ASD Care Limited

Gosberton House Care Home

Inspection report

11 Westhorpe Road
Gosberton
Spalding
Lincolnshire
PE11 4EW

Tel: 01775840581
Website: www.gosbertonhouse.co.uk

Date of inspection visit:
28 April 2021
07 May 2021

Date of publication:
02 July 2021

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

About the service
Gosberton House Care Home is a residential care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff identified risks to people and took action to keep people safe. Staff had received training in managing medicines and administered them safely to people in line with their prescriptions. However, 'as required medicines did not have their reason for administration recorded.

We have made a recommendation about the management of 'as required' medicines.

The home was clean and people were protected from the risk of infection. Staff were working in line with government guidance in regard to the COVID-19 pandemic.

The registered manager ensured there were enough staff to support people safely and systems were in place to ensure staff received training in the skills needed to provide safe care.

People were supported to access food which supported their needs. Staff were kind and caring and they had good relationships with the people living at the home. People's choices were respected and staff supported people to maintain their dignity.

The registered manager and provider had effective systems in place to monitor the quality of care provided and to drive improvements.

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

Rating at last inspection
This service was registered with us on 23 July 2020 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 12 December 2019.

Why we inspected
The inspection was prompted in part due to concerns about infection control due to a COVID-19 outbreak. A decision was made for us to inspect and examine those risks. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other

infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Gosberton House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by one inspector

Service and service type
Gosberton House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager and the nurse on duty. We spent time observing care. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with three members of staff and three relatives about their experience of the care provided. We did this after the inspection to minimise our time in the home due to the risks associated with COVID-19.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Relatives told us they were confident their loved ones were safe in the home.
• Staff had received training in how to keep people safe from abuse. They were confident about reporting and escalating concerns to support people's safety. One member of staff told us, "If I had any concerns, I would report them to my supervisor and she would go to the next level. If no action was taken to keep people safe, I would go to the nurse in charge."
• The provider had safeguarding and whistleblowing policies in place and staff knew how to access them if needed. This provided staff the support they needed to raise concerns appropriately both within the organisation and with external agencies.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risks to people had been identified and care was planned to keep people safe. For example, where people needed support to move about the home care plans detailed the equipment and staff needed for this to be done in a safe way.
• Relatives were aware of the risks to their family member while receiving care and were happy that action was taken to reduce the risk. For example, one relative told us that their family member had a pressure cushion and pressure mattress in place to help prevent them developing pressure ulcers. They were confident staff supported their family member to use the equipment daily.
• Accidents and incidents were reviewed and immediate action taken to keep people safe. The registered manager also completed monthly audits to monitor any trends in incidents. This allowed them to take action to keep people safe.

Staffing and recruitment
• There were enough staff to meet people's needs and staffing was flexible when people's needs change. One member of night staff told us, "We are comfortable as we have empty beds at present. However, when we were full manager put four staff on overnight."
• The registered manager used a staffing tool to identify how many staff were needed depending on people's needs. They explained that while currently they were not full, they had not reduced the number of staff as people's needs had increased following the COVID-19 outbreak.
• There were clearly designated roles assigned to each staff at the start of a shift. This ensured that staff were aware of their responsibilities and that people received their care in a timely manner.
• The provider and registered manager had ensured staff recruitment processes checked people had the necessary skills and experience to support the people living at the home. Safe recruitment practices were followed ensuring references were checked and a criminal records check was completed on all staff before they started working at the home.

Using medicines safely

• Where medicines had been prescribed to be taken as required, protocols were in place to support staff to offer them safely and consistently to people. However, we saw that the reason for administration was not consistently recorded. This meant that it would be harder for healthcare professionals to monitor the reason for administration and review if any changes in medicines were needed.

We recommend the provider consider current guidance on giving 'as required' medicines to people and take action to update their practice accordingly.

• Medicines were safely and appropriately stored. Medicines which needed to be kept cool were stored in the refrigerator. Systems were in place to monitor stock levels and expiry dates. This ensured peoples' medicines were effective and available to them when needed.
• Medicines were safely administered in line with people's prescriptions. The member of staff administering medicines stayed with people to ensure they took their medicines safely and had no difficulties. They took time to ensure people were able to take their medicines in a calm unrushed fashion.

