Guysfield House Limited

Guysfield 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?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection was carried out over two days on 10 March 2015 and 18 March 2015. The visits were carried out during the day and the evening and were both unannounced.

Guysfield Residential Home is a care home which provides accommodation and personal care for up to 47 older people. At the time of our inspection there were 32 people living at the home. Although there was a manager in post they had not yet completed their registration. 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 and associated Regulations about how the service is run.

When we inspected the service on 7 January 2015 we found them to be in breach of Regulations 4, 9, 10, 11, 12, 13, 14, 17, 22 and 23. We issued them a notice to vary their conditions of registration to restrict admissions to the service until such time that they were meeting the requirements.

Summary of findings

We found that most of the staffing issues had been addressed. New staff had been employed with a robust recruitment procedure to fill staff vacancies. This was partly due to the increase in staffing numbers but also a reduction in people who were living at the home. However, we found that during peak periods, staffing was not sufficient to meet people's needs safely.

Staff were kind and caring and they thought things had improved at the service. People's privacy and dignity was promoted. We saw that there had been some improvement in relation to basic care provision. However, we noted there were still areas in relation to people's access to toilet facilities, keeping people safe and pressure care that needed improvement.

The cleanliness of the home had improved and there were systems in place to continue to maintain the standards. However, there were some areas that needed to be addressed.

People's safety was not always promoted in relation to access to call bells, fall monitoring and reduction and effective care plans. This at times put people's welfare at risk.

The management of medicines had improved and new systems to monitor this had been put into place. However, there were still areas that needed improvement to ensure medicines were given in accordance with prescriber's instructions.

People were being offered a choice of nutritious food in accordance with their dietary needs. The chef was knowledgeable about people's dietary needs and staff assisted people to eat where needed. However, staff did not always ensure that there was sufficient monitoring of what people had eaten or had to drink.

We found that there were a number of outstanding issues raised from our previous inspections. The management team had not addressed or monitored these concerns fully and had not yet taken the full necessary action to resolve them.

Staff training and supervision had improved. Staff had been on various training courses and told us that they felt better equipped for their role and were much more supported.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service. The manager and staff were familiar with their role in relation to MCA and DoLs.

At this inspection we found the service to be in breach of Regulations 9, 10, 14, 20, and 22 of the Health and Social care Act 2008 (Regulated activities) Regulations 2010 which corresponds to regulations 9, 14,17, 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take and what action we are taking at the back of the full version of the report.

Summary of findings

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 safe.

People were not protected against the risk of falls.

Medicines were managed safely but still required some improvement.

People did not consistently have their assessed needs met.

Requires improvement

Is the service effective?
The service was not effective.

People were supported to eat and drink however, this was not always monitored to ensure they consumed sufficient amounts.

People had access to health care professionals, however, professional's guidance was not always followed.

People were supported by appropriately trained staff.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and attentive.

People's privacy and dignity was respected however, there were still areas that required improvement..

People and their relatives were involved in their care.

Requires improvement

Is the service responsive?
The service was not responsive.

People's care plans were not always accurate or effective and staff were not clear on how to meet their needs.

People had access to activities. However, we were unable to assess if they supported people's individual hobbies and interests.

There was a complaints system in place however, people and their relatives felt issues were not always resolved to their satisfaction.

Requires improvement

Is the service well-led?
The service was not well led.

The management team had not addressed all areas of concern.

There were insufficient lessons learned and actions from incidents, accidents and reports received from the CQC and other professionals.

Staff felt more supported and able to approach the manager.

Requires improvement

Guysfield Residential 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to look at the overall quality of the service following a period where we had taken enforcement action.

These visits took place on 10 March and 18 March 2015 and were carried out by an inspection team which was formed of four inspectors and were unannounced.

Before our inspection we reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. The service completed a 'Provider Information Report' (PIR) for a previous pilot inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well, improvements they plan to make and how they meet the five key questions. We requested that this was updated but this had not been carried out at the time of our inspection.

During the inspection we spoke with 11 people who lived at the service, eight relatives and visitors, 19 members of staff and the manager and peripatetic manager. A peripatetic manager is a person that is brought in by the provider to support a manager in post and assist them to resolve issues. We received feedback from health and social care professionals. We viewed eight people's support plans and two new staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires improvement

Is the service safe?

