# Weston-super-Mare Free Church Housing Association Limited

# Gough House

**Inspection report**

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires improvement** |
| Is the service safe? | **Good** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

This inspection was unannounced and took place on 15 and 16 October 2015. Gough House is a care home that provides accommodation for up to 16 older people. On the day of our inspection there were 14 people using the service. One person was in hospital during our inspection.

There is 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 people's rights were not fully protected as the registered manager had not followed correct procedures where people lacked capacity to make decisions for themselves. Deprivation of Liberty Safeguards (DoLS)

# Summary of findings

applications had not been made to the local authority where people lacked capacity and were subject to continuous supervision and lacked the option to leave the home without staff supervision.

People told us that they felt safe living at Gough House and we saw that the premises were being maintained in a safe condition. We found that people were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage issues of a safeguarding nature. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Staff confirmed that they received induction training when they were new in post and told us that they were happy with the quality of training provided for them. One staff told us, "I am doing my NVQ and this will help me progress in my job with the skills I need." The training matrix evidenced that staff had completed the majority of training that was considered to be essential by the home.

Staff had been employed following the home's recruitment and selection policies. This ensured that only people considered suitable to work with older people had been employed. We saw that there were sufficient numbers of staff on duty to meet people's individual needs.

Staff that had responsibility for the administration of medication had completed appropriate training. Medicines were administered safely by staff and the arrangements for ordering, storage and recording were robust.

People's nutritional needs had been assessed and people told us that their special diets were catered for, and that they were happy with the meals provided at the home. We saw there was a choice available at each mealtime, and that people had been consulted about the choices available on the home's menu.

People told us that staff were caring and this was supported by the relatives and health care professionals who we spoke with.

There were systems in place to seek feedback from people who lived at the home, relatives and staff. There had been no formal complaints made to the home during the previous twelve months but there were systems in place to manage complaints if they were received.

People who lived at the home, relatives and staff told us that the home was well managed. The registered manager and senior management had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines. We found the audits were not always effective at identifying shortfalls in the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this 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?**

Good

The service was safe.

People told us they felt safe at the home and safe with the staff who supported them.

We saw enough staff on duty to meet people's needs.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely.

**Is the service effective?**

Requires improvement

The service was not always effective.

People were not having their mental capacity assessed to see what decisions they were able to make about their care and welfare.

The registered manager had an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards (DoLS). However the appropriate DoLS applications were not in place.

Staff had the appropriate training and skills to meet people's needs. They also received regular supervision to support them in their individual roles.

People received adequate nutrition and hydration and people were complimentary about the food.

People's health care needs were met and people received regular visits from health care professionals.

**Is the service caring?**

Good

The service was caring.

People spoke highly of the staff and told us they were supported with respect and kindness

Staff understood the importance of respecting people's privacy and dignity.

We saw evidence that people were offered choices and consulted about decisions made in the home.

**Is the service responsive?**

Good

The service was responsive.

People had access to activities which met their individual preferences.

People felt able to tell staff if there was something they were not happy with.

There was a person centred approach to care planning and delivery.

# Summary of findings

**Is the service well-led?**

Not all elements of the service were well-led.

There were regular audits in place. We found the audits were not always effective at identifying shortfalls.

The registered manager had an action plan for improvements required to improve the quality of the service.

People and their relatives told us the service was well led and they had faith in the registered manager.

Staff told us the registered manager was supportive and they could approach them with any concerns and action would be taken.

**Requires improvement**

# Gough House

**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.

This inspection took place on 15 and 16 October 2015 and was unannounced. It was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit. We also reviewed information we had about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

We spoke with six of the 13 people living at the home and four relatives who were visiting on the day of the inspection. We also spoke with five care staff, the chef, the registered manager and one health professional. We observed interactions between staff and people using the service to see if the way that staff communicated and supported people had a positive effect on their well-being. We looked at four people's care plans and other documents relating to people's care including risk assessments and medicines records and six staff files. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits and surveys. Following the inspection we spoke to 4 other professionals and the local authority contracts and compliance officer.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and had no concerns about how they were being supported at the home. One person told us, "I'm treated very nice and do not feel neglected." Another person we spoke with commented, "Staff are first class." We observed staff interacting with people in a kind and supportive way.

Staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

The care plans we reviewed contained individualised risk assessments including risks around people's mobility and people's emotional well-being. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions. For example, where someone had been identified as being at risk from falls, the registered manager had made sure they had been assessed by the falls team and had been provided with equipment. The risk assessment also reminded staff that the person must be assisted to stand.

We saw that people's risk assessments had been discussed with them if possible, dependent on the capacity and choice of the person, and were being reviewed on a regular basis by the registered manager. We saw that changes had been made to people's risk assessment where required. The registered manager told us they would complete a new risk assessment for each new activity and take the necessary action to reduce any identified risk.

