

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

About the service:

Gorway House is a residential care home that was providing personal care to 22 people aged 65 and over at the time of the inspection.

What life is like for people using this service:

- People continued to receive safe care. People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and trends monitored to reduce the amount of accidents.
- People continued to receive effective care. Staff had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.
- People continued to receive care from staff who were kind and caring and knew them well. Staff were patient, compassionate and empathetic. People's privacy, dignity and independence were respected by staff.
- People continued to receive responsive care. People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of to share any concerns.
- The service continued to be well managed. The environment was friendly, warm, comfortable and very clean. The registered managers were known and made themselves available. People's relatives shared their views by completing provider feedback forms about the service. Spot checks and audits were carried out to ensure the quality of the service was maintained.

More information is in the Detailed Findings below.

Rating at last inspection:

- Rated Good overall (report published 18/08/2016)

Why we inspected:

- This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

- We will continue to monitor the service through the information we receive 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 safe

Details are in our Safe findings below.

Good ●

### 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 responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Gorway House

## 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 one 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. In this case the expert by experience's area of expertise was a family carer carer for a person with dementia/older person.

#### Service and service type

Gorway House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had two managers 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 was an unannounced inspection.

#### What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts

which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. They raised no concerns about the service.

During the inspection we spoke with ten people to share their views about the support they received and we spoke with six relatives. We spoke to four staff members and both the registered managers who were available throughout the inspection. We spoke with two health care professionals.

We looked at the care and review records for three people who used the service and one staff file. We looked at the recruitment and training files. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good:  People were safe and protected from avoidable harm.

### Systems and processes

- There was a buzzer system in operation which enabled people to call for assistance. One person told us, "I use my buzzer to get help. I use my buzzer a lot and the staff respond quickly to it. It doesn't matter what time of day they always respond quickly."
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. A staff member said, "I would speak to the manager, social services, CQC and the police."
- There was a maintenance person who was responsible for the upkeep of the building and ensuring the environment was safe. They had systems in place and regular checks to ensure people were protected from harm. For example, there was a daily check carried out of water temperatures.

### Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. One person told us, "It's really good here. I never lock my door. Infact I leave the door open. I keep things in my drawers and nothing's ever gone missing. I have money in my room. It's quite safe."
- Relatives felt people within the service were supported safely. One relative said, "They are looked after very well."
- Staff knew people well and could describe their risks and how to support them safely.
- We saw evidence of risks being reviewed regularly and changes made where people's support needs changed.

### Staffing levels

- People felt there were enough staff to support them.
- Staff told us most staff had been working at the home for a long time and we observed there were enough staff to attend to peoples' needs.
- There were thorough recruitment processes in place.
- We saw evidence of recruitment checks taking place before staff were appointed. This ensured suitable staff were appointed to support people.

### Using medicines safely

- Medicines were administered safely. Staff told us they received regular competency checks to ensure they

were administering medicines safely.

- Where medicines were given 'as and when required' there was guidance in place so this would be administered consistently.
- We observed staff recording in a medicines administration record once people were administered their medicines. This showed that the medicine was given as prescribed.

#### Preventing and controlling infection

- We found all areas of the home to be very clean and tidy. We observed there was sufficient staff to keep the home clean. A relative said, "The house is spotlessly clean. It's always like this and it doesn't smell. The building is well maintained and decorated."
- We saw staff using personal protective equipment and observed that this equipment was readily available to them.
- We saw staff supporting people following good standards to ensure they could protect against the spread of infection.

#### Learning lessons when things go wrong

- We found where incidents and accidents happened these were being recorded appropriately in people's care records and trends were monitored to prevent reoccurrences. The office manager had noticed a pattern of more incidents happening at night and had introduced an hourly spot check at night for people which had reduced the amount of incidents.

## Is the service effective?

### Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  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

- The provider carried out pre-admission assessments so they could be sure they could support people how they wanted. The registered manager told us, "We go to each person's own home and see them individually before they come to live at the home."
- We found people's equality and diversity needs were identified within the care plan and staff received training in equality and diversity to be able to meet people's needs. Staff told us how people were supported to maintain their religious beliefs. For example, some people were enabled to go to church and communion was held at the the home.

Staff skills, knowledge and experience

- People were supported by staff who had the skills and knowledge to do so. A health professional described how one person's health relapsed every so often and that now this person lived at the home their relapses were less frequent. The health professional said, "They are keeping [name of person] well. They look well kept."
- We saw evidence showing the training staff had completed. Staff told us, "We are encouraged to do training in whatever we want to do. We receive refresher training."
- Where new staff were appointed we saw an induction process was in place. The Care Certificate standards were also included in the induction process. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Supporting people to eat and drink enough with choice in a balanced diet

- We saw that people's nutritional needs were catered for and they ate a healthy balanced diet. There was a set menu for the day but people were able to ask for something different if they wished. One person told us, "I enjoy the food." A relative described how [name of person] did not eat before they came to the home but now they enjoy eating and have put on weight. The relative said, "They [name of person] look much better, they have really thrived."
- Drinks were made available to people throughout the inspection.
- Where people had specific dietary requirements, staff knew these and could support people accordingly.

