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Gorsefield Residential Home

Inspection report

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Tel: 01782577237

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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**

Summary of findings

Overall summary

The inspection took place on 6 December 2017 and was unannounced.

The service was last inspected on 4 April 2016, when it was given an overall rating of Requires Improvement. At our last inspection, we found there was not always sufficient numbers of staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was now meeting the requirements of Regulation 18, although there was a need for a more systematic approach to the assessment and adaptation of staffing arrangements in line with people's changing needs.

Gorsefield Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Gorsefield Residential Home accommodates for up to 16 older people some of whom are living with dementia in one adapted building. At the time of the inspection, nine people were living at the home.

The service is required to have a registered manager and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and provider did not work in partnership to assess, monitor and improve the quality and safety of the service provided. As a result, the provider's quality assurance was not as effective as it needed to be.

Staff did not always follow good practice when handling and administering people's medicines. Further measures needed to be taken to protect people, staff and visitors from the risk of infection. Staff had received training in, and understood, how to recognise and report abuse. The risks associated with people's care and support had been assessed, recorded and plans were in place to manage these. The safety and accessibility of the home's back garden needed to be improved.

People's rights under the Mental Capacity Act 2005 were not always fully promoted. People had enough to eat and drink and any risks or specific needs associated with their nutrition or hydration were assessed, recorded and managed. The provider needed to do more to make the care home environment more dementia-friendly. Staff received induction, training and ongoing support from management to help them fulfil their job roles. Staff monitored people's general health and supported them in accessing healthcare services as required.

We have made a recommendation about adapting the care home environment to meet the needs of people living with dementia.

The provider needed to do more to protect people's confidential information. Staff knew people well and treated them with kindness and compassion. People were supported to express their views and be involved in decision-making that affected them.

People did not receive consistent support to take part in activities they found enjoyable and stimulating. People and their relatives were involved in care planning and reviews. Care plans were individual to people and included information about what was important to people. People and their relatives understood how to raise complaints or concerns about the service, and felt comfortable doing so.

The registered understood the responsibilities associated with their post. People, their relatives and staff spoke positively about the overall management of the home. Staff were clear what was expected of them and felt able to seek any additional support required from a registered manager who was approachable. Staff understood how to raise any serious concerns about the way the home was being run.

You can see what action we told the provider to take at the back of the full version of the report.

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 always Safe.

The provider needed to adopt a more systematic approach to assessing and adjusting staffing levels in line with people's changing needs. Staff did not always adhere to good practice in the storage and administration of people's medicines. Further steps needed to be taken to protect people, staff and visitors from the risk of infection.

Is the service effective?

Requires Improvement

The service was not always Effective.

Staff had the skills and knowledge needed to provide people with effective care and support. People had enough to eat and drink and were able to choose when and where they ate their meals. People's rights under the Mental Capacity Act 2005 were not always fully promoted.

Is the service caring?

Requires Improvement

The service was not always Caring.

People's confidential information was not always treated with care. Staff adopted a kind and compassionate approach to their work with people. People were supported to express their views about their care and support.

Is the service responsive?

Requires Improvement

The service was not always Responsive.

The support people had to follow their interests and participate in activities they found enjoyable and stimulating needed to be improved. People and their relatives were involved care planning. People and their relatives were clear how to complain about the service provided.

Is the service well-led?

Requires Improvement

The home was not always Well-led.

The registered manager and provider did not work in partnership to assess, monitor and improve the quality and safety of the service people received. People and their relatives spoke positively about the overall management of the service, and their relationship with the registered manager. Staff were clear what was expected of them, and were able to request any additional guidance or advice needed from the registered manager.

Gorsefield 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 December 2017 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service.

During our inspection visit, we spoke with six people who used the service, three relatives and a visiting phlebotomist. We also spoke with the registered manager, two senior care staff and four care staff.