Our findings

At our last inspection on 7 January we found that the service were not ensuring people had their health, safety and welfare protected due to insufficient staffing numbers to meet their needs. We found that this had had a negative impact on people and put them at risk of harm. Following the inspection we issued the provider with a notice which prevented them from admitting new people to the home until they were working in accordance with regulations.

At this inspection on 10 March 2015 which was during the day we found that the numbers of people living at the home had reduced and the number of staff on duty during the day had increased. This meant that staff were able to support people as they requested it. However, we also visited the home during the night on 18 March 2015 and found that the number of staff on duty at night had not changed. We were told by staff working at night that during the night they felt that they were able to meet people's needs in a timely fashion as the numbers of people living in the home had reduced. However, we were told that at peak times such as early in the morning, the staffing levels were insufficient to meet people's needs. On 10 March we arrived at 6.45am and we observed people calling out for help which was unanswered, people were left wet or soiled in their beds and found that there was an increased number of falls during the night shift hours this was due to staff not being available to help people when they needed it during the night.

We reviewed the accidents and incidents and found that of the 50 recorded falls between January 2015 and March 2015, 30 of these falls had occurred during the night shift hours. This information supported our concerns in regards to people being kept safe during the night, in particular at peak times.

When we arrived at the service on 10 March 2015 we found three people who were anxious and needing personal care and were shouting out for assistance. One person told us, "I've been calling and calling." Staff had not responded to these peoples calls for help in a timely way. These people had no access to call bells as they were either unplugged or out of reach.

When we inspected the home on 18 March 2015, we found that two people had no means of calling for assistance, one of which was required to have a sensor mat as per their care plan. We had raised this with the management team on 10th March 2015. We were told by staff that they continued to carry out room checks every two hours. However, they had not recorded these room checks between 8pm and 11pm as were busy assisting people to bed. We raised two hourly checks as a concern at our visit on 10th March 2015 for people who did not have access to a call bell or the capacity to use a call bell as staff were not able to hear their shouts for help. Therefore people were at risk of harm due to their needs not being met as there were insufficient staff available to respond appropriately.

This was a continued breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Day care staff told us that they were now able to provide effective pressure care to people who were cared for in bed as per people's needs. However, we saw people who were dependent on staff for most aspects of the daily care went for several hours without being offered or taken to the toilet or a change of position. These people were assessed as needing full assistance with their personal care needs. Staff told us that they "just know" when people needed the toilet and they took them at unspecified times. Staff were unable to tell us when people had last been to the toilet. We noted that people were taken from the lounge areas to the dining room and back again with no offer of toilet from when they arrived downstairs that morning. They had not been taken to the toilet between the hours of 8am until gone 2.30pm, with one of these people being in the same chair since we arrived at 6.45am.

Staff were also not clear on the timings on which they offered people the toilet or changed people's continence products during the night. We found that there was no clear record of people having their toilet needs met during the night. Our findings from observations, feedback from people and their relatives and discussion with staff indicated that people's continence needs were not adequately met during the day or at night.

Some of these people who were assessed as being at high risk of developing a pressure ulcer were not sitting on pressure relieving cushions and were not provided with regular repositioning. Staff told us that these people can change their own positions. However, our observations indicated that they were unable to change position without

Requires improvement

Is the service safe?

the assistance of two staff and a moving and handling aid. We also noted from our earlier observations that one of these people had a sore area on their hip and they had not been provided with a repositioning regime. We brought this to the management team's attention. When we inspected on 18 March "2015, we saw that this person was still not receiving regular repositioning. The senior staff member told us that they were able to reposition themselves as were quite active at night and during the day. Our observations and their care records did not support this. Therefore people were not having their assessed care needs met and this meant they were at risk of harm to their health, an injury and of developing a pressure ulcer.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our previous inspection we found that the standard of cleanliness in the home was inadequate. This included communal areas, bathrooms and people's bedrooms. At this inspection we found that there had been improvements and the home was much cleaner. Chairs and carpets had been clean and there was limited malodour. Staff were now aware of how to prevent the spread of infection and during the day we observed this in practice.

