

Guysfield House Limited

Guysfield Residential Home

Inspection report

Willian Road, Willian, Letchworth, Herts SG6 2AB
Tel: 01462 684441
Website: guysfield@caringhomes.org

Date of inspection visit: 9 July 2014
Date of publication: 14/01/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. The service was last inspected in September 2013 and there were no outstanding breaches to regulations.

Guysfield Residential Home provides accommodation and personal care for up to 51 older people. It does not provide nursing care. There were 45 people living at the home on the day of our inspection. The service has a

registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At this inspection we found the service to be in breach of Regulation 9, 10, 12, 13 and 22 of the Health and Social care Act 2008 (Regulated activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We found that the service had staff members, which included the manager, who were dedicated to the people who lived there. However, we also found that there was a

Summary of findings

high staff turnover and that this impacted on people using the service. The manager and provider had identified these issues and were working through an action plan.

We saw that care plans were being reviewed regularly and the service was in the process of implementing a new system for care planning with the support of an additional manager. Care needs were recorded to meet people's needs and preferences and staff we spoke with were aware of people's individual needs and wishes. Staff were kind supportive and caring. However, we did identify some shortfalls in regards to pressure care management which meant that people did not receive effective repositioning and their pressure relieving equipment was not being used correctly.

CQC is required to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the home, however, we found had not notified us of the outcome of these applications.

The environment was dirty in several areas and we told the service to make improvements. Recent concerns raised by people who used the service and their relatives in regards to this had not been effectively addressed.

We reviewed the management of medicines and found that there were issues around the administration and recording of medicines. This meant that people were at risk of not receiving their medicines in accordance with the prescriber's instructions.

There was a quality assurance system in place. The manager carried out regular audits and developed action plans. This was reviewed by the regional manager and relayed to the provider. However, the systems had not identified all of the issues found on our inspections and action plans had not resolved issues that had been identified by the service, people and staff.

The service had regular meetings for staff, people and their relatives. There were annual surveys sent out to people, their relatives and staff. However, we noted that the surveys for people who used the service and their relatives were due to be sent out three months prior to the inspection but this had not yet been done.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

The environment was dirty and required improvement. There were issues with regard to the administration and recording of medicines.

People's individual risks were identified. However, some were out dated and did not reflect their current needs. The service were working in accordance with the Mental capacity Act (2005) and the Deprivation of Liberty safeguards.

The service had staff retention issues which impacted on the people who used the service. Staff employed had been through a robust recruitment procedure and attended training in some areas.

The numbers of skilled, qualified and experienced staff did not consistently meet people's needs.

Inadequate



Is the service effective?

The service was not effective.

Pressure care management was not effective and care plans did not always reflect people's current needs.

There were systems in place to support people to with eating and drinking. However, there were some shortfalls identified. People did not always receive the appropriate support.

People had access to health and social care professionals.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect.

The service was in the process of implementing new care plans to ensure that people were involved in planning their care and expressing their preference.

Requires Improvement



Is the service responsive?

The service was not responsive.

People's changing needs had not always been responded to appropriately.

Complaints had not always been responded to appropriately. Issues regarding the cleanliness of the home had been raised several months ago had not been resolved.

Activities were provided by activity organisers. People told us they enjoyed the activities.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not well led.

The service had a service improvement plan in response to issues identified both internally and by the local authority's monitoring visit.

There were systems in place to ensure that the provider was able to monitor the quality of the service. However, these systems did not ensure the regulations were met.

On the day of our inspection the home was being led by the registered manager with the support of the regional manager and there was an additional manager from the provider who was assisting the service to implement a new care plan system.

Requires Improvement



Guysfield Residential Home

Detailed findings

Background to this inspection

This inspection was carried out by an Inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. Their area of expertise was in mental health and dementia care. The inspection was unannounced which means that the provider and staff were unaware that we were visiting.

Prior to the inspection we reviewed information that we have about the service which included notifications we had received. A notification is information about important events which the provider is required to send us by law. The provider sent us a Provider Information Return (PIR) which we had requested. This PIR is a document that the provider completes to tell us about how they meet the requirements under the five key questions. We liaised with the local authority that placed people at the service. The local authority provided funding for some people who used the service and therefore reviewed the service to ensure that it meets the individual needs of the people they fund.