We looked at two people's care files, medication administration records, incident and accident records, two staff recruitment records, staff training records, fire safety records, selected policies and procedures, and records associated with the provider's quality assurance.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found there were not always sufficient numbers of staff deployed to meet people's needs. We observed that people were left unsupervised in the home's lounges for periods of up to 15 minutes throughout the day, whilst staff were busy supporting people in other areas of the home. The lack of consistent support and supervision compromised people's safety and wellbeing. In addition, staffing levels were lower at weekends, with no clear rationale for this reduction in staff numbers. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that, although the provider was now meeting the requirements of Regulation 18, further improvement was needed. We saw the provider deployed sufficient numbers of staff to safely meet people's care needs. Staff responded to people's individual needs and requests for assistance without unreasonable delay, and made regular checks on people in the home's lounges and dining room. This improvement was due, in part, to the significant reduction in the number of people living at the home since our last inspection, which had reduced the overall demands upon staff. The provider had also employed an additional part-time member of staff, whose hours were normally used to increase staffing levels on the weekend.

However, the provider needed to make improvements to ensure staffing levels were systematically reviewed and adapted, in line with changes in the needs of the people living at the home. Whilst confirming people's needs were being safely met at present, staff and management described the challenges they faced in responding to people's competing needs, particularly during key periods of the day. On this subject, one staff member told us, "You can't split yourself into three." Staff and management expressed anxiety about the inevitable increase in demands upon staff as the number of people living at the home started to rise, or people's individual needs changed. This, they told us, was based upon their experience of the provider's previous response to changes of this nature.

We discussed the issue of staffing levels with one of the proprietors. They assured us staffing levels would be monitored and, as necessary, adjusted, to reflect the needs of the people living at Gorsefield Residential Home.

People and their relatives were satisfied with the support staff gave people to manage their medicines. One relative told us, "[Person's name] gets their medicines from the senior carer and is observed and prompted by them." We saw the provider had procedures in place designed to ensure people's medicines were stored, administered and disposed of safely. As part of this, trained staff maintained up-to-date medication administration records (MARs) to record the medicines given to people. Staff had written guidance on the use of 'when required' medicines, in order that they were clear about the circumstances in which to use these.

However, we found the provider's medicine procedures were not always adhered to on a consistent basis. We saw a staff member physically handling one person's tablets, without gloves, when administering their medicines. This does not reflect good practice in the administration of people's medicines. We saw another

person's eye drops were not being stored at the correct temperature. Medicines stored out of their temperature range maybe ineffective or have a shortened shelf life. We discussed these concerns with the registered manager, who had not identified any issues of this nature through their recent audits and checks. They assured us they would review their procedures, and directly address these issues with the senior staff members involved in the handling and administration of people's medicines.

We looked at how the provider ensured the premises were kept clean and hygienic in order to protect people, staff and visitors from infections. The registered manager explained, and we saw, that significant refurbishment of the premises was underway, as part of which a number of bedrooms had been redecorated and beds and mattresses replaced. Further refurbishment was planned, including the installation of new toilets and sinks. The provider employed a domestic assistant who supported staff in keeping the home and equipment clean and hygienic on weekdays.

However, we identified concerns regarding the infection control practices at the home, in addition to the direct handling of people's medicines that we observed. The registered manager and staff informed us that, on more than one occasion, they had had to take people's laundry home with them, to wash this in their own homes. This had been due to a lack of suitable alternative arrangements when the home's washing machine was out of order. On this subject, the registered manager told us, "These staff have done it loads of times." We saw the carpet in the home's main lounge was heavily stained, which had been identified as a concern on the registered manager's monthly infection control audit since the beginning of the year.

We discussed these concerns in relation to the prevention and control of infection with one of the proprietors. They told us they were unaware that staff had taken people's laundry home with them at any point, and assured us this would not be repeated moving forward. They went on to say that the lounge carpet was due to be replaced as part of the current programme of refurbishment.

At our last inspection, we found plans were not always in place to ensure people were consistently protected from harm and abuse. In addition, where risk management plans were in place, these were not always accurate and up to date. At this inspection, we saw the registered manager had developed, and kept under review, additional risk management plans, to ensure these reflected the identified risks to individuals. These plans provided staff with appropriate guidance on how to manage key aspects of people's safety and wellbeing, including their health, mobility needs, behaviour support, nutrition and pressure care. In the event people were involved in an accident or incident, staff recorded and reported these events to the registered manager. The registered manager analysed these reports, on an ongoing basis, and took action to keep people safe and stop things happening again.

