

Mrs P Brown

Gorway House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 July 2016.

The home is registered to provide accommodation and personal care for adults who require nursing care and who may have a dementia related illness. A maximum of 28 people can live at the home. There were 20 people living at home on the days of the inspection. There was a registered manager in place. 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.

People felt safe in the home and relatives told us that they felt assured their family members were supported in a safe way. Staff told us about how they kept people safe from the risk of potential abuse. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced their risks. People told us they received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided. People told us there were enough staff to support them when they needed or wanted help or assistance.

People told us staff knew what care they needed and relatives felt assured the staff were trained in how to look after the needs of people who lived at the home. All staff we spoke with felt supported by the manager and were able to discuss their role or training needs. People had been involved in the planning their care and relatives felt they were involved in any decision making where appropriate.

People told us they enjoyed the food and that it was well prepared. Where needed people were supported to eat their meal. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received supported to have their choices and decisions respected and staff were considerate of promoting their privacy and dignity. Staff anticipated people's care needs and attended to people in a gentle and unhurried way. Staff developed positive, respectful relationships with people and were kind and caring in their approach.

Staff knew the care needs of people who felt involved in their care and treatment. Staff were clear about the levels and expected care needs of people at the home. People and relatives we spoke with told us they happily raised any concerns or complaints with the management team.

People and relatives felt they were involved in the home and that it suited them well. The registered manager regularly checked that people and their family members were happy with their home and care. The management team were approachable and visible within the home which people and relatives liked.

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.

The provider had looked at protecting people's safety and well-being. People received their medicines when needed and were supported by enough staff.

Is the service effective?

Good ●

The service was effective.

People had been supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were able to make choices and their views of care were listened to. People were able to continue their personal interests and hobbies if they chose to. People were supported by staff or relatives to raise comments or concerns.

Is the service well-led?

Good ●

The service was well-led.

People's care and treatment had been reviewed by the registered manager. Procedures were in place to identify areas of concern and improve people's experiences. People, their relative's and staff were complimentary about the overall service and felt their views listened to.

Gorway House

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.

We undertook an unannounced inspection of Gorway House Cottage on 28 July 2016 by one inspector. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We asked the local authority for information they held about the home.

During our inspection we spoke with six people who used the service, three relatives, the registered manager, four care staff and the cook.

We looked at one person's care record, medicine records, staff training records, compliments, quality surveys and daily records. We spent time in the communal areas of the home to see how people were supported and how staff were with people.

Is the service safe?

Our findings

All people we spoke with felt the home offered a safe environment and had no concerns with the staff in the home. Two people told us that feeling safe in the home helped them to relax and enjoy living at Gorway House. One person said, "It's safer here as I need support to walk". Relatives were confident their family members were kept free from the risk of harm. One relative said, "[Person's name] is safer here and I am confident they are safe when I leave".

All staff we spoke with were able to tell us what they understood by keeping people safe and how they would report concerns to the management team. Care staff told us the support from the management team had further developed their understanding around people's safety and reporting concerns. One person said, "We have staff that you rely on". One staff member said, "It's sometimes the smaller things that may indicate that there is something wrong". One relative complimented staff and said, "They are so patient, and clam".

People managed their risks with support from staff if needed. Staff we spoke with knew the type and level of assistance each person required. For example, where people required the aid of walking aids or assistance with food and drinks. In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's risks or safety was recorded and reported to the registered manager for action and review.

All people and relatives we spoke told us staff were always around and attentive. We saw that staff were able to spend time with residents and respond in an appropriate manner to them. For example, staff spent time ensuring people were comfortable as well as responding to requests or chatting with people. One person said, "Plenty of girls around, never have to wait and just ask and it's done". All staff we spoke with said they had time to provide care and social support without the need to rush people. We saw staff remained present and available for people in the communal areas and were mindful to allow people privacy and independence.

The registered manager ensured there were enough staff of each shift to maintain and manage people's risks and social care. The management team were available during the day and a 24 hour emergency contact numbers for staff in the home to use. These included two managers and a senior member of the team. The registered manager told us they were able to monitor the staffing levels as they knew each person well due the small number of people.

People were supported by staff to take their medicines when needed during the day. One person said, "I always get them on time they are good at spotting if I need some pain relief". We saw people were supported to take their medicine when they needed it. Where people required their medicines to be reviewed and monitored this was actioned. For example, regular blood tests where the results would alter the dosage of medicines required.

Staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. For example, half an hour before food

or patches that required replacing after some many days. People's medicines were reviewed by their GP and any changes in medicines were monitored for potential side effects or effectiveness. People's medicines records were checked to ensure people had their medicines as prescribed. The medicines were stored in a locked area and unused medicines were recorded and disposed of.

Is the service effective?

Our findings

People we spoke with told us they felt all staff knew how to look after them. Relatives were assured their family members were cared for by staff that understood their needs. People and their relatives also felt that all staff had received training that had a positive effect on the people they cared for.

Staff told us the training they had was directed at how best to support people living at the home. Where we saw staff in the communal areas they demonstrated that they understood the needs of people they supported and had responded accordingly. This included helping people with their walking aids or providing guidance and assurances.

Care staff felt supported in their role and had regular meetings with the registered manager to talk about their role and responsibilities. During conversations with the registered manager they were keen to support staff and used an external training provider to keep staff skills and knowledge refreshed. Care staff told us they had access to training when needed. For example, staff told us about the national vocational qualifications (NVQ) or Qualifications and Credit Framework (QCF) they had achieved.

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 were asked for their consent by all staff who provided assistance and that they waited for a response. Staff told us how they looked for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. They told us that they got to know people's preference and often referred to people's life history books or family members. They told us this helped them to understand people's previous decisions or choices to help guide them. They told us any concerns over people's choice would be passed to the management team for assistance.

The registered manager confirmed where people living at the home had appointed a lasting power of attorney that meant they were able to make decision of a person's behalf. They said they would ask relatives for their support in making decisions about people care and support. The registered manager were clear about their responsibilities to support people if they lacked capacity and where a best interest decision was needed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager told us that they currently had no one living at the home who were being deprived of the liberty. The registered manager provided examples of how people were supported to live without having their liberty restricted and would talk to external professionals in the first instance if they were concerned that a person was being restricted in order to protect their safety.

All people we spoke with said they enjoyed the meals and they were well prepared and cooked. They also told us they got to enjoy their favourite meals and they had a choice of two main meals. Lunch was a sociable event with people choosing to sit in the dining room. People were provided with their meals by staff who spent time chatting with them while they ate. We saw staff assisted people with their meal in a caring and kind way and people were smiling and talking with them during the meal. The registered manager said they knew people's food preferences and dietary needs. They knew who required a particular diet to manage a health need. For example, diabetic needs or if there were any allergies to consider.

People had seen opticians, dentists and were also able to see their GP. The GP visited the home when required where people were concerned about their health. One person said, "The slightest thing wrong and they are offering to get the doctor out". Other professionals had attended to support people with their care needs. For example, district nursing staff to help with wound management and diabetic care. All staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. Staff and records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring and they knew each other well. Throughout our inspection we saw people were supported by all staff, including the registered manager and provider in a kind and considerate way. People were chatting with each other and staff about their local community, their friends and lives. People were comfortable in the home and one person we spoke with said, "It's a lovely home, never any problems".

All relatives we spoke with told us they particularly liked the warm, cosy atmosphere within the home. They told us the registered manager worked closely with family members to ensure staff knew about their loved ones histories. One relative said, "It's the atmosphere that's so lovely here".

All staff we spoke with were clear about their role to provide care that was about people and not just the care task. One staff member told us, "I love to sit down and go through their photo albums". Another member of staff said, "People are so interesting I could sit and listen for hours". Relatives felt the staff kept them updated about the care of their family members and one said, "They always know how [person's name] is and their current whereabouts".

People told us they had their preferences and routines met such as the time they got up or their morning routines. One person said, "I have breakfast in my room". One relative said the care was right for their family member. Staff frequently checked and asked if people required anything. For example, whether a person may like a drink or some company.

The registered manager and provider told us they always gave people the choice and involvement about the care they wanted. One person told us, "They run round after you, it's lovely. Just ask them to get it and they do". All staff were unhurried in their approach with people and where people were quieter and not always able to engage in conversation, care staff would sit so they were able to make eye contact and look for responses. One relative said, "People live a real full life here".

We saw that the staff team supported people in ways that took account of their individual needs and helped maintained their dignity. We saw that staff were discreet when supporting people with their personal care needs. One person told us, "I really do have a lot of privacy and the carers really help me with that". One member of staff told us, "Bedrooms are people's spaces and are personal to them". One person said, "Clean sheets everyday day here which I love". The registered manager said they encourage people to use their rooms for personal care and support. Another staff member said, "You make sure people can't listen in". One person said that all staff were sympathetic and understanding".

