

Greensleeves Homes Trust

# Gloucester House

## Inspection report

Lansdowne Road  
Sevenoaks  
Kent  
TN13 3XU

Tel: 01732741488

Date of inspection visit:  
09 November 2020

Date of publication:  
09 December 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gloucester House is a residential care home providing accommodation and personal care for older people and people living with dementia. The service can support 54 people across four different units, called 'villages'. Each village has its own facilities such as a small lounge and 'café'. There were 41 people living in the service at the time of inspection. Many people required nursing care and were living with dementia or had diabetes. Some people had complex nursing needs such as a tracheostomy, which was in place to help them to breathe, and others had a tube into their stomach as a means of providing nutrition when they were not able to take food by mouth. Some people were cared for in bed, some needed help with moving around and others were able to mobilise independently.

### People's experience of using this service and what we found

There were some areas of the service that needed to improve. When these areas had been identified during inspection, the manager started to put measures in place to improve straight away. The manager demonstrated how these improvements would be sustained.

People told us they felt safe in the service. A relative told us, "My mother feels very safe and so do we". Staff were aware of people's needs and how to keep them safe.

People were safeguarded from the risk of abuse. Risks to health and safety had been managed and people received safe care and treatment. Sufficient staff were deployed and safe recruitment practices were in place. Medicines were managed safely in line with national guidance. Infection was prevented and controlled. Lessons were learned when things went wrong.

The manager promoted an open-door culture where people, relatives and staff felt they could speak to them at any time and they would be listened to. A relative told us, "The managers are visible". Relatives and staff were mainly positive in their comments about the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 09 December 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10,11,12 September 2019. Breaches of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gloucester House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Gloucester House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors

#### Service and service type

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

The service had a manager who had not yet registered with the Care Quality Commission, the application was in progress. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection including submitted action plans. We received feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information we require providers to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people and one relative about their experience of the care provided and observed the care two other people received in their room. We spoke with one nurse, five care staff, an activity coordinator, a maintenance person, the manager and deputy manager.

We reviewed eight people's care plans. We also looked at records relating to the management of medicines, health and safety records and key policies and procedures. We reviewed two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records of meetings, training data, quality assurance records and infection control audits. We spoke with four relatives who gave us their views on the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. At this inspection this key question has now improved to good. This meant that people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure risks were robustly identified and managed to prevent harm so people received care that was safe.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12.

- At the last inspection where individual risks had been identified and a risk assessment was in place, these were not always robust. At this inspection the provider had introduced a robust system for updating and monitoring care plans and risk assessments. Risk assessments were used to develop individual risk management plans and to provide guidance to protect people from the identified risks.
- At the last inspection we identified concerns about monitoring people who were unable to use a call bell. Records were not maintained to evidence that people had been checked regularly in the absence of them being able to summon help with the call bell. At this inspection the records were still not always in place. We told the manager and this was addressed during the inspection.
- Repositioning charts were used to monitor that people were moved regularly by staff to prevent damage to their skin. These were not always in place, but the manager addressed this during the inspection and demonstrated how the improvement would be sustained by adding these checks to the daily walk-round audit.
- Records were stored securely and staff had access to care plans so that they could support people to stay safe. People with high dependency nursing needs had their care delivered to a high standard and in line with their choices. Complex nursing procedures were evidenced in the care records.
- Care plans and risk assessments were comprehensive and up to date. A system was in place whereby every person had a holistic review of their risks and needs led by a nurse. This meant that staff had the right information when peoples' needs or preferences changed.
- Environmental health and safety checks were in place. Hot water was temperature controlled and radiators guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. The accommodation was equipped with a fire safety system which was regularly checked and staff had been given guidance on fire safety and knew how to move people to a safe place in the event of the fire alarm sounding. This had been recently tested.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse and harm whilst using the service. There was a clear policy for preventing and responding to the risk of abuse. Staff understood the policy and what they needed to do to keep people safe. Staff knew how to report concerns and told us they were confident to do so. One staff member said, "I would speak to a nurse or the manager straight away if I was worried about anyone's safety". Another staff member said, "I would always report things that weren't right and I would be confident that something would be done".
- People told us they felt safe. One person said, "I certainly feel safe. Some of the agency staff don't know me that well, but I do still feel safe". Feedback from people and their families was positive about staff. They told us staff treated them with respect and kindness.
- The manager or deputy manager did a daily walk around check of the service. This included speaking to people and getting feedback about their care. When safeguarding concerns had been raised, these were reported quickly using the correct procedure. Action had been taken by the manager to ensure peoples' safety whilst concerns were investigated.
- Safety alerts about equipment or products used in the service were received and cascaded to nurses and care staff quickly