Staff understood the importance of working in accordance with people's risk management plans, to keep people, visitors and themselves safe. We saw staff adopted safe working practices as, for example, they supported people to safely move around the home with mobility aids. Staff told us communication within the service was good, and that they were kept up to date with any changes in the risks to people or themselves through daily handovers with senior care staff and use of the staff communication book. One staff member explained, "If you forget something, everything's written down on the handover sheet." Another staff member said, "I've just come back off annual leave. They (senior care staff) always let you know what you need to know."

The registered manager and a member of staff raised concerns about the safety of the grounds. These related to the lack of exterior lighting and uneven and, in places, slippery paving slabs in the home's back garden. They told us these concerns had been shared with the provider. At the time of our inspection visit, only one person was accessing the home's back garden, in order to make use of the designated smoking

area located within it. We discussed these concerns with the provider. They told us an electrician was currently addressing the lack of exterior lighting, and that plans were in place to redesign the back garden to make it more accessible to people in the coming few months.

People told us they felt safe living at Gorsefield Residential Home. On this subject, one person told us, "I just think it's safe. I have never seen anyone lose their temper. I don't think I have fallen down. Staff are very kind and nice. There are no bad people here" Another person said, "I feel safe and like everything as it is." People also understood they could speak to the registered manager or staff if, at any time, they felt worried about their personal safety or treatment by others. One person explained, "I've not been worried about anything. They (staff) smile and check I'm alright. If I was worried I could speak with a member of staff"

All prospective staff underwent pre-employment checks to ensure they were suitable to work with the people living at the home. These included employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS carries out checks to help employers make safer recruitment decisions.

Staff had received training in, and understood, their individual responsibilities to protect people from abuse, harassment and discrimination. They gave us examples of the potential signs of abuse they looked out for, such as marked changes in people's demeanour or appetite and any unexplained marks or bruising. They told us they would immediately report any concerns of this nature to the registered manager. The provider had procedures in place to ensure any abuse concerns were reported to the appropriate external agencies, such as the local authority, police and CQC, and investigated. Our records showed they had previously made notifications in line with these procedures.

Requires Improvement

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. People told us, and we saw, staff asked people's permission before carrying out their care and support. One person explained, "They (staff) ask me, 'Do you mind if I do this?'; they don't force me to do anything" A relative said, "[Person] would tell them (staff) if they didn't treat her the way they wanted them to. An example would be that the chiropodist came to see [person] and she said they didn't want their feet done so they didn't. [Person] can make their own decisions."

At our last inspection, we found that when there was a doubt about whether people were able to make their own decisions, mental capacity assessments were not completed. At this inspection, we found people's rights under the MCA were still not always being fully promoted.
One of the people living at the home was given vegetarian-only meal options, as, staff informed us, a relative had indicated they had been a vegetarian in their earlier life. The registered manager and staff explained this person could choose what they wanted to eat, and often requested to eat the same meals as others. However, staff and management were not allowing them to make these choices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had made applications for DoLS authorisations based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations had been granted, the registered manager understood the need to review and comply any associated conditions.

At our last inspection, we found people's care plans did not always reflect the support they needed with eating and drinking, and that food and fluid charts were not always fully and accurately completed. At this inspection, we did not identify any concerns of this nature. We saw any individual needs or risks associated with people's eating and drinking had been assessed, recorded in their care plans and kept under review. In the event monitoring charts were required, such as monthly weight charts and daily fluid charts, those we reviewed had been completed on a consistent basis.