During the inspection we spoke with nine people who used the service, four relatives, and seven staff, observation and reviews of records which included six people's care plans.

We also carried out a Short Observational Framework for Inspection (SOFI). SOFI is an observational tool that we use to help us understand the experiences of people who are not able to tell us their views.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People and relatives told us that staffing levels were sometimes an issue and that this impacted on the welfare of people who needed assistance. One person told us, “[Relative] has had falls a couple of times and crawled over (to reach the call bell) at night. [Person] presses the bell but no one answers on time.” Another person who used the service told us, “It is busy here but I am getting used to it.”

Two relatives expressed concerns in regards to staffing at night and also at shift change times. Of the 45 people needing assistance at the time of inspection, the manager told us that 17 people required two staff members for all of their care needs. During the night there were only four members of staff on duty at any one time. This may have meant that due to the current needs of people at the service, the staff available and the lay out of the building, people may be waiting for extended periods of time for care or be at increased risk of falling.

During the day call bells were ringing for up to five minutes at a time and people were not receiving care when they required it. The regional manager told us that the provider used a care calculator to set the number of staff required. This considered people’s needs but did not factor in any changes in people’s needs and did not consider the complex layout of the building and the impact this had on staff’s ability to get to people in need of support.

We identified that the service was in breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the environment in the home due to information we had received about the service and found that most of the communal toilets, bath and shower rooms were dirty or in a state of disrepair. For example, raised toilet seats and shower chairs were soiled and woodwork and tiles were chipped and damaged making them difficult to clean. Bedrooms had deep cleaning schedules that stated that each month they had received a deep clean which included areas such as curtains and woodwork. However, many of the bedrooms we viewed were dirty and had spills of liquids on equipment and dust and debris on the floors. The laundry room was piled high with dirty washing and this was stored on the floor. There was no

separate dirty in and clean out area available. The washing machine was surrounded by washing both clean and dirty. This meant that there was a risk of cross contamination from dirty laundry to clean laundry.

Chairs in the dining room, lounges and reception area were stained and had food debris on them. Woodwork in many of the communal areas was chipped which made it difficult to clean therefore increasing the risk of cross infection. The walls and woodwork in the dining room was dirty with spills, food debris and dust. The dining tables were not cleaned in between breakfast and lunch leaving dirty placemats and table cloths for people to use. The dining room had a kitchenette area which care staff used to prepare drinks, toast and serve meals from after they were passed through the kitchen hatch. This area was very dirty in and outside the cupboards, on the surfaces, the tiles and the various pieces of equipment used. We saw from complaints, meeting notes and surveys that people and their relatives had raised concerns regarding the cleanliness of the home. We noted that the standard of cleanliness was a concern throughout the home. We discussed our findings with the management team who told us that they were aware of the findings and were introducing a new cleaning schedule.

We asked a staff member to assist a person who was struggling with a continence product as staff had not noticed, or responded to, the person’s needs. We observed the staff member assist with this and return straight to the dining room to assist with breakfast without washing their hands. We also saw a member of staff go from room to room, and move around the house, wearing the same pair of rubber gloves without removing them or washing them first. This meant that people were at an increased risk of acquiring an infection through cross contamination as basic and effective infection control guidelines were not being followed.

The service was in breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We reviewed the management of medicines at the service and found that there were areas that were not in accordance with safe practice. We viewed 10 people’s medication administration record charts (MAR charts) found that there were medicines that had not been signed as dispensed but were not in the blister packs. It was not clear whether or not people had received their medicines.

Is the service safe?

We also found that some medicines had been signed as being administered but the quantity in stock indicated they had not been given. Handwritten entries on the MAR charts had not been countersigned. This is good practice to ensure that the instructions written by staff are accurate to ensure a person receives their medicines in accordance with the prescriber's instructions. We also saw that boxed and bottled medicines had not always been dated when they were opened. In addition, internal and external medicines were stored together. The Royal Pharmaceutical Society guidelines for 'The handling of medicines in social care' state they must be stored separately. Additional quantities of medicines stored in the cupboards of the clinical room were not recorded. This meant that the service could not effectively monitor the quantity of medicines for each person and therefore could not ensure the safe handling of medicines.

