The Gloucester Charities Trust

Guild House Residential Home

Inspection report

2A Denmark Road
Gloucester
Gloucestershire
GL1 3HW

Tel: 01452525098
Website: www.gloucestercharitiestrust.co.uk

Date of inspection visit:
30 December 2015
31 December 2015
04 January 2016

Date of publication:
29 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection was unannounced and took place on 30, 31 December 2015 and 04 January 2016.

Guild House provides care and support to older people, some who live with dementia. It can accommodate 35 people. At the time of the inspection 34 people were living at the service. Accommodation was provided across three floors each with its own dining room, lounge and bedrooms with personal bathrooms. A passenger lift was available to help people get to the first and second floors. People who lived with dementia were supported on the first and second floors. The home is required to have a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was registered as manager of the service with CQC in February 2015.

We carried out a comprehensive inspection of this service In October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to breaches in safeguarding, consent, recruitment and monitoring the quality of the service. We undertook this comprehensive inspection to check they had followed their plan and to confirm they now met legal requirements. This inspection found that the provider was meeting their legal requirements.

Risks to people's personal health were managed effectively as risks to them and their changing needs were recognised. Staff worked with community health professionals to maintain people's well-being. People felt safe at Guild House and had good relationships with the staff who supported them. A range of activities were available to them including trips out and outside entertainers. People spent their day as they wished and enjoyed regular visits from their relatives. They had plenty to eat and drink and any special dietary needs or requests were met. People had confidence in the staff and their skills. They felt listened to and never had to wait long for assistance.

Staff felt supported in their roles, had clear job descriptions and arrangements were in place to support the staff with new lead roles within the home. They were clear about their responsibilities to people and felt well-prepared to meet their needs. There were enough staff; they were not rushed, had time to talk with people and to meet their needs. Staff benefitted from working alongside experienced colleagues who provided them with ongoing supervision and guidance. Learning needs and staff knowledge were explored and staff were supported to gain appropriate qualifications in social care. Staff knew people's personalities, likes and dislikes and understood their changing needs. Staff cared about the people they supported and were proud of the service they provided.

The culture at Guild House was in a period of transition as staff were becoming accustomed to the significant changes in the way the service was managed. All staff upheld the provider's values. The registered persons provided clear leadership to staff; they were passionate about the quality of the care provided to people. Managers provided clear leadership to staff; they understood people's needs and knew what was going on in the home on a day to day basis. Quality assurance processes were robust and action plans were in place to improve the service. The provider was supportive and was in regular contact with managers to oversee running of the service. Community contacts were well established. Legislation and local policies and some national best practice guidance were referenced, to set and measure standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe. Improvement was needed to ensure people's medicines were managed safely.

There were enough staff to meet people's needs, although how staff were deployed needed further improvement. Recruitment practices protected people from the employment of unsuitable staff.

People were safeguarded from the risk of abuse because staff understood the systems in place to protect people. Concerns communicated by staff and were not always effectively resolved.

People were protected against risks to their health and from risks in their environment.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to an ongoing training programme and benefitted from the support of experienced staff members.

Staff applied the Mental Capacity Act 2005 to help with best interests decisions. Deprivation of liberty safeguards were applied appropriately.

People had access to a healthy diet which promoted their health and well-being, taking into account their preferences and nutritional requirements.

Personalised systems were in place to monitor people's health care needs. Links were maintained with a range of health care professionals to monitor and improve people's health and well-being.

Is the service caring?

Good

The service was caring. Staff developed positive relationships with people who used the service.

People were enabled to express their views and say what they wanted. People felt listened to and involved in making decisions

about their care.

People were treated with respect, kindness and compassion. Their dignity and privacy was maintained and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care and were consulted to gain their views about the support they received. Where people were unable to give their views about their care, their representatives were consulted. When people's needs changed their care changed to reflect this and their care records were updated.

People were helped to maintain relationships with those who mattered to them and to participate in activities they enjoyed.

People felt comfortable to raise complaints.

Is the service well-led?

Good

The service was well-led. Managers promoted an open and inclusive culture. The vision and values of the service were demonstrated by staff in their interactions with people.

The registered manager was accessible to staff, people and their representatives. They actively sought feedback to improve the quality of the service and felt supported by the provider. Staff felt supported and understood their roles and responsibilities.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and safety of the home.

Guild House 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 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.

Prior to the inspection we looked at the information we held about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC) and the Provider Information Record (PIR). A notification is information about important events which the service is required to send us by law. The PIR is requested by us and asks the provider for key information about the service, tells us what the service does well and the improvements they plan to make. We also spoke with local commissioners.

