

A M S Care Limited

# Gifford House Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### 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.

This inspection was unannounced which meant the provider and staff did not know we were coming. At the last inspection on 8 February 2014 the provider met all the requirements we looked at.

Gifford House Care Home is a purpose built care home that provides a service for up to 61 older people who may have care needs associated with dementia. Nursing care is provided. The home offers accommodation over two floors, and is divided into three units. Betts Unit on the ground floor provides palliative care. Linford and Radcliff

# Summary of findings

Units on the first floor provide care for people living with dementia. All bedrooms are for single occupancy and have an en-suite facility. There were 58 people using the service at the time of our inspection.

At the time of our inspection a registered manager was employed at the service. 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.

People were happy with the service they were receiving and we received many positive comments about the service, the management and the staff team.

We saw that there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that the service was applying these safeguards appropriately. This was through assessing people's capacity and making appropriate referrals to the supervisory body, (the local authority,) if people's liberty was being restricted.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way. From the six people's plans of care we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

During our observations throughout the day we saw that staff clearly knew how to support people in a ways that they wished to be supported. On the day we inspected we found that sufficient numbers of staff were being provided to meet people's needs.

Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in a way that were safe and protected people.

We saw that staff respected people's privacy and dignity and worked in ways that demonstrated this. Staff knocked on people's doors and asked for permission before providing any personal care.

Records we looked at and people we spoke with showed us that the social and daily activities provided suited people and met their individual needs. People could make their own decisions about if they undertook activities or not. People's preferences had been recorded and we saw that staff respected these.

Records viewed showed that people were able to complain or raise any concerns if they needed to. We saw that where people had raised issues that these were taken seriously and dealt with appropriately. People could therefore feel confident that any concerns they had would be listened to.

The provider used a variety of ways to assess the quality and safety of the service that it provided. People using the service and their families were consulted with. The organisation undertook a range of monitoring and areas such as health and safety and medication were regularly audited.

The management team at the service were well established and provided good and consistent leadership.

# 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 safe.

People living in the service felt safe. Staff were well informed about how to recognise any abuse and also how to respond to any concerns correctly.

Where there were risks associated with people's care needs we saw that these were assessed and planned for. This ensured that people were cared for as safely as possible.

A sufficient number of staff with the appropriate skills were employed at the service. People told us that there were enough staff on duty to meet their needs safely.

Good



### Is the service effective?

The service was effective.

People and their families were happy with the care and support they received to meet their care and healthcare needs.

People were happy with the food provided at Gifford House. People were offered choices to encourage them to eat and drink well.

Staff had the knowledge and skills to meet people's diverse needs. Staff received a good induction and on-going training so that they were well trained and supported in their role.

Good



### Is the service caring?

The service was caring.

The service had a warm and welcoming atmosphere. Staff were friendly and caring in their approach to people and their families.

Staff demonstrated good practices and worked in a way that ensured that people's dignity and privacy were maintained.

People had the opportunity to comment on the service and their individual care. People told us that staff listened to them and acted on what they said.

Good



### Is the service responsive?

The service was responsive.

People's health and care needs were assessed planned for and monitored. This ensured that people's needs were met.

People were able to raise any concerns or issues about the service. We saw that issues raised were acted on. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

A range of activities and opportunities were provided to ensure that the service was responsive and met individual occupational needs.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The service had a strong and stable management team in place. People knew who the manager was. They told us that the manager did a good job, was approachable and provided a well-run home for them to live in.

The service had systems in place to monitor the quality and safety of the service. This ensured that people lived in a home that was safe, monitored and well managed.

Good



# Gifford House Care Home

## Detailed findings

### Background to this inspection

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.

This inspection was completed by an inspector, an expert by experience in older people's services and a specialist professional advisor in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist professional advisor is someone who brings their professional experience and knowledge to give us a greater understanding of how well the service is meeting people's needs.

Before our inspection we looked at and reviewed the provider's information return. This was information we had

asked the provider to send us to explain how they were meeting the requirements of the five key questions. We reviewed other information that we held about the service such as notifications, which are the events happening in the service that the provider is required to tell us about, and information from other agencies.

During our inspection we spoke with 12 people living at the home, 13 relatives and 17 members of staff. As part of the inspection we also liaised and spoke with the registered manager, the deputy manager and the provider of the service. Following the inspection we spoke with an involved professional who had undertaken reviews of people's care at the service.

Not everyone who used the service was able to communicate verbally with us. We used observations, speaking with staff, reviewing care records and other information to help us assess how their care needs were being met.

As part of this inspection we reviewed six people's care plans and care records. We looked at the induction, training and supervision records for three members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance, safety and fire records.

