

Embrace (UK) Limited

Guy's Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 05 September 2017. The visit was unannounced.

The inspection visit was prompted by information we received from the local safeguarding team. They were investigating concerns following the death of two people who lived at the home.

The incidents are subject to a separate investigation and as a result this inspection did not examine the circumstances of the deaths. However the information shared with CQC about the incidents indicated potential concerns about the management of health issues and to ensure people were safe at Guys Court. This inspection examined those risks.

This report only details our findings in relation to the potential concerns in safe and well led.

There was a registered manager in post. 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.

We found care records of people who needed assistance with personal care, potential skin breakdown and pressure sores were receiving support they required. This was in terms of up to date information of the person's condition, repositioning charts to reduce the risk of pressure areas developing and appropriate body mapping documentation. Care plans, risk assessments and daily reports indicated checks had taken place. Repositioning charts to record the person's positional changes were used where needed. Pressure aids were in place where people were at risk of developing pressure sores for example special mattresses.

We looked at how staff received information and guidance. We looked at training records and found the registered manager had provided more training for staff in 'pressure ulcer care'. This was to ensure staff had up to date knowledge of current care and guidance. Any care issues or changes were highlighted to staff in both individual supervision and staff meetings.

The service had introduced a number of systems to ensure correct recording and communication sharing was in place to reduce the risk of people who were vulnerable to pressure sores. For example a new all in one document, 'handover sheet' provided information about people's diet, fluid intake and falls risk. This meant better communication and ensured information was documented.

Audits were frequent, documented and any issues found on audits acted upon promptly. They had introduced further auditing of care plans and pressure area support to ensure people were not at risk and kept safe. Support from the organisation regularly visited Guys Court who checked actions were taken where needed.

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.

Assessments were undertaken of risks to people who lived at Guys Court. Written plans were in place to manage these risks.

Staff monitored and responded to people's health needs to keep them safe.

Care records were informative and up to date. They also specified the risk and action and care needed to keep people safe.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to ensure communication between staff and the management team had improved to ensure people's health needs were met.

The registered manager had sought additional training to assist in providing staff with the skills and knowledge needed to provide safe and timely care.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

Guy's Court Nursing Home

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 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.

This inspection visit took place on 05 September 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

This focussed inspection visit was prompted by information we received from the local safeguarding team. They were investigating concerns following the death of two people who lived at the home. The information provided to CQC indicated potential concerns about the care of people in the home. We needed to check fundamental standards were in place to keep people safe.

Prior to our inspection on 05 September 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received.

We spoke with two people who lived at the home and observed staff carrying out their duties in the lounges and communal areas. We also spoke with the registered manager and regional manager of the organisation who was visiting the home on the day of the inspection visit. In addition we spoke with a visiting health professional. This helped us to gain a balanced overview of what people who lived at the home experienced.

We looked at care records of eight people who lived at the home, staff training records and documentation relating to the management of the home.

Is the service safe?

Our findings

The focussed inspection visit was prompted by information we received from the local safeguarding team. They were investigating concerns following the death of two people who lived at the home. The incidents are subject to a separate investigation and as a result this inspection did not examine the circumstances of the deaths. However the information shared with CQC about the incident indicated potential concerns about the management of health issues and to ensure people were safe at Guys Court.

We looked at eight care records of people who were at risk of tissue damage or were receiving treatment and support to manage pressure sores. We found documentation was up to date and informative. Records highlighted the areas at risk were regularly inspected for any marks or sores. For example care records contained 'wound management support plans' that were regularly reviewed and action taken where required. Also records of people who required treatment to specific areas had appropriate body maps in place to identify areas that needed treatment. In addition photographs of infected areas were on file so that nurses and care staff could identify and monitor the pressure sores. These were taken at regular intervals however they had not been dated. The registered manager would ensure this was now completed so that they could identify if the infected area was improving or worsening and monitor timescales.

Risk assessments were in place for all people's care records we looked at. These informed the nurses and all those involved with their care of any concerns and actions to take to reduce risks. They had been reviewed and updated regularly. We spoke with the registered manager about lessons learnt from the recent incidents. They informed us robust recording and checking of records were up to date and now in place. In addition daily meetings were held and any issues with people who lived at Guys Court would be immediately reported to the management team.

To improve monitoring of pressure care the organisation had introduced a monthly 'nutrition group'. This group of people included, nurses, cooks, carers and management team. They would for example discuss peoples care needs and risk of pressure areas developing. If people were not meeting their nutritional needs they would refer the person to specific health professionals for example dieticians or GP.

Further improvements to recording of wound care were now in place. For example any identified wounds were put on maps and have to be signed off by the registered manager. The registered manager told us they had improved communication and recording systems to reduce the risk of people developing pressure sores undetected.

Is the service well-led?

Our findings

Part of this focused inspection on 05 September 2017 was to check auditing and monitoring systems were sufficient and had improved so that any issues or concerns were highlighted. Also action taken to ensure people were protected from potential skin breakdown and pressure sores.

There was a registered manager in post who had day to day responsibility for the home.

We checked the registered manager and management team monitored care and the support staff provided for people. Also where required they provided information, guidance and additional training to all staff including nurses. The registered manager had introduced more robust systems for recording and communicating any health issues people may have. For example there were now new processes in response to the identified concerns raised by the safeguarding team. They included daily handover meetings with the care and nursing staff. In addition heads of departments for the care home met daily around 11 am to discuss any issues. In addition any identified wounds and pressure sores had to be discussed with the registered manager straight away and the support plan signed off by the registered manager as part of their quality assurance systems.

The registered manager had introduced other quality assurance measures that included guest speakers/trainers at staff nurse/carer meetings. For example speakers included expert advice around nutrition and skin care management. The registered manager said, "We now have lots of 'real time' processes now. For example if a nurse identifies a pressure sore they have to inform me or who is on call as soon as this occurs."

The registered manager had sourced and arranged additional training in care of people at risk of developing pressure sores. Staff had up to date knowledge of current care and guidance. Training was now more involved and had to be face-to-face training at least once a year.

The senior organisation management team had systems in place to assess and monitor the quality of Guys Court. A senior manager visited the home regularly to monitor care and provide support and guidance. Audits were frequent, documented and any issues found on audits acted upon promptly. Audits from the service were forwarded to the senior management of the organisation who checked actions were taken where needed.