This inspection took place on 30, 31December 2015 and 04 January 2016 and was unannounced. Our inspection was carried out by one inspector. During the inspection we spoke with six people who use the service and four visitors / relatives. We also spoke with the registered manager, provider's representative, maintenance manager, the cook and a kitchen staff member, nine care staff, a volunteer and three visiting health care professionals. Not every person was able to express their views verbally. We therefore undertook a Short Observational Framework for Inspection session (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We observed staff interactions with people, their relatives and each other throughout the inspection.

We also carried out a tour of the premises, observed medicine administration, looked at six care records, five staff recruitment files and four staff performance and development records, four weeks of staff duty rotas and other records relating to the management of the home. Following the inspection we spoke with a further two external professionals to gather feedback about the care provided at the home. We requested that an external professional send us feedback about an audit they were carrying out in the home, which

they did. The day after the inspection we received information from the registered manager confirming the action they had taken in response to a concern raised by us during the inspection. During the inspection we requested dates for all staff training to be sent to us, these were received as requested.

The last inspection of Guild House Residential Home, hereafter referred to as "Guild House", was completed on 28 October 2014. At the last inspection we asked the provider to take action to make improvements to recruitment and safeguarding practices, obtaining consent in accordance with the Mental capacity Act (2005) and arrangements to monitor the quality of services. This action had been completed.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not consistently managed well. In July 2015 the provider sought advice and guidance from the Care Home Support Team (CHST) following an investigation into medicines errors at the home. The CHST is a multi-disciplinary team that provides clinical support and advice to care homes. Feedback from an external care professional during the inspection indicated areas where medicines management at the home continued to fall short of best practice, including record keeping and lack of a homely remedies policy. This was being addressed through staff supervision, training and ongoing audit by the CHST. We did not find any evidence that these shortfalls had an impact on people. Comments from people and their relatives included, "I have medicines three times a day. They don't run out, they're very good for that" and "Medicine administration is absolutely top notch".

We observed good practice in medicines management during our inspection. For example, a person living with dementia was talked step by step through using an inhaler, which they required to enable them to receive this medicine effectively. The staff member also contacted the provider's medicine supplier to ensure another person's new medicine was received that day, as they realised this medicine had not arrived as ordered. Individual protocols were in place to guide staff in the use of as required (PRN) medications. The records we checked had been completed appropriately; medicines were stored and disposed of safely. Staff responsible for administering medicines had received training and their competency had been checked. Systems in place were designed to reduce the risks to people, including colour coding, regular stock checks and audits.

Feedback about staffing levels indicated that the way staff were deployed in the home could be improved to ensure everyone had regular opportunity for meaningful activity. Two staff members felt that people on Grace Wing did not always get this opportunity. One commented, "It's not fair, they should get one to one time and I don't think they do". Another said, "There should be more one to one time and small group activities [to meet the needs of people with dementia]". A staff member explained that two staff were allocated to Grace Wing each morning. A 'float' staff member gave people's medicines, then assisted staff on Bluebell Wing before coming to Grace Wing. As a result the 'float' often did not get to Grace Wing until later in the morning. People's personal care and support needs were such that this impacted on the time available for these staff to provide activities. Another staff member said that managers and senior staff had recently started helping staff on Grace Wing; they felt it was too early to say how effective this arrangement was.

Records demonstrated that there had been sufficient staff to meet the provider's assessed staffing levels and an appropriate mix of knowledge and skills had been maintained. Staff said, "I don't feel too much under pressure or overworked, you can still spend quality time with residents", "I think a high level of care is given here. They [people] are always full of praise for the care".

People and their relatives said; "I think they cope very well", "There are a minimum of two, sometimes three [number of staff working in Grace wing]… there are always staff around. I've never known [relative] to be uncomfortable. Her needs are met", "They staff according to need", "There seem to be enough staff, they

seem to be content, not exhausted, I'd hate to see them like that" and "Very occasionally you have to wait if they are short staffed. I don't think I've ever had to wait long, it was acceptable". An external professional said, "There are always enough staff to come with me [to review person]".