We inspected six care worker recruitment files and saw completed application forms. People had two references recorded and checks had been done using the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective care worker members are not barred from working with vulnerable people, in order to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service, their relatives and staff we spoke with didn't report any concerns about staffing levels. Relatives commented that staff were busy but they did not have concerns about the safety of their relatives. One relative told us, "There is always someone around." Other comments about staffing levels from people using the service included, "Staff are really busy and it is hard for them. They will help you when you need the help" and "I think they have enough staff here to care for people."

We saw that staff had time to be with people and to sit and chat together with them. The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed more support. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was regularly reviewed by the registered manager.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and had been reviewed by the registered manager yearly in line with the providers' policy. This included fire risk assessments for the home and the provider had made plans for foreseeable emergencies including fire evacuation plans for each person.

People we spoke with said they were happy with the way their medicines were managed at the home. A person using the service told us, "Staff give medication properly." People's medicines were administered by staff that had their competency assessed by the provider on an annual basis to make sure their practice was safe.

We observed that there were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration; they were stored at the correct temperature. The home used a blister pack system with printed medication administration records. The current registered manager told us that they had found that this system was an effective way of reducing medication errors and so keeping people safe. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. The manager had reviewed the system for auditing

Good

# Is the service safe?

medicines which took place weekly and included a monthly report. Any issues or errors were being identified and the registered manager was taking action to reduce the likelihood of repeat errors.

Requires improvement

# Is the service effective?

## Our findings

People's rights were not fully protected because the correct procedures were not being followed where people lacked capacity to make decisions for themselves. We found that where care plans included information stating that a person 'does not have capacity' there were no mental capacity assessments completed for specific decisions about their care .The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the changes in DoLS practices and had policies and procedures regarding the Mental Capacity Act (MCA) 2005 and DoLS, however both they and the regional manager had not followed the providers' guidance and policies for completing the assessments, the subsequent Best Interests decisions and DoLs applications. Where people lacked capacity to make some decisions MCA assessments had not always been completed.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

We saw in two care plans that a diagnosis had been made that people had short term memory loss and Alzheimer's Disease. However we observed that neither care plan contained a mental capacity assessment or that a best interest meeting had taken place with families and care professionals. These were required as people had their freedom restricted as people were unable to leave the home without a member of staff unlocking the main or side doors using a keypad or fob. We spoke to the current registered manager and the regional manager about this and they confirmed that MCA assessments had not been completed by the previous registered manager on any of the people who lived in the home except one which was completed by the current registered manager. The regional manager had not identified these were missing . They assured us that these would be completed as soon as possible.

This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

However, we did see one example of when the new registered manager had requested the local authority to undertake a DoLS assessment to ensure appropriate arrangements were in place to provide support for this person.

People were supported by staff with the appropriate skills and training to meet their needs. We observed that on commencing employment all staff underwent an induction period. Staff records we reviewed showed this process was structured around allowing staff to familiarise themselves with the service's policies, protocols and working practices. Staff told us that they 'shadowed' more experienced staff until such time as they were confident and competent to work alone. The staff we spoke with felt they were working in a safe environment during this time and were well supported.

Staff were able to access training in subjects relevant to the care needs of people they were supporting. The provider set yearly mandatory training which included first aid, infection control, food hygiene, moving and handling, fire safety awareness, safeguarding adults. Two staff we spoke with were in the process of becoming dementia champions and were completing the care of people with dementia training. However, only three staff had completed the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS). We saw the rest of the staff team were booked in to complete this training the following month. Training was provided in a variety of sources. For example through external providers, in-house delivery or the local authority. Staff were satisfied with the training opportunities on offer. One staff member said "It's good that the training focuses on the kind of things that affect people." Another staff member told us "There is plenty of training. If it's useful then the new manager will look at providing it."

Staff received regular supervision from the registered manager. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. Supervision sessions had been undertaken and planned with staff in line with the provider's policy. We also noted yearly staff appraisals for staff had been undertaken or planned. Appraisals are meetings with the manager to reflect on a person's work and learning needs in order to improve their performance. Staff were happy with this

Requires improvement

# Is the service effective?

process and felt able to discuss issues important to them in and open and constructive setting. One staff member told us "I would say what I mean no matter what. I know I'll be listened to and if something is wrong it will be put right".

People told us they liked the food. One person said "The food is very good and I can have what I want." Another person said "The food is home cooked and delicious." We were told by the chef and residents confirmed that if anyone did not like the choice of meals offered it was possible to have another option. People told us, "We tell the chef what we like and what we don't like and they make sure they only cook things we like". We saw the food offered was wholesome, appetising and well presented. Drinks and snacks were available throughout the day and we saw staff regularly offered people these.