We identified that the service was in breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Staff we spoke with had an awareness of how to recognise abuse and they knew who they would report it to. We saw that there were information posters displayed to ensure staff could access contact numbers for the local safeguarding authority. The manager had notified us and the local authority for any unexplained bruising or significant injury following a fall. However, we did note that the manager was not always notifying the us or local authority of when people were admitted to the service with grade three pressure ulcers. Pressure ulcers are a type of injury to the skin that are caused when an area of skin is placed under pressure. They are sometimes known as bedsores or pressure sores.

Peoples needs were not always met in a planned and organised way. This led to potential risks to their health and welfare. We saw that where a person had been recently discharged from hospital, their care plan was being re written. However, this person had returned from hospital with a pressure ulcer and was frequently refusing to lie in different positions in their bed. The service had not responded to this in a way that ensured that their needs were being met appropriately while ensuring their preferences were listened to. For example, there had been no alternative equipment or advice sought. The service had

not had a mental capacity assessment carried out which may have led to a best interests meeting. This meant that the person was at risk of not receiving care to meet their pressure care needs.

We noted that the care plans for pressure care did not include details in regards to what setting a person's air flow mattress must be set up. We asked the manager about this who told us they do not set the mattresses or review the mattress settings. We noted that one person's mattress was set to double the required setting for their weight. This meant that mattresses in place to support with pressure care were less effective and did not reflect national guidance to minimise risk injury from pressure ulcers.

This was in breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where applications had needed to be submitted, the correct policies and procedures had been followed. Relevant staff had been trained to understand when an application should be made, and how to submit one. However, we noted that the service had previously notified the CQC of two applications to the DoLS team but had not notified us of the outcome of these applications.

We saw in care plans that each person had their individual risks assessed and a plan had been written to reduce any associated risk. For example in relation to falls, health and pressure care management. Staff were aware of which areas people were at an increased risk level. We noted that it was documented that people were given choice and staff were aware of the need to ensure they gained people's consent before supporting them. One staff member told us, "If they don't want it, we don't do it".

We saw that the service had a robust recruitment procedure in order to ascertain if a person was of good character and had sufficient skills and knowledge for their role. This included a detailed application form with interview notes, written references, criminal records check and a copy of the person's job description. We also saw that staff had suitable and relevant training. This training covered subjects which included moving and handling, safeguarding people from the risk of abuse and infection control. We saw that some people were due refresher training which had already been arranged for some staff.

Is the service effective?

Our findings

People told us that staff understood their needs and care or support was given in a way that suited them. When looking at people's needs we saw that in one person's care plan there was information which dated back to 2011 that was not accurate in regards to the care or type of assistance the person needed. However, the staff we spoke with were clear on what this person's needs were. One relative told us that they were aware of their relatives care plan and had been involved in developing it.

There were two people who had pressure ulcers at the time of our inspection. Staff were able to tell us what they needed to do to support these people to minimise the risk of further deterioration of their skin and to aid healing. However, we saw that people had been repositioned into the same position they had been in previously. This meant that some staff did not provide care as they had described to us in our discussions. The manager told us that staff had not yet received training in relation to pressure care management. Staff were able to tell us about the care required to minimise the risk of developing a pressure ulcer, but this was not being carried out in practice.

People told us that they were happy with the food and there was plenty of it. One person told us that the food was, "...very good." We observed breakfast and lunchtime. We saw that there was a red tray system in place to alert staff to people who required a modified diet or support and for those who had food and fluid intake monitored. Staff were clear on why people would be using the red tray system which ensured that people that needed support received it. There was a menu board displayed in the dining area. However, when we arrived this board detailed the meal choices for another day. This meant that people could not see ahead of their meal what they were having. We saw that there were picture menus available but we did not see

them in use. The cook told us that meal choices were taken the previous day but additional food was prepared in case people changed their minds. There were also alternatives available if they didn't like the meal choices offered. We saw this documented on the menu forms. The kitchen staff had a copy of who required a special diet, for medical or preference reasons, and for people who required food with a modified consistency. There was also a copy available for staff in the kitchenette areas.