People felt safe at Guild House. Comments from people and their relatives included, "The carers [staff] are marvellous, I don't know how they manage to do the job they do, they must be saints. They never have a bad attitude or are short-tempered… I've never been made to feel uncomfortable... I've never heard anything that's given me cause for concern… completely safe, when I think of what could happen and doesn't happen here", "I've never overheard any harshness" and "I've never felt unsafe". When asked if they had ever been spoken to in a way they weren't happy about one person said, "Oh, good heavens no". A relative commented, "You hear so many things about homes, I have looked out for it. I would notice the smallest thing". People's relatives told us they visited often and this was usually unannounced.

People were protected from the risk of abuse because staff had appropriate knowledge and understanding of safeguarding policies and procedures. Staff were clear about their role in safeguarding and the systems in place to protect people. This included the provider's whistleblowing processes and the external agencies involved in safeguarding people. Staff told us that all bruising to people was "recorded on a body map and handed over [to other staff]". They recognised that if a person's "behaviour changed" or they were "acting differently" this may indicate potential abuse.

All staff told us they would raise any safeguarding concerns to the registered manager. Staff knowledge of safeguarding was tested during one to one supervision, when they were asked how they would respond to different scenarios they may face. Records showed that incident forms had been completed and, where relevent, any bruising recorded. No safeguarding incidents had occurred at the home in the year prior to the inspection. During our inspection staff raised concerns to us about how people were supported overnight. These concerns had recently been raised to the registered manager by some staff, but had not been resolved prior to our intervention due to miscommunication and the timing of our visit.

Assessments to identify risks to people's health and well-being were reviewed regularly and in response to any changes. These included nutrition, falls, moving and handling and pressure areas. Care plans addressed identified risks and contained information for staff which enabled them to keep people safe. For example, assistive technology was used for one person at risk of falling. People were aware of the risks to their health, for example, two people told us they were at risk of falls. One said they fell less often since moving to Guild House and added, "I am being extremely careful. I go to fitness sessions which all helps… [staff member] talks to us about how to reduce risks". Staff demonstrated knowledge of people's changing needs.

Accidents and incidents had been analysed in a way that allowed trends to be identified. When patterns were found action was taken and outcomes were monitored. This included referral to health professionals, such as getting medicines reviewed by the GP. The health professionals we spoke with were regular visitors to the home. In response to our question about safety at Guild House they said, "This is a lovely home I must say, I would recommend it to one of my family…It's always clean and tidy and doesn't smell", "They [staff] judge it about right. They're generally good and will let me know if there are any problems", "They are consistently very good here" and there was "no cause for concern" about people's safety at Guild House.

The majority of staff had completed first aid training, including kitchen staff. Emergency procedures were understood by staff. A recent incident where there had been a five to 10 minute delay in staff calling an ambulance had been investigated and managed appropriately. This delay did not have an impact on the person concerned who subsequently expressed a wish not to be treated in hospital for any future health needs.

Risks to people from the environment were managed effectively. The home was secure and the premises were clean, well maintained and free of odour. An infection control audit was carried out monthly. External contractors completed required electrical, gas and passenger lift safety checks. Equipment was checked appropriately, including fire and hoisting equipment. Fire safety and Legionella risks assessments were in place and the provider acted to ensure these met current requirements.
People's needs in the event of an emergency evacuation were understood by staff as they attended regular fire training and drills. Fire evacuation plans for each area of the home were accessible. Each person had a personal evacuation plan so staff understood what support people would need in the event of an emergency.
Staff were safely recruited as procedures included all required checks which were completed before staff started work at Guild House.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet people's needs. People and their relatives told us they felt confident in the staff. Their comments included, "The girls [staff] that look after them [people] all seem very capable", "They are always having training sessions and they are very careful" and "I'm quite confident in them". The people we spoke with recommended the service to others.

We observed staff whilst undertaking moving and handling manoeuvres. They took care to involve people in each step of the process, so they knew what was happening. People were able to comply with instructions from staff and safety was maintained during the procedure. Staff were aware of the provider's policies and procedures and told us they felt well equipped to meet people's needs. External professionals said staff were knowledgeable, referrals to them were timely and their recommendations were implemented.

Staff were encouraged to undertake relevant qualifications in social care and arrangements were in place to support staff undertaking the Care Certificate. This lays down a framework of training and support which new care staff can receive. The aim is that new care staff will be able to deliver safe and effective care to a recognised standard once completed. New staff members completed an induction programme where they worked alongside an experienced staff member. Individual performance, competency and further learning needs were assessed within the probationary period. For example, a new staff member completing their Diploma in social care had been asked to assess their learning against the Care Certificate. They had completed an induction workbook and described their colleagues as "...welcoming, friendly and happy to help".