We observed lunch being served during our visit. This was a relaxed sociable experience for people. There was a good atmosphere in the dining room with people interacting with each other. One person said "Mealtimes are a happy experience and I look forward to going to lunch and supper." Tables were nicely laid with table cloths, crockery and condiments. A selection of fruit juice was also available for people. We saw staff provided help and support for people who required assistance to eat.

Some people were at risk of losing weight and as a result there were Malnutrition Universal Screening Tools (MUST) in place so that the risk to people could be managed. People's weight was monitored regularly and the results recorded so that appropriate action could be taken should people lose weight. A care plan for example, a referral had been made via the GP to the speech and language therapist for further guidance.

People's healthcare needs were being met. People were registered with various local GP's who visited the service when required to do so. One person said "I was so glad I was able to keep my own GP as they know me so well." Relatives said the health care and support their family members received was good. Relatives said they were always kept updated following a visit from the doctor and informed of any change to treatment. The district nurses visited to oversee people's clinical needs. During the inspection the nurse arrived to give people eligible the flu vaccination.

The health care professionals we spoke with had no concerns regarding the standard of care being provided in the home. People told us and care records confirmed, that they had regular access to chiropody, dental care and eye care and people could either access this in the community or home visits were arranged.

Good

# Is the service caring?

## Our findings

People told us they felt well cared for and were happy living at the home. When we asked about the care staff people used positive language such as "Good", "Always helpful," and "Lovely" to describe them. We observed staff interacting with people and found they had a good rapport and engaged in meaningful and respectful conversation. Staff were kind, patient and caring in their approach and tone. They did not rush and we observed staff stopping to socialise with people, showing a genuine interest in what they had to say. One staff member told us, "I want to look after people the way I would want to be looked after."

We observed staff helping people move about the home. They were calm and focused on the person, ensuring that equipment such as walking frames and chair lifts were used correctly.

We found that routines in the home were flexible. We observed people being asked about their medication during lunch. One person was asked if they wanted to have their medication or if they would rather wait. When the person said that they would prefer to receive it after lunch this was respected. People were able to get up and go to bed as they wished, and we saw the current registered manager had responded to some people's preference to rise early by altering the staffing rota to ensure there were sufficient staff to support people at this time of day.

People told us they were free to have visitors at any time of the day and we observed relatives and friends being greeted warmly by the registered manager and staff.

The majority of people we spoke with all felt they received appropriate care. We observed staff regularly asking people if they needed anything and offering choices. The care records we reviewed showed evidence of people's involvement in review of these. For example, in one person's record we saw the person had been able to provide yes or no answers to questions and we saw a close relative had also been consulted.

Staff we spoke with understood the importance of respecting people's dignity and privacy. One member of staff we spoke with told us, "I always make sure I am discreet and offer the person choices about when and where they receive personal care." We observed staff using people's preferred names and knocking on people's doors before entering their bedrooms. Staff were also able to tell us about the importance of maintaining the independence of people who lived at the home. They described the way they did this by listening to people, offering encouragement and being aware of people's needs and preferences.

People told us they were supported in their religious beliefs. One person told us they were able to attend a local church service and one staff said, "[Name and name] are catholic, it's very important to them. The Priest comes to visit regularly."

People looked well cared for and were clean and tidy in their appearance. Staff we spoke with were able to tell us about the needs of the people living at the home and said they were fully updated about each person during a handover by the senior carer on duty at the start of their shift to ensure this knowledge was always up to date.

We saw that people had been able to personalise their rooms. Two people who shared a room, told us that before they moved in the registered manager had, "Made sure that we had new beds, a new carpet, freshly painted the room and given us two lovely bedside lamps".

The provider had signed up to a local health initiative, 'The Residential Home Support Team.' This project provides support to care homes to reduce the number of '111' and '999' calls the homes make by teaching staff to recognise and deal with simple health issues, such as measuring blood sugars in people with diabetes, so that staff could act appropriately if peoples sugar levels were either too high or too low as quickly and effectively as possible. We spoke to one of the health professionals involved in the project and she confirmed that the provider and registered manager were working with her.

Good

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

In the lounge area of the home there was a reminiscence display with dozens of objects including pictures, newspapers and dolls. People had access to these whenever they wanted to. Staff told us that people enjoyed looking at the old newspapers and telling them about events they could remember. Some people told us they liked the 'cluttered' appearance of the home. One person said, "I think this home has a lovely, homely feel. I really like it." Another person said "This is like a home from home for me." One relative said "My mum's house was just like this, full of stuff, so I think it's great that this home looks like a proper home and not a clinical care home."