We noted that at lunchtime, in addition to the care staff, people were supported by the activities co-ordinator and also the administrator. Some staff told us that this was not normal practice where as other staff told us it was. The manager and regional manager told us that this had been implemented to improve people's mealtime experiences. We saw that people who needed support with eating and drinking received this in an appropriate timescale and approach. We also noted that staff were moving around the bedrooms, for those who were more dependent, offering drinks. However, two people needed more support during the mealtime with one person slumping over their chair in the dining room. We had to bring this to the staff member's attention as they had not acknowledged the person's needs and they were at risk of falling from their chair and not being able to eat their meal.

The service had recently changed over to one GP practice which meant they were able to hold a surgery day. The manager said that this meant the GP has time to see people in a person centred way as they had more time to listen and carry out a full check-up. People told us that they saw the GP when they needed to. The manager told us that they were also well supported by the district nurse team. People's medical notes showed they were seen by other healthcare professionals such as mental health teams and occupational therapists.

Is the service caring?

Our findings

People told us that that the staff were caring and that they received care or support in a way that they chose. One person said, "I like it. It is alright here." One of the relatives said that four staff members visited their relative while they were in hospital. However, relatives told us that there was a 'high staff turnover' in the home. They told us that losing staff members had an impact on their relatives as the home was sometimes short of staff and the having new and agency staff frequently meant that staff did not know the needs and preferences of the people they were supporting.

Staff moved around the home chatting to people and their relatives in a way that demonstrated they knew people well. We observed people being treated with dignity and respect. Their privacy was also promoted. Staff spoke sensitively to people when offering personal care and bedroom doors were closed. We spoke with staff about

how they promoted people's dignity and privacy. One staff member told us, "It's different for everyone and it takes time to build a relationship with you so they trust you to help with such personal things." They went on to list all the ways they provided care in a way to promote privacy and dignity. This included keeping people covered up when providing personal care, closing doors, talking quietly and listening to people.

The service was in the process of implementing new care plans for everyone. The manager told us that they were 80% through reviewing the plans. We saw from one plan that had been completed that the person was involved in planning their care and expressing their preference. We saw in the older care plans which were still waiting for the new format, care needs were recorded in a way that expressed the individual's wishes and demonstrated their involvement. People told us that they were involved in planning their care.

Is the service responsive?

Our findings

People told us that they felt they could speak to the management if they had a concern and were confident it would be dealt with. One person told us that the service had responded to an issue they had raised. They said, “Yes I have had issues with a new care worker, I complained to the Manager but we sorted it out. I think we were new to each other.”

People told us they were asked for their feedback regularly. Relatives told us they were involved with reviews and decisions about their relatives. One of the relatives told us that there was resident meeting on Fridays. Other relatives confirmed that they were regularly asked for their feedback.

People told us that they were happy with the activities provided and that they suited their preferences. One person said, “There’s always stuff going on, they come and tell you.” Relatives told us that an activity schedule was developed but the home was often short staffed therefore was unable to offer the planned activities. On the day of our inspection we observed some activities being offered in accordance with the activity schedule.

We reviewed the complaints log and saw that each complaint was recorded as being responded to appropriately. Investigations were carried out by the manager or regional manager and in some cases a representative from the provider who then provided an in-depth report. The regional manager told us that they and the manager both met with people who raised a complaint to help resolve the situation and assure the complainant that they were taking it very seriously. However, we noted that some complaints in regards to the cleanliness of the service were received over a year ago and the issues in regards to the cleanliness of the service were not resolved. We saw a copy of the cleaning schedules currently being devised which were due to commence following a staff meeting by the end of July 2014. The manager told us that they were currently reviewing the cleaning hours allocated for the service.

The provider had identified that there were a number of falls occurring late afternoon and early evening and had changed the hours that the activities staff worked to improve this. People had raised concerns that activities carried out later in the day had increased the risk of falls as people were tired. The manager told us that this had directly reduced the number of falls at this time of the day.

Is the service well-led?

Our findings

People told us they knew who to speak to if they had any suggestions, feedback or complaints about the service. One person told us that they would raise issues with, “The person downstairs.” They went on to tell us they were happy and they had no concerns

There were systems in place to ensure that the provider was able to monitor the quality of the service. The manager completed regular audits from a planned schedule, developed action plans and reported their findings to the regional manager. The regional manager carried out regular monitoring visits where they sampled the manager’s audits and actions plans to ensure they were accurate and being completed.