All staff were supervised by their senior colleagues who regularly worked with them to provide support and guidance. Poor staff performance was identified through observation of individual staff practice and addressed through regular supervision. When indicated, appropriate disciplinary action was taken. Staff with supervisory roles told us they received appropriate guidance and support from the management team in handling any staff performance issues. A senior member of staff said, "New staff are on probation… They will be moved on [asked to leave] if it's not working. She's [registered manager] been really good with that". Feedback about each staff member's performance was sought from people and the staff team and was discussed during their one to one supervision. Supervision was also used to check staff's knowledge and identify learning needs. A staff member said, "Staff are happier since they've had more supervision. When things are worrying them they are looked at".

Identified staff members took lead roles in dementia, infection control, continence, medicines and health and safety within the home. Staff leads attended meetings outside the organisation so best practice could be brought back to Guild House, for example in dementia care and providing meaningful activities. Three staff members had completed additional specialist training as Dementia Link Workers for the service. This course this course helps staff to promote evidence based dementia care. Staff used handover sheets to record significant changes or requests each shift. The verbal handover took into account when staff had last been on shift to ensure staff were informed of changes in people's needs.

Consent was sought before care and treatment was given and people were involved in making decisions about their care. Staff checked with people before entering their rooms, before carrying out care and answered people's questions about their medicines while assisting them with these.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so.

DoLS authorisation requests had been submitted appropriately for people at the home. Two requests had been granted and five further requests had been submitted. Care plans included the least restrictive options required to keep people safe and were in line with the authorisations and applications made. Capacity assessments were completed when people were unable to consent to care: For example, to support covert administration of medicine. Relatives told us they had been consulted in best interests' decisions on their relative's behalf. Relatives had signed care plans to indicate their involvement in planning care.

People were supported to get enough to eat and drink and to maintain good nutrition. People enjoyed the food provided, there was plenty of it and they were able to eat at the time and place it suited them. Comments included, "You don't get hungry in here, and it seems like you're eating all the time", "The food is good, sometimes better than others but on the whole I've no complaints. It's good quality… there's plenty of it" and "I can join in…go into the lounge if I want. I'm quite happy as I am". Relatives said, "They really don't know what a small portion is" and "[Relative] doesn't like fortified drinks. They always ask what she'd like, they cook scrambled egg for her and then she doesn't eat it… They are very much on top of what she likes". This person's intake was being monitored by staff to ensure they received a sufficient amount. Food and drinks were available to people at any time of the day or night.

Staff assisted people to eat in an unhurried and gentle manner, checking what they wanted and if they were enjoying their food. A person we observed clearly enjoyed this experience and their meal, commenting to the staff member, "It's lovely". Alternatives were provided by staff when people did not want the options on the menu.
The chef understood people's dietary needs and restrictions and had up to date information about people's needs and preferences. This was informed by nutritional risk assessments, intake and weight monitoring where indicated. The home's kitchen was inspected in July 2015 and was awarded the highest [5 star] hygiene rating. Fresh meat and vegetables were delivered to the kitchen and food was freshly prepared on site. Feedback from people was used when planning menus and a good variety of quality foods were offered. For example, roast beef was served for lunch.

People received timely support to access healthcare services and maintain their well-being. Comments included, "The doctor has been due to me being unsteady. I've got a mobility aid now", "The doctor called a couple of weeks ago to say they had reviewed [relative's] tablets" and "They called the doctor out to see [relative], I was very pleased with that. They 'phoned me and told me what was happening". This person had

confidence in the staff as they had responded quickly and appropriately to their relative's changing health needs.

External health professionals said staff were knowledgeable. They told us their recommendations were implemented quickly and referrals to them were appropriate and prompt. People identified as being at high risk of pressure sores rarely developed them. One said, "If they [staff] think there's a problem they always ring". Staff worked with external professionals, including the mental health nursing team, when planning and evaluating more complex care.

The home was accessible, well maintained and decorated to a good standard. Signage and pictures were used on doors to help guide people to the facilities and to their own rooms. A staff member told us some memorabilia items were due to be replaced on Grace Wing (for people who lived with dementia) as these had recently been removed during decorating. People living here did not have access to the outdoors without staff assistance, so a garden room had been created for their use.

Improvements were planned to paving and seating in the main garden which had walkways, a greenhouse and a number of seating areas. A room was being decorated for a person to move into, in the colours advised by their family. People were able to bring in their personal items and own furniture as they wished to make them feel at home. One person said, "It's nice and comfy, you can feel happy here with all your bits and pieces" and a relative said, "I love the layout, it's homely".