However, we did note that there were some areas that needed improvement and required an effective cleaning schedule. This included people to be offered a way of cleansing their hands before eating and some bedding we saw was stained. In addition, people were not provided with individual slings for use with the hoist and they were sharing them. This meant that due to the personal care needs of people living at the home, there was a risk of people acquiring a health related infection due to cross contamination and this required improvement.

At our last inspection we found that medicines were not always managed safely. At this inspection we found that the deputy manager had taken steps to improve the processes in how medicines were monitored, stored and recorded. Records viewed were consistent and the quantities of medicines in stock were accurate. The service had arranged for a pharmacists audit and this was scheduled for the near future. However, we found that the medicine administration times were not in accordance with prescriber's instructions. For example, where medicines were to be given 30 minutes before food, we found that they were being administered three hours before food. This meant that medicines may not have been as effective and therefore may have impacted on people's health therefore this requires improvement.

Requires improvement

Is the service effective?

Our findings

At our last inspection on 7 January 2015 we found that people were not always appropriately supported with eating and drinking. This had impacted on their health and welfare.

At this inspection we found that people were given support at mealtimes with eating and drinking. People told us they enjoyed the food. We saw staff sit with people and assist them to eat and kitchen staff were aware of people's dietary needs. We saw a board in the kitchen to raise awareness of different diets and this was individualised showing that people had different foods at different times of the day. For example, two people had pureed food at lunchtime but at suppertime ate food of a normal consistency. The cook told us this was how they liked it and ensured they ate sufficient quantities. The service assessed and reviewed people's nutritional risk. However, although we saw that the home continued to refer weight loss to the GP, in some instances the necessary following action was not carried out. For example, monitoring of people's food and fluid intake and chasing a response from the GP. We spoke with the manager and senior care staff who were unable to tell us why the necessary actions had not been taken. This meant that that there was a risk that people would not consume sufficient quantities of food and drink to maintain their health.

This was a continued breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 7 January 2015 we found that people were not provided with the appropriate medical input when it was required. For example, in regards to pressure ulcers, diabetes and changes to their mental health. At this inspection we found that people had regular access to healthcare services.

Since our last inspection in January 2015, the input from professionals had increased. There were regular visits from a nursing team and staff were referring changes in people's health to their GP. We found that people had also been referred to specialist teams such as the mental health team and occupational therapist. However, some professionals told us that they had seen limited improvement in the home and staff were not always following their instructions and carrying out treatment. For example, in relation to administering cream to prevent a deterioration to the condition of a person's skin.

At our last inspection on 7 January we found that the staff were not receiving the appropriate training and were not sufficiently supported. At this inspection we found that staff training had improved and staff told us that they felt adequately supported. People were complimentary about the staff and told us they felt they knew what they were doing. Most relatives were also positive about the staff skills and knowledge.

People were receiving care from appropriately trained staff. Most of the people we spoke with and their relatives told us that they felt things had improved and staff had the necessary skills to support them. Staff told us that the training provision had improved and they felt they were receiving the right training for their role. Training sessions were advertised for the month. This included recording and reporting, Safeguarding people from abuse, falls and pressure area care. Staff members from the providers training team told us that there was a monthly training schedule and attendance was better than it had been. The home's staff had achieved 80% of its training target with the support of in house trainers. The training programme now offered specific dementia care courses such as "Living in my world" which is a one day training session covering the individualised approach with dementia. Also offered was training in positive behaviour and risk taking, how to deal with challenging behaviour. We also saw a training package called, "Am I being me?" which covers how physical ill health can adversely affect behaviour. There was an academy development manager who visits the home two to three times each week and concentrates on good pressure area care. Staff told us that as well as delivering the training they supervise practise to ensure it was being done correctly. However, we did observe on one occasion an experienced and trained staff member providing poor moving and handling. This meant although there had been improvements in this area continued supervision was required to ensure all staff worked in accordance with training and guidance.