All staff were careful when discussing people with each other or with the person. One person told us, "I am very happy here, I love the staff and we have fun". The provider was aware of the need to maintain confidentiality in relation to people's personal information and personal files were stored securely.

Is the service responsive?

Our findings

All people we spoke with were happy that they were involved in maintaining their health and were supported by the staffing group. All relatives we spoke with told us the staff looked after their family members health needs and they were kept informed of any changes. Two relatives commented that their family member's health had improved since moving to Gorway House. One relative said that staff were, "Very good at noticing any changes and acting on them" and another said, "They always contact us and let us know about any changes".

Staff listened and acted on people's expressed wishes and spoke to us about the level of support people required. People's needs were provided on a personal level and all staff responded to people's wishes at different times of the day. Staff told us they supported people with any changes in their health and that they knew people well and this helped to identify where people may have an infection or a more significant health change.

Three people we spoke with said they were involved overall in their care. One relative said, "They [management] let us know what they are planning and then discuss it with us". We looked at two people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. Changes or updates were shared among staff when their shift started. These included people's emotional experiences and changes to care needs.

People's personal history, likes and dislikes had been spoken about and recorded. This provided information to ensure that all staff would know the person well. All staff we spoke with told us the care plans were available and used to as a reminder of people's lives. One member of staff said, "Some people are more willing to share their personal experiences, but we go with what makes them comfortable".

People we spoke with felt they got to spend their time as they wanted, such as enjoying reading their daily newspaper or walking outside. People were supported to achieve these with staff if needed. One person told us they went out with family or went to a family member's home. All staff spent individual time with people chatting, or being involved in people's lives. For example, one person was celebrating their birthday and staff were helping the person's with their cards and gifts. All staff told us they spent most afternoons with people chatting and socialising with them. One staff member said, "We spend a lot of time with residents chatting". One relative told us they felt their family member spent their day as, "If they were at home". There were also some group activities, such as singing and dancing, light exercise classes and students from the local college providing beauty treatments.

People told us they expressed any concerns or complaints they might have and they had worked with staff to resolve issues as they occurred. For example, a personal item that might be misplaced. One relative said, "If I have any questions, I just ask and it's sorted". The registered manager said they encourage constant communication in the home and told us, "The office door is always open I want people to know they can just come in and ask". One person told us, "Top ladies [management team], always around, always listen.

No problem speaking up if something is not right". All relatives told us they were able to put forward suggestions and they felt listened to. One relative said, "It's very open. Any small thing mentioned and it's done".

Is the service well-led?

Our findings

People told us they enjoyed living at Gorway House and were comfortable and relaxed in the home. They were able to tell staff their opinions and had the opportunity to voice ideas or suggestions. One person said, "I am very happy here". Relatives had also contributed and told us they completed questionnaires so the provider and registered manager would know their views of the care provided. The results we saw were positive about the care. One relative said, "Caring, happy homely place that knows [person well]". We also saw that relatives had used text messages as an additional form of answering queries or responding to updates.

The registered manager told us that their visions and values for the home was a, "A home run for the residents". They had been in post for many years and many people had lived there for some time. The knowledge that they and the staff had of the people living there was reflective of the personal relationships with close support from relatives and friends. People and their relatives confirmed the positive relationships and one relative said, "I have peace of mind with mum living here". The registered manager confirmed that being part of the team and visible within the home provided them with the opportunity to assess and monitor the culture of the service.

All of the staff we spoke with told us the home was well organised and run for the people living there. They told us the management team was supportive and felt able to approach the registered manager with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments with people's care. One member of staff said, "It's about happy individuals. The managers are here every day and are approachable". One person said, "[Managers names] do sessions, you know help out".

The registered manager spoke about how they worked to improve people's experiences. The registered manager felt they were supported by other professionals locally, such as GP surgeries, district nurses and a team that looked to prevent unnecessary hospital admissions. These provided guidance and advice in how to support people's needs and we saw that this had been used in support of people's care. They also used other external organisations and the local authority to improve outcomes for people.

In order to continue improvements and have a proactive culture, staff were supported to study additional national recognised qualifications in care. The management team had also undertaken additional training to support staff, such as privacy and dignity and end of life care. Therefore, people were supported by a management team that continually strived to improve their quality of life.

The management team spoke about how they worked well together, supported each other and spoke highly of their staffing team. They all worked well together to ensure people were treated as individuals living in their own homes. Resources and support from the provider were available and improvements to the home were in progress.