Good

Is the service caring?

Our findings

People had positive relationships with staff. Comments included, "Absolutely wonderful, we know most of the carers [staff] by name… they have got to know [relative] really well. They are always very amenable", "They [staff] have built up a relationship. [Relative] has got to know them and recognise them", "They are so very pleasant and nice" and "As far as I can see all the staff have a real wish to care, not just please, but really care for the residents… They are an extraordinarily caring bunch of people".

Staff were proud of the care they provided and valued the positive feedback people gave them. Their comments included, "A high level of care is given here. They [people] are always full of praise for the care", "All in all I can't fault the place", "I'm happy that every single one of the residents is getting good quality care" and "We are all good carers, we don't shirk". We saw that people were comfortable to tell staff what they wanted and confident this would be respected.

Staff checked that people had what they needed within reach and offered alternatives. People were supported to spend their day where and how they preferred. People told us they had been involved in making decisions about their care, they felt listened to and that their opinion mattered.

People's support plans described their cultural or spiritual needs and how they wished these to be met. Some staff members expressed concern that people did not always get as much one to one time as they would have liked to give them. They expected to be able to meet more than people's physical care needs, in line with provider's 'Whole Home' approach. This approach encouraged all staff to use their time effectively to include meaningful interactions with people. A staff member said, "You can have a chat and a cup of tea [with people], it's not just tasks".

External professionals said, "Staff know people well and they know the family, where they are from and their past. They are always very private, they knock before they come in [to person's room]… very polite, respectful especially on the top floor [Grace Wing]. Listening to the rapport they have with one lady, it's lovely… They [staff] are always so nice, every one of them. It's a lovely home", "Staff are always very caring and responsive to residents… they seem to have good relationships with residents… they take some time to get to know them" and "They are respectful of residents dignity, there's always familiarity [between staff and people], nothing is forced".

Information about the home and services provided by external agencies was available to people in reception. This included advocacy services, information about safeguarding and how to make a complaint. The provider's newsletter 'Charity Chat' updated people on events across the provider's services and gave dates planned for lunch club, shopping and day trips. Activity timetables included pictures to aid understanding for people who lived with dementia. People told us they had been involved in planning their care, they were encouraged to maintain independence and felt in control. One person said, "I feel in control, so far as you can be in control of any organisation. I make decisions; it's no good asking for impossible things". People's support plans reflected what they told us about their support needs and the care we observed.

People's privacy and dignity was respected and promoted and staff supported them to maintain their independence. One person said, "It's difficult to find out what's going on [with other people], they're confidential. They don't tell you anything you don't need to know". Other comments included, "They [staff] wouldn't come in without knocking, this is my space…they don't interfere with things", "They [staff] are all respectful and take note of what you say". Staff gave us examples of how they respected people's privacy and dignity when providing care and support. This was confirmed by our conversations with people, their relatives and visiting professionals. A relative said, "Staff couldn't be more vigilant, kind and attentive… They are very respectful". When people declined assistance this was respected and alternatives were offered. Care records were held securely so that only appropriate people could access people's confidential information.

Staff treated people with dignity and consideration. For example, we observed a staff member discreetly and kindly providing support to a person who was unaware they had been incontinent. They asked the person privately if they would like to use the toilet, which the person declined. The staff member gave them a big smile and held their hand while asking, "Will you go for me?" The person responded warmly to this approach, smiling and agreeing. They and the staff member then chatted animatedly about the person's day while the staff member guided them. The person's dignity was maintained and the staff member's approach had spared the person from any confusion or distress. A staff member said, "The residents' needs come first. It's their home… they should be respected at all times and things done to improve their lives".

People's wishes for the end of their life had been discussed with them and recorded where people felt ready to talk about this. Some people had Do Not Resuscitate orders in place following appropriate discussions with them or their representatives. These remained subject to six monthly reviews which enabled people to change their mind.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive. Assessments had been carried out prior to admission to ensure that people's needs could be met. Information from people, their relatives and health professionals was included and people's wishes and preferences were noted. 'My life' documents were completed after admission to inform staff about people's backgrounds and what was important to them. Care plans were updated to reflect this information and any changes in people's needs. People told us that they were asked about their wishes and staff accommodated these. Comments from people included: "I have an elaborate care plan… They [staff] know me too well, they are very understanding", "If you ask them [staff] they will do anything for you, they're very kind, they always check what you want" and "It doesn't matter what I ask really, no matter how silly or funny, they are happy to help".