The provider had a service improvement plan in response to issues identified both internally and by the local authority’s monitoring visit. There was a plan in place and the manager was working through the actions with the support of the regional manager and another manager employed by the provider.

However, we noted that the systems in place were not always robust and effective as all of the concerns identified at our inspection had not been identified and there were no plans in place to address these concerns. For example we identified concerns in relation to the cleanliness within the home in all areas. This had not been identified during the audits and whilst there was a plan in place to ensure improvements were made improvements were not being made and the home remained unclean. We also saw that the issues we identified in relation to care plans, pressure care and medicines had not been identified as part of the quality monitoring systems.

The service carried out an annual survey with people who used the service and their relatives in April 2013. We noted that this was now overdue for 2014. The survey identified issues around the cleanliness of the home. Although we saw that the manager had addressed this in an action plan, we saw from our tour of the environment that the issues in regards to cleanliness remained an issue.

The manager had implemented a ‘Resident of the Day’ system which was set up for the person identified on that day to have a full review of their care needs, of their care plan and a deep clean in their bedroom. The regional manager told us that this was put into place to address

issues identified through their internal audits. However, we noted that gaps in reviews in care plans and inappropriate care being provided demonstrated that the ‘Resident of the day’ system was not effective.

We identified that the service was in breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff surveys had recently been sent out and the manager told us they were awaiting their return. Most of the staff we spoke with were positive about the management of the home and one staff member told us the manager was “...extremely supportive.” They said, “[They] listen to you and let you get it off your chest, somewhere else they’d have made my life miserable for speaking my mind but not here, [they’re] good at letting you have your say.”

The manager and staff told us that there were weekly senior staff meetings. They told us that there was a good exchange of information and feedback was shared. One staff member told us of a new system relating to the bed changing arrangements which was implemented following their suggestion to the manager.

We spoke with the manager and regional manager about the recent staff changes who told us that they were currently recruiting and new staff had started. When we arrived at our inspection we saw that the staff team was being supported on shift by the registered manager who had a good understanding of each person’s needs to bridge the knowledge gap of staff during this time of transition. We were told by the regional manager that this was planned to continue for the foreseeable future to ensure that people’s needs were being met in a way in which they chose.

We saw from audits and meetings that where issues with staffing had been identified due to staff retention problems, this had been identified by the manager and the provider and they were working to resolve these shortages. There was a plan in place to address future issues in advance of them occurring.

On the day of our inspection the home was being led by the manager with the support of the regional manager and there was an additional manager from the provider who was assisting the service to implement a new care plan system. The level of management support in the home meant that this enabled the manager to work on the floor with the staff. They told us that this was to enable them to guide and support staff as there had been some new staff

Is the service well-led?

who had been employed recently. The manager told us this was also an opportunity to develop the skills and experience of not only the new staff, but the whole staff team.

The regional manager was providing daily support for the manager to develop their skills and ensure that the service worked to address any areas that required improvement.

We saw that there were regular meetings held with the most recent being in the last month. This included health and safety, staff and resident meetings. Issues highlighted at these meetings were included in the service improvement plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>People who used the service were not protected against the risks of inappropriate or unsafe care as the registered person did not ensure the appropriate planning and delivery of care meet met the individual's needs and ensure their safety and welfare.</p> <p>Regulation 9 (1) (b) (i) (ii) (iii)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>People who used services and others were not protected against the risks of acquiring a healthcare related infection as the provider did not ensure the appropriate standards of cleanliness and infection control were maintained. Regulation 12 (1) (a) (b) (c) (2) (a) (c) (i) (ii)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person did not ensure that they identified, assessed and manage the quality of the service to ensure that people were protected against risks to health, safety and welfare.</p> <p>Regulation 10 (1) (a) (b) (2) (a) (b) (i) (c) (i)</p>

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The service did not protect people against the risks associated with the unsafe use and management of medicines, by means of the recording, handling, safe keeping, dispensing, safe administration medicines used for the purposes of the regulated activity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

The service did not ensure that the health, safety and welfare of people was safeguarded as they did not ensure that there were sufficient numbers of skilled, qualified and experienced staff to meet people's needs.