Staff told us that they felt supported by the manager and management team. They said, "The manager and seniors have really stepped up." All staff commented on how

Requires improvement

Is the service effective?

supportive the manager was. Staff went on to tell us that the support they now received was "like a different home." They told us that because of this morale had improved and this has positively impacted on the service.

People had their ability to make decisions and where they were not able, best interest decisions were made. Where people were unable to make decisions for areas that affected their safety, such as going out alone, DoLS applications were made to the local authority to restrict their access to outside without the supervision of a staff member. However, we noted that the care plan in place to support one person with this decision, was ineffective and we referred to this under 'Safe'.

Requires improvement

Is the service caring?

Our findings

At our last inspection on 7 January 2015, we found that people's dignity and privacy was not always promoted. At this inspection we found that there had been improvements in this area and staff were aware of how their actions impacted on people.

The staff told us that they were being guided by senior staff in relation to people's dignity being promoted and being treated with respect. Staff told us that this was discussed at meetings and as a result the culture in the home had changed to a more positive environment for people. For example, taking time to sit with people and responding to their needs promptly. However, there we did observe some issues that indicated there was further improvement needed. For example, people did not always have their calls for assistance answered or personal care needs met.

People told us that staff were kind. One person said, "I love it here. The staff are very kind and never grumble." Another said, "Staff are caring and try their best." Relatives were also positive about staff. Comments included, "The staff are very dedicated and try to do the best they can. They do such a good job." And "The care here is excellent and my relative is very pleased to be here."

People and their relatives told us that they could visit any time and staff were welcoming. We noted that one person has a relative visit each evening to assist them with their bedtime routine and staff supported this. People told us that with recent changes they felt listened to and relatives felt more involved in their care.

We saw staff be attentive and caring during both visits to the home. When we observed a person become disorientated staff responded calmly and helped to orientate them. Staff were able to describe people's preferences and choices to us and told us how this shaped the way in which they supported them. For example, the times people went to bed and got up in the mornings. However, we did note that people were not always given access to the toilet facilities if they were unable to ask for assistance.

Requires improvement

Is the service responsive?

Our findings

At our inspection on 7 January 2015 we found that people were not receiving care that was responsive to or met people's individual needs. This included pressure care management, personal care and activities provided. At this inspection we found there had been some improvements to how people were supported. However, there were areas that still needed to be addressed.

People's care plans were not always accurate in relation to their needs. In some cases staff were able to tell us what people's needs were and how to support them However, in other instances staff were not clear on when a person may need assistance to the toilet or to change a continence product or how to support them with more complex issues. For example, the care plan for one person who required one to one supervision to ensure their safety stated that the plan was "Effective and no change" even though records showed and staff told us that the plan had not worked. In addition where some people were assessed as requiring pressure care or the monitoring of food and fluid intake, this was not always carried out and staff were not aware of their needs as care plans were inaccurate and guidance was not clear..

Staff kept a daily record about people throughout the 24 hour period. For people who were not on repositioning charts in their rooms, these records covered the span of each 12 hour shift with a summary of how they had spent their day and night. There was no detail in relation to what time they were assisted to use the toilet or how much they had eaten. Staff were unable to tell us when people had last been to the toilet, if they had eaten and drank sufficient quantities or even if they had participated in activities. We saw that some records were completed in advance of care being delivered. For example, at 7.15am records were completed for 8am and at 11pm records that should have been completed from 8pm were not. This meant that people were at risk of not receiving care or support that met their individual needs due to their not being an accurate account of care provision.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the day we saw that staff were responding to people's needs as they requested it and people appeared clean and well presented. Staff were also able to provide people with support and respond appropriately when they became anxious. For example, we saw a staff member support one person in a number of ways which included offering to go outside when they became upset. Most moving and handling observations were positive, however, we also saw a trained staff member providing poor moving and handling when assisting someone to transfer with the use of the hoist. The sling was not correctly fitted and this placed the person at risk of falling and skin damage.

During the inspection we saw that some activities were taking place. These included music and singing and dominoes. Staff told us that they had more time now than they did previously and this allowed them time to talk with people. We saw staff taking time to sit with people and talk. People told us that they would like to get outside more than they did. We saw staff offering people the chance to go outside and some people to go for a walk with them. We were unable to determine if people were participating in activities that included their hobbies and interests.