Care plans were person-centred, with detail about people's routines and preferences and information about any equipment in use and how it was used. However, details were missing in some night time care plans, including how frequently people needed to be assisted to change position and be checked at night. The provider had commissioned an external service to rewrite all care plans as part of implementing a different care records system, across their care homes. The external service was employed as the change created a high volume of additional work, which was completed the week before our inspection. Since completion, staff had begun working through the new care plans with people, to ensure they were complete and accurate. This was confirmed by a relative who said, "[registered manager's] been going through all the individual care procedures. We did it all together, the three of us, the other day". The day after our inspection the registered manager sent us evidence to show that the missing details had been added to people's night care plans and shared with staff.

People had signed their care plans to indicate they agreed with them. When people did not have capacity to do this, their relatives signed to say they had been consulted and agreed with the care proposed. A relative we spoke with was uncertain about aspects of their relative's care. For example, whether staff arranged appointments for people, and if they enabled their relative to maintain their mobility. They had not raised these questions to staff and said "I don't like to be seen to be complaining". The registered manager told us that managing external appointments was discussed at pre-admission assessment. This information was also clearly communicated in the service user guide. Another relative told us a staff member had been through care plans with them and they had been involved in care reviews. They said, "I don't remember many discussions [about care] but explanations are given if I question the plan". In response to this feedback the registered manager planned to introduce a formal six monthly care review, which relatives would be invited to attend.

People were supported and encouraged to maintain relationships with their friends and family. Comments included, "They allow you to have friends and family to come in. I wasn't here much for Christmas; I went home to visit family". Personal telephone lines were available for people's individual use in their rooms and the home's Wi-Fi internet connection was available to people using mobile internet devices. One person said, "I can call up my children at any time… I can get access to the outside world and intellectual stimulation". There were no restrictions on visiting and people could invite their friends and family to Guild

House to join them for a meal or go out with them. A relative said, "I have joined them [relative] at quite a few meals. Staff are so good to me as well. It's quite the best home compared to others I've visited". People's friends and families visited often and told us they felt welcomed by staff.

Another person's relative told us about a large family gathering they had arranged at Guild House. The event was catered for by the home's kitchen staff, as requested by the family, and a large room was made available to them. The family asked staff to ensure that the person "take it easy" the day before the party and "get up later on the day so they would be awake", as their health was declining. Staff supported these requests and this was greatly appreciated by the family: They said, "You couldn't pay for the experience of having grandchildren and great grandchildren around… It was a lovely time, very special".

People's religious and spiritual needs were met. The chef informed us of people's religious dietary restrictions and how they gathered people's views about the food provided. Comments from people included, "I'm a Methodist. We have a meeting in the week. We're perfectly free in our views and happy"; "I belong to a luncheon club held at the village hall. It's run by the church" and "The Pastor's a high churchman, we had communion on Monday".

Feedback about the quality of activities available to people was mixed. People were routinely asked about their interests and what activities they enjoyed, through questionnaires and in resident meetings. Trips out were arranged each week, these and bingo were especially popular. Daily newspapers and magazines were available to order. Staff told us about the 'resident of the day' programme. This involved all staff focussing on that person's needs, and wishes, including doing a one to one activity of the person's choice. The chef also spoke with the resident of the day to get individual feedback. In line with the providers 'Whole Home approach' staff were expected to be able to facilitate meaningful and stimulating activity for people. A staff member said, "It's much more clear to staff what's expected of them than previously".

During our inspection people on Grace Wing were involved in activities including puzzles and singing in the afternoons. A staff member responsible for activities told us they gave one to one time to people in their rooms, if they preferred not to join in group activities. For example, they had worked with four people individually on Wednesday of the previous week. We heard a person playing mandolin on Bluebell Wing while a staff member made their bed and asked them about their hobby. Another person told us an old friend lived in the home; we saw they visited them before retiring for the night.

The activity plan for the week was available to people to allow them to choose what group activities they wanted to participate in. We observed part of a Chi Gong session, which was followed by a quiz that morning. Four people attended this session, accompanied by a staff member, where they followed an instructor on a DVD. One of the participants said, "I'm one of the few that go regularly… On Monday's we play scrabble. I go along to show willing. I'm not a person who needs entertaining". We observed that people were following the DVD instructor without prompting and the staff member presence was not needed. The registered manager agreed that their time would be better spent providing activities to other people at this time and this would be addressed.