People were satisfied with the quality of the food and drink on offer at the home, and told us they had plenty to eat and drink. One person said, "The food is fairly good; it's different every time. I get enough to drink." Aside from one person who was limited to vegetarian-only meal options, people told us, and we saw, they were supported to choose which of the menu options they preferred before mealtimes. One person told us, "You get what you want to eat." People could also choose when and where they preferred to eat their meals,

whether this was in the dining room, lounges or their bedrooms. One person explained, "If I don't feel hungry at lunch time, they (staff) will wait and give me the food later." The lunchtime meal was a relaxed affair during which people were able to eat an unrushed pace and were offered a choice of drinks to accompany their meal. However, we saw a number of people ate a limited amount of their meals and received limited encouragement from staff to eat, due to staff being busy elsewhere in the home. We discussed this issue with the registered manager who acknowledged that there were three people living at the home who would benefit from additional encouragement to eat, if staffing levels allowed them to provide this.

We looked at how people's needs were reflected in the adaptation, design and decoration of the premises. The registered manager and staff felt the provider needed to do more to make the back garden safer, more accessible and more stimulating for the people living at the home. We saw more could be done to adapt the home's environment to the needs of people living with dementia, in terms, for example, of the use of pictures, and the use of colour and contrast in the interior decoration and furnishing of the home. The registered manager acknowledged no conscious effort had been made to create a more dementia-friendly environment, in spite of the fact that the majority of the people at the home had some form of dementia.

We recommend that the service seek advice and guidance from a reputable source on adapting the care home environment to suit the needs of people living with dementia.

Before people moved into Gorsefield Residential Home, the registered manager carried out an assessment of their care and support needs with input from people, their relatives and the community professionals involved in their care. This pre-admission assessment formed the basis of the risk management plans and care plans subsequently developed. The registered manager understood the need to avoid any form of discrimination in the assessment, planning or delivery of people's care and support.

People and their relatives had confidence in the skills, knowledge and competence of the staff working at the home. One person said, "They (staff) help me wash and dress. They are gentle and I have never been bruised" A relative told us, "We think they (staff) are really good. They know how to lift people and how to talk to them." Another relative said, "Yes, they (staff) are skilled. [Person] has hearing difficulties so they speak to them more closely. They try to keep them independent."

New staff underwent the provider's induction training to help them settle into their new job roles. This included the opportunity to work alongside, and learn from, more experienced colleagues. Following induction, staff participated in a rolling programme of training and refresher training, based upon the provider's assessment of their mandatory training needs. The registered manager had recently accessed additional distance-learning training in relation to the management of medicines, dementia awareness and challenging behaviour to further develop staff knowledge in these areas. Staff were satisfied with the induction and training provided to enable them to fulfil their job roles. They also had regular one-to-one meetings with the registered manager to talk about any work-related concerns, discuss further training and receive constructive feedback on their work performance. One member of staff explained, "[Registered manager] will ask if there is anything (any training) I want to do and whether I'm alright with everything, and will give me feedback."

People and their relatives told us staff helped people to access healthcare services when they needed to. We saw evidence of the involvement of community healthcare professionals in people's care files. One person explained, "If you have a cold, they (staff) will get a doctor." A relative said, "[Person] is seen regularly by the optician and chiropodist, and the GP has given them a flu jab." People's relatives were satisfied with the role staff and management played in monitoring people's health, and seeking professional medical advice or treatment when their health needs changed. One person's relative praised the prompt action staff had taken

when their family member had developed a life-threatening medical condition. They and another person's relative also praised the care and support staff gave their family members to recover when they returned to the home following surgery. People's medical histories and long-term medical conditions were recorded in their care plans to ensure staff understood their health needs.

A healthcare professional spoke positively about their collaboration with staff, who they described as "very pleasant and very accommodating", in ensuring people's health needs were met. They had confidence in staff members' ability to follow any advice or recommendations given in relation, for example, to people's wound care.

Requires Improvement

Is the service caring?

Our findings

We looked at how people's privacy, dignity and independence were promoted at Gorsefield Residential Home. People and their relatives felt staff treated people with dignity and respect. One person explained to us staff always knocked on their bedroom door before entering. Another person said, "I respect them and they (staff) respect me. We say hello and we are like a family"

We saw staff took appropriate steps to protect people's privacy and dignity when carrying out intimate care tasks. On this subject, a relative told us, "If anyone needs help they will help by taking them to a private place." People and their relatives were satisfied with the support staff gave people to stay independent. One person told us, "I like to wash my hands and face in the mornings myself and they let me but make sure I don't fall down" A relative said, "They (staff) manage risk in a manner that enables [person] to retain their independence. For example, they will let [person] wash themselves, but will be monitoring them do it."