Preventing and controlling infection

• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 before they moved into the service. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or required further training.
• Systems to assess people's risks were based on best practice guidance. For example, Malnutrition Universal Screening Tool (MUST) assessments were used to see if people were at risk of malnutrition.
• The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor they kept up to date with changes.

Staff support: induction, training, skills and experience
• When staff started working at the home, they were required to undergo an induction which supported them to provide the care needed to meet people's needs. As part of the induction they were required to complete the Care Certificate. This is a national training program which covers the basic skills needed to care for people safely. This ensured that people received safe care.
• The registered manager had identified the ongoing training needed for staff to provide safe care for people. A training plan was in place and the registered manager monitored and reminded staff when their training needed updating. One member of staff told us, "We will get a notice when mandatory training is due." The nurses were able to access training to support their continuing development and registration.
• Supervisions had been held if there have been concerns about a member of staff's performance or if the registered manager has noticed something positive. For example, if the manager worked a observed the staff members working and felt a person had worked well, they would ensured they would feedback to the person and thank them for their hard work. Routine supervisions were part of the management of the home but had fallen behind during the pandemic. However, staff told us that they felt supported and able to raise any issues. One member of staff said, I see my immediate manager every day and if there are changes to discuss then they will raise them."

Supporting people to eat and drink enough to maintain a balanced diet
• People were offered a choice of food and were able to request anything they liked from the kitchen. Relatives spoke highly about the quality of food provided for people. One relative told us, "The food is good and there is plenty of it."
• People's ability to eat and drink safely was monitored. Where needed, advice from healthcare professionals was sought and modified diets such as soft meals and thickened fluids were provided. Information was available in the kitchen so that catering staff were aware of people's needs.
• People's ability to maintain a healthy weight was monitored and where people were consistently losing weight, they were referred to the GP. Where people needed support to maintain their weight, their calorie

intake was increased by adding cream and butter to their food and offering extra snacks.

Adapting service, design, decoration to meet people's needs
• There are plenty of communal spaces in the home for people to spend time in with others or more quietly if they desired. For example, the ground floor had a small quiet lounge, an activity lounge and a large nicely decorated dining area which also has a small seating area with comfy chairs. The dining room was set out to support people to maintain their social distance.
• The provider had built a visiting pod in one of the communal rooms. Relatives could access the pod from an external door and did not need to enter the home and people could speak privately to their guests.
• The grounds of the home had been updated to support people to access them safely. There was a pond to walk around with seating for people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to access healthcare advice and support as needed to maintain their health. Records showed that people had been able to access GP advice and support when needed and had been supported to attend hospital appointments.
• Every Wednesday the nurse practitioner from the GP practice complete a ward round to review people's health needs.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

• Staff had received training in the MCA. They were able to describe how supported people to make as many choices as possible over their daily lives. For example, by ensuring information was presented in a way the person could understand.
• Some people living at the home had been unable to consent to being there. The registered manager had completed DoLS applications for these people to ensure their rights were protected. No one living at the home had any conditions on their DoLS.
• Where people may have been unable to make decisions for themselves the registered manager had ensured that capacity assessments had been completed. Where people were unable to make a decision, decisions had been made in their best interest. The decision-making process had included professionals involved in their care as well as family members.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People were treated with dignity and respect. Staff interacted kindly with people and spent time talking to them about their day. They sympathised when people said they were not feeling so well and asked what they could do to make the person feel better.
• Staff understood people's moods and the care they needed to make them feel safe and relaxed. For example, one member of staff reassured a person that their wheelchair brakes were on when the person was anxious about this.
• Relatives reported that the staff had a good relationship with their family members and we observed this. For example, staff knew people well and were able to engage them in meaningful conversations about their family.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to make decisions about their day. For example, they were able to choose which area of the home they wanted to spend their time in. People were also offered choice around mealtime and if they did not want anything on the menu the cook was happy to make them anything they wanted.
• Relatives told us that people's choices were respected. For example, one relative told us, "We mentioned [my relative] needs two baths a week and that has been adhered to and there is some nice caring staff there." Another relative told us their family member chose to spend the day in bed at times and this was respected.