The registered manager and provider's representative informed us that they expected some residents to have more one to one time. They had recently removed a concessionary staff morning break, until this was achieved. A senior staff member told us, "People [staff] were abusing the 10 minute break". A relative said, "They [staff] have a lovely way of talking. They are often sitting amongst them [people] just chatting away". For their relative this was an activity, they said "She always liked chatting… she didn't join in [activities] she was an organiser… The radio's usually on quietly, she always did this at home". Staff told us that "Mind Song" had been very well received by people on Grace Wing. This Gloucestershire based charity provides

music based therapy to people with mid to late stage dementia in care homes. Further visits from them were planned. An external health professional said about the home, "They have entertainment a lot".

People were comfortable in expressing their opinions and told us they would be happy to speak with the registered manager if they had any concerns or complaints. Comments included, "I don't make a lot of fuss about things. We don't all expect the same. If I've made a request they've taken notice of it… any concerns would get resolved, no problem there", "[Relative] has never had anything negative to say… I would be happy to speak to them [managers] and confident they would sort out any issues". They told us they had been invited to the resident and relative meetings but had not attended. Other relatives said about these meetings, "We get updates of any changes… It gives us the chance to ask questions. We haven't had any issues… They are open to any suggestions…. We now have different email contacts to speak to staff about different questions. It's a helpful two-way meeting" and "At the last meeting [registered manager] was particularly good at explaining why something hadn't been done... She was tactful and did it beautifully".

Comments and suggestions boxes were fitted in the home to enable anyone, including staff, to raise concerns or complaints. Seven complaints were received in the year before our inspection. A log was maintained and action taken by the registered manager in response to these had been recorded. For example, the process for communicating messages was changed when a person was out when their relative arrived, despite them calling ahead of their long journey. Improvements to the garden were planned following a complaint about its maintenance. One complaint had not been resolved as the complainant had not responded to the provider's representative's request for further information. They told us they would write to the complainant again to say they would close the matter if the information could not be provided.

An annual survey had been carried out and a draft report on the feedback had gone to the provider's board of directors [trustees] before being shared with staff at the home. The provider's representative said "the less than satisfactory areas" in this report would be addressed.

Good

Is the service well-led?

Our findings

The home had made significant improvements since our last inspection in October 2014. During this time a new manager had been recruited and became registered manager for the home with CQC in February 2015. They recognised the challenges the home faced at the time and were aware of the shortfalls in the quality of service being provided. With support from the provider's representative they had focussed on staff supervision and appraisal, addressing regulatory breaches and building relationships with staff and the management team.

The culture of the home was still in transition at this inspection. Regular meetings had been held with staff to ensure they knew what was expected of them. The registered manager said, "It was clear that care was being done but evidencing of care was not". This was addressed in a staff meeting in November 2015 where additional checks and routine care plan audits were introduced. The biggest challenge for the registered manager continued to be getting staff on board with completing paperwork. Since introducing these measures, shortfalls in care planning were routinely addressed with individual staff members and new processes had been formalised. For example, staff were now signing changes to care plans and the communication book alerted staff to these changes, which they read and signed off.

Feedback from staff about how the service was run was varied and reflected the impact the scale of changes in management of the home and the cultural change in progress. Some of the negative responses we heard were echoed in the provider's staff survey, completed in February 2015. Not all staff were happy and three said they didn't speak out. Staff comment included, "Communication could be better", "There have been lots of changes, we needed it but they've taken it out on the staff a bit", "I feel there is a lot of criticism rather than being praised". Other staff were positive about the changes and said, "We have regular staff meetings, we air our views", "Sometimes the culture in the past has been more around the staff. Now it's more around looking after people's social needs and paperwork", "It lacked leadership before", and "I think they [staff] are getting better at raising concerns as they get to know [registered manager]".

After a whistleblower contacted CQC to raise concerns in November 2015, action was taken by the provider to encourage staff to raise issues with them if they felt unable to speak with the home's management team. The provider's whistleblowing policies and procedures were re-issued to staff at all of the provider's services and a staff representative had been identified. A staff member said, "You can go to the staff representative if you have any issues with the managers". They gave us an example of when they had done this and said, "It was dealt with in confidence… an apology was given… Our working relationship has been fine since". A grey box had also been fitted in Guild House for staff, people or visitors to raise any concerns or comments. This allowed people to raise concerns anonymously if they wished.