However, we found staff needed to do more to protect people's privacy and dignity through treating their confidential information with greater respect. We saw people's daily care notes, monitoring charts and staff handover sheets were left on open display in the home's dining room, where they could, potentially, be accessed by anyone living at or visiting the home. We discussed this issue with the registered manager. They assured us all such confidential information would be securely stored moving forward, in order to restrict access to authorised persons only.

People and their relatives told us staff treated people with kindness and compassion. One person said, "I can't grumble at any staff; none are horrible. They treat me and everybody well. They do things for you. They will be there for you. If they don't have time they will explain to you" A relative told us, "We would give them ten out of ten for caring. [Person] is happy here and that is a big part of it"

We saw people were at ease around staff and freely approached them to request assistance. At various points during the inspection visit, we heard people laughing and joking with staff. Staff clearly knew people well, and understood how to respond to their individual needs and requests. A relative told us, "The permanent staff don't change and they know [person] well." Staff showed their concern for people's wellbeing as, for example, they alerted people to any potential trip hazards as they supported them to move around the home. When one person complained about feeling unwell during the lunchtime meal, a member of staff immediately explored this with them to see if there was anything they could do to help.

We saw people's information and communication needs, including the impact of any sensory impairment, were considered as part of the assessment and review of their overall care and support needs. At the time of our inspection visit, no one living at the home had been assessed as requiring information in accessible alternative formats. However, the registered manager confirmed they had the facility to produce information in large print or easy-read formats, as required. They told us they would also signpost people to local independent advocacy services, for independent advice and support about their care, as required. We saw the registered manager made themselves available to people and their relatives to encourage them to share their views on the service provided. They also distributed three-monthly feedback questionnaires and

organised periodic 'residents meetings and family meetings' as further means of encouraging people and their relatives to voice their views and opinions. A relative told us, "We had a questionnaire the other week from the home. They also had a residents' meeting here last week"

Requires Improvement

Is the service responsive?

Our findings

We looked at the support people received to follow their interests and take part in group or one-to-one activities they found enjoyable. Two of the people we spoke with complained about the lack of things to do at the home. We saw a number of people, and one person's relative, had also pointed towards the need for improved support with activities on recently-completed feedback questionnaires distributed to them by the registered manager. During our inspection visit, we saw staff had very limited time to support people with activities, as they were busy completing other routine care tasks. The activities records we looked at also indicated people did not receive consistent support in this area. For example, one person's activity records had a single entry for each of the months of July, August and September 2017.

We discussed the support people received to pursue their interests and spend time doing things they found stimulating and enjoyable with the registered manager. They explained staff were not consistently recording the activities offered and participated in, as they were expected to do. However, they acknowledged the support people had to take part in activities needed to be improved, adding, "It could be a lot better." They explained people would benefit from some form of social outings, but that current staff resources and funding prevented this. Two members of staff we spoke with also referred to the need for improved activities at the home.

The registered manager involved people and their relatives in the initial assessment of people's needs and subsequent care planning. They explained that they consulted with people and their relatives about care plans, whenever there was a significant change in people's needs. One relative explained, "Yes, there is a care plan; they have one for everybody here. When we first came here we went through it together. We went through it again with the manager a few months ago."

At our last inspection, we found improvements were required in relation to people's care planning. Care plans were not always kept under review to ensure they remained accurate and up to date. At this inspection, we found the standard of care planning had been improved. We saw people's care plans were individual to them and covered a range of needs, including people's social, spiritual and religious needs. Care plans set out people's abilities and levels of independence, in order that staff could help people maintain these, and included information about people's preferred daily routines. We saw the registered manager kept people's care plans under review to ensure they remained effective, accurate and up to date. We saw one person's care plan needed to be updated to reflect the recent improvement in their mobility. The registered manager assured us they would review and update this care plan without delay. The staff we spoke with understood the importance of working in accordance with people's care plans to ensure people were supported safely and effectively.