Respecting and promoting people's privacy, dignity and independence
• The provider and registered manager supported people's dignity. For example, by supporting them to celebrate their birthday. One relative told us about a cake the staff had made for their family member's birthday and how it had been tailored to then. They said, "My [family member] had a brilliant birthday cake. It showed them reading the paper like they do."
• People's privacy and dignity were also respected by staff. Staff told us how they would knock on doors before entering a room and ensure people remained as covered as possible while receiving personal care and were encouraged to do as much as possible for themselves. People had been supported to dress nicely in coordinating clothes and looked smart.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• Care plans were in place which reflected people's needs. Relatives told us they had been kept up to date with the information in people's care plans and were happy that the plans were reflective of their family member's needs. One relative told us, "Staff will keep me informed of [my family members] blood sugar levels as they can be high."

• Systems were in place to ensure staff were updated when people's needs changed. At the end of each shift a handover was given to ensure the staff coming on duty had all the information needed. Additionally, the registered manager and senior staff reviewed each person on a weekly basis to ensure they all had the correct information.

• Where people had nursing needs, for example, wound care records showed care was provided in line with good practice guidance. In addition, care was taken to increase people's independence where possible. An example of this was staff working with healthcare professionals to support a person to eat safely.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with other health and social care professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• The provider had supported relatives to visit their family members in line with the government guidelines.

• People were supported to engage in activities which interested them. One relative told us their family member was happy at the home and said, "He has the telly on and will read his newspaper."

• There was an activities program at the home. This included activities such a s exercising to music and arts and crafts.

Improving care quality in response to complaints or concerns

• The provider had a notice displayed in every bedroom which advised people and relatives how to make a complaint. However, everyone we spoke with was happy with the care they received and had not felt the

need to raise a complaint.

End of life care and support
• The registered manager and staff worked collaboratively with other healthcare professionals to ensure that people's needs at the end of their life were identified and respected. They followed best practice guidelines for people at the end of their lives and anticipatory medicines were arranged to keep people pain-free at the end of their lives.
• People's wishes for the end of their life was discussed and recorded. For example, if they wanted to avoid going to hospital, if they wished to be resuscitated or if they wished for religious or spiritual guidance. One relative told us, "My [family member] is classed as end of life. We have had discussions about if they need to go to hospital at end of their life."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The culture in the home was caring and staff focused on providing care which met people's needs. It was clear that staff knew people well and had developed kind caring relationships with them.
• The registered manager walked around the home and knew people and their needs well, they were able to tell us about people's care.
• The provider had ensured that staff had nice facilities when they took their breaks, there was a well-equipped staffroom and kitchen with a separate dining area and outside space. There were also two bedrooms for staff to use if needed. For example, one member of staff had stayed there instead of going home when the home had a COVID-19 outbreak. This positive support of staff showed that the provider valued their hard work.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that the rating under the previous provider was displayed in the home. The registered manager had notified us about events which happened in the home.
• There were effective audits in the home, this allowed the registered manager and provider to monitor the quality of care provided and to make improvements when needed.
• The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about their family members' care needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider had taken over the home during the COVID-19 pandemic. They had written to the people living at the home, their relatives and staff to introduce themselves. They were planning to meet people as the pandemic restrictions eased.
• There had been no relative meetings due to the COVID-19 pandemic. However, relatives told us that they were able to raise any concerns they had and felt their concerns would be listened to.
• Staff were kept up to date with changes in the home through team meetings and individual supervision meetings. Staff told us that they were happy to raise any concerns that they had and were aware of the

provider's whistleblowing policy which enabled them to raise concerns anonymously.

Continuous learning and improving care; Working in partnership with others
• The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.
• The registered manager told us that they were supported to improve quality of care by the provider. In addition, they were able to get support advice and guidance from the registered managers at the provider's other homes.
• The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.