The provider had a mini bus that was shared between their three homes and the day before the inspection some people had been to visit a local attraction. People's relatives had also been invited. We spoke with one of the relatives and they told us, "[Name] really enjoyed it, and I was really happy with the care staff gave. I think they go above and beyond". We found that a variety of leisure opportunities were provided for people to enjoy as they chose.

Some people sat in the lounge, and we saw that they were colouring in adult colouring books. They appeared content and happy doing this. We asked staff if this was the case and were told that they really enjoyed doing this activity together. People told us there were some activities they could join in most days. One person said, "I like it when we get entertainers in. I like a good sing song." Another person said "We get to play some games, and sometimes we just sit and think." Another person told us they enjoyed going outside in warm weather. One relative told us there were a number of activities on offer during the week, including games, crafts, entertainers, sing-songs and church services. We spoke with some people who preferred to spend their time during the day in their bedrooms. One person said, "I like to watch my own TV programmes, so I prefer to stop in here." Another person told us they liked to go out with their relatives.

We saw and heard staff asking people for their choices and preferences. For example, asking people what they would like to drink, if they would like to sit outside or if they would like to join in activities. Before people came to live at the home an assessment of their needs had been completed. This helped ensure the service would be able to meet the needs of the individual.

The care plans had been developed using a person centred approach. This meant that the person, their needs, abilities and choices had all been considered so that staff knew how to provide the support the needed in the way they preferred. Reviews of care plans were made by the registered manager to make sure that the information was current and reflected the person's changing needs. Some people we spoke with told us they did not know much about their care plans, but were confident the care staff and their relatives knew more and chose not to be more involved. Relatives we spoke with told us they were involved in care planning and felt able to approach care staff about any issues they had. For example one relative told us they had been involved in the DoLS process for their family member and felt fully informed about this.

People told us they had choices about what they ate, when they got up, when they went to bed and where they spent their time during the day. One person said, "I like an early night and I can go to bed early if I like. The carers always say, "It's up to you" so I go to bed when I get tired." Another person said "I get plenty of freedom here to do what I want."

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint. People and their relatives told us that they were happy with the complaints procedures. One person said, "I have no complaints but if I did I know I could just tell the registered manager."

People were invited to regular meetings to discuss ways of improving the service. We saw evidence, in the meeting minutes, that the residents and their relatives were very

Good

# Is the service responsive?

involved in how the home was organised, what was on the menu and what activities they wanted. One person said, "I feel I really have a voice here. We are encouraged to have opinions and are listened to."

We found that regular surveys were sent to people and relatives to gather feedback and ideas on how to improve the service.

Requires improvement

# Is the service well-led?

## Our findings

The provider had systems in place to monitor the quality of the service. We found the audit systems were not always effective in identifying shortfalls. For example, they had not identified the home was not following the principles of the MCA. The audits included a business plan and a range of internal audits completed periodically throughout the year. These were used to assess the quality of the service provided. The audits were completed by the registered manager and the regional manager and reports of these audit visits were in place. They included safeguarding, finances, medicines, training, complaints, infection control and health and safety. We saw that incidents were monitored for trends and themes and this triggered a review of a person's care plan where required. The audits records showed that actions for improvements had been identified and reviewed to ensure they had improved or resolved an issue. For example, it identified senior carers could be more involved in the care planning and could have more responsibilities in the home and action was being taken to address this.

The registered manager had been formally registered with the CQC since October 2015. They were present on both days of our visit. The regional manager was only able to be present for the first day. The evidence showed that the registered manager had an oversight of the performance of staff and the care they delivered.

People told us they believed the service to be well-led; they spoke highly of the registered manager and said they were approachable. One person told us, "[Name] (registered manager) is excellent. She is the type that will listen to you. [Name] (Registered manager) is a lovely person." Another person told us, "[name] (registered manager) runs the home very well. It is top form; 5 star class." A relative said," If it wasn't for [name], I don't know what I would have done with my loved one".

We asked healthcare professionals who worked closely with the service for their views about the leadership of the home. Their feedback was positive. One healthcare professional told us, "The registered manager had made many improvements to their service in recent months and the homes' reputation in the local community had improved as a result." Another healthcare professional commented "I think the home is run fine."

Meetings took place for people who lived at the home and there were separate meetings for staff. Records showed that the registered manager relayed important messages about the service or any on-going matters during these meetings, such as safeguarding issues and quality of information written in daily notes. Staff told us that outside of these meetings the registered manager regularly relayed information and gave direction.

Staff told us they were happy working at the home and they received good leadership from the registered manager. They told us the ethos of the service was to ensure people were happy and that their care, comfort and safety was maintained. We spent time talking with the registered manager and it was evident that they were passionate about the service and the people who lived at the home receiving the care they were entitled to, including any best practices.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent<br><br>**There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3).** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment<br><br>**People were deprived of their liberty without authorisation from the local authority.** |