staff member told us, "The

registered manager is always around they work all week and often pop in at the weekend."

- We saw there were regular opportunities for people to feedback about the service including discussions about menus and activities.

Continuous learning and improving care:

- The provider told us in the PIR there were regular discussions with the provider to make changes to the service. We saw these discussions had taken into account the learning from the last inspection and many improvements had been made, in particular to the environment.
- Staff confirmed they felt involved in peoples care and the home and had regular opportunities to attend training.

Working in partnership with others:

- The registered manager told us they worked in partnership with other professionals to improve the service. For example, working to support people with an outreach service.
- Staff confirmed they had access to a range of different professionals to support with developing effective care planning and records we saw supported this.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess staffing requirements in the home. The governance systems had not driven improvements to an overall rating of good.