# Is the service safe?

## Our findings

When we spoke with people living in Gifford House Care Home everyone told us that they felt safe and secure. No one we had spoken with raised any concerns about how staff treated them. People made comments such as, “They know what I need.” And, “It is a very safe and caring place.” A relative told us that they were, “Very comfortable with the care offered to [their relative] and would certainly speak up if the need arose.” They also said, “I come into the home at various times during the day and always witness good care being given.” Visitors spoken with felt that the service was a safe place. They felt that it was always clean and tidy and that staff were always mindful of people’s health and safety.

Staff records confirmed that staff had received training in the protection of vulnerable adults. The provider had policies and procedures in place, and information was on display to guide practice and understanding. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place to protect people. Staff spoken with told us that they would also feel confident in raising any issues directly with the manager.

We had a discussion with the registered manager about the Mental Capacity Act 2005, (MCA,) and Deprivation of Liberty Safeguards, (DoLS.) The manager knew how to make an application to supervisory body, (the Local Authority,) if a person was being deprived of their liberty. The registered manager confirmed that one application under DoLS had been made and was being assessed. One authorisation was in place. This showed us that the provider was aware of their obligations under legislation and was ensuring that people’s rights were being protected.

The provider had appropriate policies and guidance available to support staff practice. Staff training records showed that staff had undertaken training in MCA and DoLS. Staff we spoke with confirmed this and demonstrated an awareness of the issues around people’s capacity. People’s care records included a DoLS checklist to assess if their liberty was being compromised in any way. People’s capacity to make day to day or other decisions had been assessed where appropriate.

During our inspection we saw that people moved around the building and the grounds following their own routines. People told us that they could come and go as they wished. The day of our inspection was very hot and we saw that staff sought to keep people safe by encouraging the use of sun screens and hats.

Staffing levels were sufficient to meet people’s needs and care for them safely. From looking at staffing rotas and talking to people, the manager and staff we found that suitable levels of staffing were being maintained. The care team were supported by management, catering, administrative and housekeeping staff. People spoken with felt that staff were available to support them when they needed assistance. One person said, “There are always staff around.” Another person said, “I usually get help when I need it.” During the day of our inspection we saw that there was usually a staff presence in communal areas to support people. People being cared for in their rooms looked comfortable and well cared for. Call bells were answered promptly. The call bell system in use was of a type that recorded the times between activation and answering. This meant that management could monitor that people were not waiting for too long when calling for assistance.

We saw from care records that people’s dependency levels were assessed and reviewed on a monthly basis. A member of staff told us that this information was used to assess staffing levels. We were shown that the information from dependency levels was entered into a computer programme which then indicated the staffing levels advised. Although the lunchtime period on the first floor was very busy for staff, people were relaxed and staff were not rushing. Although staff on Betts unit felt that more staff in the mornings would be helpful as it could sometimes, “Be a bit of a push,” in the main people were satisfied with the staffing provided.

During our observation of the lunchtime meal we became concerned about people’s dignity and staff managing avoidable harm. We observed that in the Linford unit the lounge area became cramped due to the number of people in there. We saw that one person was being transferred using a hoist. There was not enough room to do this without moving other people. During the process two people sustained minor injuries. Following our feedback the manager and provider told us that lunchtime routines and movements would be monitored and better managed.

## Is the service safe?

We looked at six people's care records and saw that risks relating to their care were assessed and plans were in place to minimise risk. For example, risk assessments were in place in relation to falls, the use of bed rails and moving and handling to help manage the risk and keep people safe.

Records showed us that staff were trained in fire procedures and were involved in regular drills. This meant that they would understand emergency procedures and act appropriately to keep people safe.

# Is the service effective?

## Our findings

People told us that they found the staff team very good. One person told us. "They know what they are doing." Relatives we spoke with told us that they found the staff to be skilled and professional. One family, who had experience of another service, told us that the staff at Gifford House demonstrated a greater understanding and knowledge of their relative's condition.

We spoke with nine members of care staff who were knowledgeable about people's individual needs and preferences. Staff told us that they had access to formal teaching sessions and on the job training. They were confident that they had the skills to meet people's needs. The provider had a training area for staff use which showed a commitment to providing on-going training and support. Training records viewed showed that staff had undertaken a range of training and update training to ensure that they had the knowledge and skills to meet people's diverse needs.

There was a culture of continued professional development in the service. For example, one qualified member of staff told us about how they had undertaken a good level of training in palliative care. They were continuing to develop their skills through undertaking further modular training in palliative care provided by a hospice group. Two care workers told us, "The training here is constantly on-going and very good. The manager is very keen on training. We have both also done NVQ, (National Vocational Qualification) at level two and three."

We saw from records that staff undertook an induction programme when they started working in the service. A new member of staff commented that the way they were shown how to do things was helpful and developed their confidence. Another newer member of staff said of their induction, "I could not believe the induction. Wow, it was so thorough, better than the hospital. Everything was covered, fire, safeguarding, infection control and so on."