People and their relatives knew who the registered manager was. They felt able to approach them or other staff members with any concerns and were confident these would be addressed. Comments included, "She's [registered manager] very efficient, very sympathetic, I can talk to her about anything I need to… It would get resolved, no problem there", "I think we are alright with [registered manager] she's very good", "All of them are always ready to talk and listen. They seem to make a note of everything…"

The care provided to people was consistent and of a good quality as the service was routinely monitored. Managers listened to and observed staff while they were working with people. A staff member said, "They [managers] do 'walk arounds' and overhear staff talking". Not all staff understood why this was good practice. One said, "Someone circulating makes you feel uncomfortable". A manager also routinely sat in on staff handover meetings. We observed a manager advising and clarifying matters with staff, to oversee smooth running of the service and that people's needs were being met effectively. This contact provided a regular opportunity for communication and feedback between staff and the management team and oversight of the care provided to people each day.

All staff were happy with the support given to them to perform their role and felt they could go to one or more of the home's management team with any issues. One said, "We probably are better supported… paperwork's improved. I feel better about the managers than I did. They're more approachable… [Member of management team] couldn't support us before as she was always busy" and "We are working a lot better as a management team… now forward thinking and striving to get things moving… It's an open culture" and "I think we all work together well as a team, I can give feedback to improve care without people [staff] taking it the wrong way".

Feedback was routinely sought from people and their relatives and the results of the annual survey were with the provider's board of trustees. People told us they felt listened to by the registered manager and the provider. Comments included, "I don't see her [responsible individual] often but she comes along to resident's meetings" "[registered manager] comes along and talks to us… I feel that she takes a great deal of care of what's going on and I don't think they [staff] waste time. She's quite strict I think". Information was available to everyone in reception, for example on how to make a complaint, safeguarding procedures, DoLS, the support available from external organisations such as the Alzheimer's Society and the last CQC inspection report.

Policies and procedures referenced some relevant national guidelines and countywide policies. This included current legislation and publications from CQC and NICE. Information about actual and near miss events was reflected upon and learning was shared with staff. Links with external agencies and health professionals were maintained. A quality assurance audit programme was in place and continued to be developed to monitor the quality of the service. This involved audits by staff leads, for example, in medicines, continence and health and safety practices. The registered manager had notified CQC of important events affecting people using the service as required.

The audits completed and action taken was included in the registered manager's weekly report to the provider. This report included all significant events including notifiable incidents, hospital admissions and complaints and allowed the provider to maintain oversight of the service. The monthly 'Trustee Audit' was designed around the five domains inspected by the CQC. The feedback from these visits was monitored by the provider's representative and the responses by them demonstrated appropriate knowledge of legal requirements.

The registered manager attended the provider level meetings to represent the home and felt well supported by the provider. They said, "She's [provider's representative] always been there to provide support and guidance. The Trustees are also supportive during their visits". There were staff incentive arrangements in place and the provider's 'reward and recognition scheme' also rewarded staff who went "above and beyond their job description".

Staff worked in accordance with the provider's philosophy of care. This included, 'working with each individual in a person centred way' and "residents are treated with dignity and respect, have choices but

above all, feel safe. Any visitor to Guild House would receive a warm and hospitable welcome". Staff worked at a pace that suited people and knew about their backgrounds, wishes and needs. A relative said, "I think they understand how people have been brought up and what kind of life they've lived. It has a family type feel. I've never had any cause for concern". They described their relationship with a staff member, "We always have a great hug… Without hesitation I would come here". A staff member said, "Residents needs come first. It's their home, their needs, they should be respected at all times and things done to improve their lives".

People felt the staff knew them well; they and their relatives spoke well of the service. Comments included, "The place itself is excellent. They do all they possibly can", "They sort out anything quickly... I can't think of anything I'd change", "I couldn't fault the care… They are open about incidents. Very caring and aware of how fragile [relative] is… We are grateful for this place, there are never any smells, it's always beautifully clean", "This establishment has an exceedingly good reputation", "I made the right decision I am very happy here… If I wanted any better than this I really wouldn't be fair to them as I wouldn't be getting any better at home".

External professionals were positive about the care provided at the home but two felt some areas could be improved upon. For example, they said, "Communication is not always the best", as referrals had recently been made to them for two people who already had an appointment. Additionally, they felt staff did not always apply professional advice to people who developed similar problems to those they had previously assisted with. Other comments included, "I've no concerns, this is one of the better run homes in the area", "It's a very good home, if they are told something is wrong they try to address it... They don't want to get things wrong. They have the residents at the heart of what they do". The registered manager was passionate about developing the home and said, "There is still a vast amount to do".