### Staffing and recruitment

- People were supported by staff who were suitable to work in the service. The manager had made appropriate checks of new staff before they began working at Gloucester House. Records were maintained to show that checks had been made of their employment history, references and disclosure and barring (DBS) records. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN to confirm their registration status. Nursing staff were required to update their registration annually and provide evidence of this to the manager. All staff were provided with training opportunities and staff had either completed or were undertaking a relevant care qualification. There was a training plan for the year that provided core safety training sessions and staff received reminders so that their training remained up to date. There were learning opportunities for staff that related to peoples' individual support needs, for example, dementia care.
- There were sufficient staff working in the service to meet peoples' needs. Consideration was given to the skill mix of the team and matching staff to peoples' needs and interests. A tool was used to ensure the right number of staff were deployed to meet the varying needs of people using the service. This was reviewed monthly and staffing levels had been adjusted accordingly. For example, one person's needs had changed recently requiring them to be supported by additional staff to help them move safely.
- Staff told us they felt there were enough staff to meet peoples' needs. Most people living in the service told us there were enough staff although one person commented there was sometimes a wait when they needed two staff to support them. We fed this back to the manager.

### Using medicines safely

- People were helped to safely use medicines in line with national guidelines. Medicines were reliably ordered so there were enough in stock and they were securely stored in clean, temperature-controlled conditions. Unused medicines were disposed of safely.
- There were written guidelines about the medicines prescribed for each person. Medicines were administered by nurses in the correct way and at the right time and administration records were clear and accurate.
- There were clear protocols in place for 'as required' medicines, for example, pain relief and nurses completed an evaluation to check that the medicine had the desired effect. Medicines were reviewed regularly by the GP.

- The management of medicines was audited regularly by the manager or deputy.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Monthly analysis of all accidents and incidents in the service was carried out to identify trends and reduce risk of recurrence, for example, trends in falls and pressure ulcers. Actions had been taken to reduce the risks, for example, replacement of sensor mats.
- The manager used information gathered in investigations to review standards of practice and culture in the service. Staff were involved in discussions about how to improve the service and systems were introduced to make spot checks of care practice.
- A person's relative told us, "They always respond to any concerns I have raised or mum has raised. Usually if mum calls me worried about something, they already know about it and have dealt with it." Another relative told us that when they raised a concern, "The response from the staff and managers was excellent".

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection there was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure there was a robust approach to improving the quality and safety of the service.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- At the last inspection, the provider's monitoring system was not always robust enough to identify areas of concern and act to make improvements in a timely way. At this inspection the provider's monitoring had improved. The electronic systems alerted staff when risk assessments or care plans were due or overdue for review. The manager or deputy manager completed audits on care plan reviews to ensure that actions were implemented. Changes to care needs were discussed at daily meetings and the daily walk around audit had been reviewed to incorporate additional checks.
- At the last inspection, daily records did not always evidence the care people received. At this inspection care records had improved, they were accurate and complete.
- There was a clear management structure in place and nurses and care staff understood their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance.
- One staff member told us, "There have been a lot of changes with management, but they are both very approachable". A relative told us, "The manager is approachable, nothing is ever too much trouble".
- There was a member of the management team on call during out of office hours to give advice and assistance to staff. There were documented handover meetings between shifts to update nurses and care staff about any changes in the care each person needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The culture in the service promoted a person-centred care approach. One relative told us, "My mother is always beautifully dressed and they make an effort to put her jewellery on".
- It is a legal requirement to display the service's latest Care Quality Commission (CQC) rating where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgements. The provider had conspicuously displayed their rating both in the service and on their website.

- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The manager had correctly submitted notifications to CQC.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the duty of candour requiring the service to be honest with people and their relatives when things had gone wrong.
- The manager had an open approach and listened when things went wrong to staff, people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager or deputy did a walk around check every day to talk with people who use the service about their care needs and involved people and their relatives in discussions about their day to day care
- The manager had met with relatives and had acted on suggestions. One relative told us, "I made a suggestion which was dealt with straight away and it made all the difference." Another relative described the service as, 'very proactive at keeping people up to date'.
- Weekly communications were sent to relatives informing them of the upcoming activities and menu options.
- Staff were invited to meetings and were encouraged to make suggestions to improve the outcomes for people. Records showed that staff had been listened to and suggestions acted upon.

Working in partnership with others

- The service worked effectively with other health and social care professionals to ensure that people had access to the right care and support
- The service had regular visits from physiotherapists who visited individuals and provided group exercise sessions
- Dieticians were consulted regularly about peoples' nutritional needs and the Speech and Language Therapy Team (SALT) liaised with staff about special dietary requirements.