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

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- We found where people lacked capacity and were being deprived of their human rights that the appropriate authorisations were in place and being reviewed by the local authority. People were cared for in the least restrictive way.
- Staff received training in the Mental Capacity Act. One staff member said, "Assume everyone has capacity unless otherwise proven."
- We observed people being asked for their consent before support was given. A member of staff told us, "We always ask for consent."

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

- The environment where people lived was very well maintained and decorated. People's artwork was displayed on the walls.
- We saw that people's bedrooms were decorated how they wanted and personalised. They were light and airy. The registered manager described how they had deliberately had the building designed with large windows so people who were seated could see out of them.
- The home was welcoming, warm and comfortable. People told us it felt homely. A relative said, "It's absolutely excellent, it's like a family home."

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

- People's health care was an important part of how they were supported by staff. We saw that people had a hospital passport in place which recorded their medical and health details and this would go with them if they ever needed to go to hospital.
- Relatives confirmed that their relative's health care needs were being met. A relative said, "[Name of person] has improved tremendously since they have gone into the home. It has helped towards their recovery."
- People were supported to access outside health professionals. For example, a chiropodist visited the home regularly and on the day of inspection one person was being visited by a community nurse.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they were supported by kind and caring staff. One person said, "The staff here are excellent. They fall over themselves to help you." A family member told us, "The care is spontaneous and thoughtful." They described that when staff see them pull up in the car park they come out to help them into the home.
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them. One person told us, "We can have a laugh. The staff do chat to me, they have the time to help me."
- Staff knew when people were anxious and needed reassurance. For example, one person was a little unsettled so the staff member asked them if they would like to go out for a walk. The person's demeanour immediately brightened and they were happy to go out. We also observed staff walking with this person for a large amount of the day around the home. Staff knew that this activity reassured this particular person.
- People's positive experience of care at Gorway was shared as members of the same family have been cared for at Gorway house. Some relatives visit the home to do activities with people such as sharing memories and playing old DVDs. The management told us that word of mouth was how people came to stay at Gorway House. Families we spoke with confirmed this..

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

- People were involved in their day to day care and some people told us they were involved in their care reviews. One person told us, "I am encouraged to make my own decisions. I'm free to come and go as I please." A family member told us, "Any issues, they [the management] call and let me know."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "They treat me the way I like to be treated. They do respect me and my privacy. Staff told us, "I always shut the curtains and the doors to respect people's dignity and privacy."
- People were encouraged to maintain their independence. A staff member described how they encouraged people to do things they could for themselves, for example, one person liked to help lay the tables, one person liked to make their own bed and another liked to help fold the towels.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good:  People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People's needs were met and staff showed they understood how to support people. One person told us, "I have asked for things to be changed somethimes. They will do that. I think they are really good here."
- A care plan and assessment was in place to show the support people needed and these were reviewed regularly. Although people had mixed views on whether they were involved in their care reviews, conversations with the office manager and records we observed confirmed people were involved. Most staff were long serving and knew people and their needs well. One person told us, "The staff know what I like to do."
- Staff understood and knew people's hobbies, interest and preferences to support them to take part in social activities. One person said, "We do have entertainment, keep fit and music. I join in all of those things."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. While there were no complaints in the last twelve months the registered manager knew the importance of monitoring for trends. One person said, "There's nothing to complain about here." A relative said, "We don't have any concerns and have no reason to make a complaint."
- Staff knew who to talk to if they had any concerns. One staff member told us, "I feel supported by management. I would be able to talk to them."

End of life care and support

- People did not have an end of life care plan in place, however, there was no one currently receiving end of life care.
- Some people had a DNAR (Do not attempt to resuscitate) in place and staff were aware who had one of these and what actions to take if needed.
- Staff supported friends and families when people had passed away. The registered manager told us how they always attended funerals for people and would ask the undertaker to pass by the home so people could pay their respects. They had a sherry and raised a toast to them.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and their relatives spoke highly of the service and explained how the service was always welcoming.
- People, relatives and staff spoke positively about the registered managers. One staff member told us, "The management are approachable, always there for you if you need anything both in and out of work."
- The registered managers were open and honest and told us there were areas they could improve. For example, the home does not currently have a walk in shower and they told us they are looking to turn one of the bathrooms into a wet room to offer people choice.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The office manager carried out spot checks on staff and audits on the service. Staff confirmed this. For example, staff told us how they had medication competency checks. We observed these checks in office files.
- We saw that regular checks and reviews on the service took place to ensure the service people received was of the highest quality. For example, audits had identified where more incidents occurred at night and systems had been put in place to reduce these.
- The registered managers understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. While the provider did not have a website, we saw that the rating was displayed within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

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

- Feedback questionnaires were used to gather information about people's views. One relative mentioned they were not offered refreshments when they visited and staff now ensure this is always done.
- Staff were aware of the accessible information standard and were able to tell us that people could have their care plans in large text if they so wished.
- Staff received regular ongoing training to ensure their learning, skills and knowledge was current to be able

to support people.

- The office manager completed regular audits as a way of improving the service by the monitoring of trends and using the information gathered to benefit how people were supported.

#### Working in partnership with others

- The provider worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred.
- The registered managers included people's relatives in the care of people, for example, they invited relatives to share Christmas dinner. Holy communion was held regularly at the home by the church for those who wished to take part.