People and their relatives knew how to raise complaints or concerns about the service, by approaching the registered manager or staff, and felt comfortable doing so. One person explained, "To complain I'd go to staff. I've not a made a complaint as far as I know." A relative told us, "I would complain through the manager. I know how to raise things." The provider had a complaint procedure in place to promote fair and consistent handling of complaints. This included information about who people should refer their

complaints to, if they were dissatisfied with the provider's response to these. The registered manager informed us there had been no recent complaints received by the service.

At the time of our inspection visit, no one currently living at the home was receiving end-of-life care. The registered manager informed us they had approached each person and, if appropriate, their relatives to discuss their wishes and preferences in relation to end-of-life care. No related plans had been drawn up, on the basis of these discussions, as people and their relatives had expressed their preference to discuss these matters at a later date.

Requires Improvement

Is the service well-led?

Our findings

During our inspection visit, we met with the registered manager who was responsible for the day-to-day management of the service. They explained that they keep themselves up to date with legislative changes and best practice guidelines through attending further training and accessing social care websites and resources online. The registered manager demonstrated a good understanding of the responsibilities associated with their post, including the need to submit statutory notifications in line with their registration with us. Our records showed they had notified us of significant events involving people who used the service as required. The provider's current CQC rating was clearly displayed in the home's entrance hallway.

At our last inspection, we found the outcomes of quality assurance audits were not always acted upon to drive improvement. At this inspection, we found the provider's quality assurance systems and processes were still not as effective as they needed to be. Based upon our discussion with the registered manager, it was clear that they and the provider did not work in partnership to assess, monitor and improve the quality and safety of the service provided at Gorsefield Residential Home. The registered manager completed a range of monthly quality audits in relation, for example, to the health and safety arrangements at the home, the management of people's medicines, complaints, care planning and infection control. However, the action points identified on these audits were sometimes repeated over a period of several months, without a clear indication of the provider's response to these. The provider's quality assurance had also not enabled them to address the significant shortfalls in quality we identified during our inspection visit, including the lack of consistent support people had to spend time doing things they found interesting and enjoyable.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with the registered manager following our inspection visit, they told us they had since had a very positive meeting with the provider to discuss and agree how they may work more collaboratively.

People and their relatives spoke positively about the overall management of the home and their relationship with the registered manager. One person told us, "I think the home is well managed. They've always treated me alright anyway" A relative said, "I couldn't find a nicer home. If I ring a member of staff, they will let me know how things are. I know the manager. They are approachable, supportive and listen. If I have a problem they are good"

The registered manager described how they sought to promote an inclusive culture within the service, based upon open communication with people, their relatives and staff and the community professionals involved in people's care. A relative told us, "The home shares information with us in a timely way and it helps to make decisions." We saw the registered manager organised regular staff meetings and periodic 'residents and families' meetings to consult with and involve people, their relatives and staff. During our inspection visit, we saw the registered manager maintained a presence around the home, and that people and staff were at ease in approaching them.

Staff spoke positively about the leadership and support provided by the registered manager. One member of staff described the registered manager as "brilliant", adding, "They know exactly what they are doing and have fought tooth and nail for us (staff) and the residents." Another member of staff said, "[Registered manager] is on the ball. The paperwork has come on leaps and bounds and is easier to understand." Staff told us there was a strong sense of teamwork within the staff team. They were clear what was expected of them at work, and felt able to approach the registered manager at any time for additional support, guidance or advice. The provider had a whistleblowing policy in place, and staff told us they would follow this if they had any serious concerns about the way the home was being run.

The registered manager described how they strove to maintain strong links within the local community, including local shops and the local church. Staff from the local flower shop occasionally brought flowers across for the people living at Gorsefield Residential Home. The local church had also agreed to act as a place of refuge in the event it was ever necessary to evacuate the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not as effective as they needed to be, and had not enabled them to address significant shortfalls in the quality of the service people received.