People and most of their relatives we spoke with felt that they were being listened to. However, some relatives felt that they were not heard and had not received appropriate responses from the management team. For example, an apology for an issue raised rather than an investigation outcome with the action taken. We viewed the complaints log and the manager had recorded that all complaints were fully or partially substantiated. However, did not seek feedback of the complainant's satisfaction of how the issue had been resolved. This meant that the service could not be sure that they operated an effective complaints system. This was an area that required improvement.

Staff told us that they were now being informed of the outcome of feedback or complaints through meetings and supervision. However, even though they had been informed the appropriate action had not always been taken. For example, by ensuring people had access to the toilet before and after meals.

Requires improvement

Is the service well-led?

Our findings

At our inspection on 7 January 2015 we found that there was no effective assessing, monitoring and managing the quality of the service. This had impacted on the health, safety and welfare of people and staff. At this inspection most people and their relatives told us that they felt there had been improvements at the home. However, they also acknowledged that there were areas that still needed improvement.

We saw that staffing had been increased during the day and this meant that they were able to support people as they requested it. However, we saw that systems in place did not ensure that people were getting their assessed needs met. This included access to the toilet, use of pressure care cushions and repositioning and monitoring of food and drink intake. We found that these areas were an issue both day and night and the management team were not aware of them. In addition, staffing during the hours of 5.30am and 8am remained unchanged even though concerns relating to be people's needs had been raised. This was from our reports and feedback and complaints raised by relatives. Staff had not raised the issue of people calling for help during these hours and the manager was not aware of it. In addition call bells were not being used safely or effectively and the monitoring of this was not carried out. This may have resulted in a higher number of falls which had also not been analysed or acted upon to reduce reoccurrence and risk to people's safety.

People's care plans were inaccurate and record keeping was limited and this had not been identified as an issue by the service. There had been no monitoring of records by the manager since the last inspection.

The deputy manager had introduced new systems to ensure medicines were managed and stored safely. However, not all issues identified by us at our previous inspection had been resolved by the management team.

We saw that there had been an improvement in relation to the cleanliness of the building, staff training and supervision and also in relation to dignity and respect. There had been systems put in place to try and resolve other issues, however, we noted that there were areas that required further improvement. The manager told us that they acknowledged there was a long way to go but they were working towards sustainable improvements. This would include staff with specific roles in the home, such as staff supervision, sickness management and auditing but they were currently working on improving standards of care. Areas that required improvement had been discussed at staff meetings. However, we saw that these areas were not effectively monitored to ensure staff were working in accordance with the manager's instructions. For example, the accurate completion of records and monitoring of call bells.

This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff commented on how supportive and committed the manager was. Some staff commented that the manager was unfairly criticised and not supported by senior management. One staff member told us, "There has been a complete turnaround in the attitude of seniors and management now they realise how serious it is." With another stating the difference was "Like night and day." However, some relatives, professionals and staff told us that there remained a limited manager's presence in the home. We noted that on the day of inspection the manager, peripatetic manager and deputy manager were all on duty. The deputy manager with the support of the team leader was running the shift. However, during the visit in the evening, the senior staff member told us they didn't know what happened at night and let the care staff, who were more experienced, run the shift. This meant that the senior demonstrated the value of their team, however, through discussion with staff it appeared that they may have needed more structured guidance. For example, when people required personal care. Therefore, although there had been some improvements in relation to the leadership in the home, staff still required guidance to ensure they were meeting everyone's individual needs,

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The provider did not ensure peoples individually assessed needs were being met.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The provider had not ensured that there were effective systems in place to ensure the quality of the service was improved to an acceptable standard.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **People did not consistently have their nutritional needs met.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **The provider did not ensure that records held about people were accurate and up to date.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

This section is primarily information for the provider

Action we have told the provider to take

The provider did not ensure that there were sufficient numbers of staff to consistently meet people's needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The provider did not ensure the standard of the service was effectively monitored, assessed and managed to adhere to regulations.**

The enforcement action we took:
WE have issued the provider with a notice in relation to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.