Records viewed showed us that staff received regular supervision and an annual appraisal to support them in their role. Staff told us that they felt well supported in their role and that the management team were accessible to them at all times.

The majority of the people we spoke with were happy with the food being provided. We received comments such as,

"The food cannot be beaten." And, "I always enjoy my food." Families told us that every effort was made to ensure that people ate and drank well. On a recent survey undertaken by the service there were positive comments about the food such as, 'There is good quality and choice.' And, 'The food smells delicious and is always well presented.' We saw that people's likes and dislikes in relation to food and drink were recorded in their care records. This assisted staff in understanding people's individual needs.

The day of our inspection was very hot. We saw that staff were constantly encouraging people to ensure that they had enough to drink.

Lunchtime on the ground floor was well managed and a pleasant experience for people. Staff were readily available to assist people; food was served promptly to individual tastes. There were good staff interactions with people and people were well supported in accordance with their individual needs. People were offered choices and encouraged to eat well.

On the first floor the lunchtime period was very busy for staff as a number of people needed assistance to eat. We discussed with the manager and provider some of our observations of the lunchtime period on the first floor and identified where practice could be improved. For example, The dining area on the first floor was very full and busy which could be a difficult situation for people living with dementia as they may find it more difficult to deal with noise and bustle. However, people were being well supported. People were encouraged through the use of aids such as plate guards to eat independently.

We saw that the provider visited the dining areas at lunchtime and offered assistance. The provider agreed that lunchtime on the first floor had seemed less well managed than usual and agreed to review how this period of the day was managed.

People's care records viewed showed that people's nutritional needs were assessed and monitored to ensure their wellbeing. Speech and language therapists and dieticians had been involved in people's care as needed. Staff spoken with were aware of care plans in place relating to people's individual needs such as the use of thickened



## Is the service effective?

fluids or fortified foods. The chef told us that they were kept informed of any changes to people's nutritional needs so that they could provide any different or additional dietary support needed.

People and their families told us that they were consulted with about their care needs. One person told us, "The staff ask me what I like and don't like." We saw that care records included sections such as 'information you should know about me,' 'people in my life,' 'Personal life history,' 'all about me,' and, 'to support me in my life you should know.' In these sections people, or their families, had been able to say what was important to them, how they wanted their care to be delivered and what their preferred interests were.

People were happy with the way their healthcare needs were met. One person told us, "The nurse always discusses my needs with me and gets help when I need it." On a

recent survey undertaken by the provider people had commented, "The medical care is very important and always adequately provided promptly", "My relative has had infections and had been dealt with quickly and efficiently" And, "The medical care can be a bit erratic at times but overall it is very good. The staff are very much aware of what is going on around them."

We saw that people were able to access the appropriate healthcare support such as general practitioners, geriatricians, palliative care specialists, dieticians, speech and language therapists, opticians and dentists to meet their on-going needs. People's care records showed that issues such as changing healthcare needs were responded. Where needed the support of other professionals was sought. Care plans included information about people's healthcare needs and contained relevant assessments to ensure that people's needs were understood and met.

# Is the service caring?

## Our findings

During our inspection we spoke with 12 people living at the home and 13 relatives. People using the service told us that they felt the staff were caring and described them as, 'kind' and, 'cheerful.' We received many positive comments about the staff team such as, "The carers are always welcoming and call my [relative] by their first name", "The carers treat [relative] very well" and, "This home is a very safe and caring place." One relative told us that they felt the staff had a genuine interest in each individual person.

People were comfortable with the staff that supported them. We saw that people chatted and socialised with each other and with staff. Staff were friendly and kind towards people.

People's bedrooms were personalised with their own items and reflected their lives and interests. Families told us that they were encouraged to bring in meaningful items such as photographs and other memorabilia and that staff looked after people's personal items.

We saw that staff communicated and interacted well with people using the service. People living with dementia were generally well supported and encouraged to engage in conversation and social activity. We did however note that although there was good use of body language, touch and physical prompts to aid people's understanding, staff did not always give people sufficient time to respond before moving on.

People told us that their privacy and dignity was protected. One person told us, "The staff always knock and ask if they can come in." On a recent survey undertaken by the service 100% of people said that they were offered adequate privacy with one person commenting, "The staff are very mindful of privacy." During our observations we saw that staff interacted well with people and had a courteous, caring and patient approach. We saw that staff knocked on people's doors, spoke to people individually and ensured that curtains and doors were closed when personal care was taking place.

People using the service were provided with a 'Resident and Family Handbook.' This explained to people the standards they had a right to expect, including to be treated with dignity at all times. It also gave people information on how to complain or raise any concerns.

On the majority of occasions staff offered people day to day living choices such as where to go, what to eat and drink and encouraged people to make their own decisions. People told us that they had the opportunity to express their views about their own support and the service. One person told us, "They ask me about what I want to do and if there is anything I need." We saw that a survey had recently been undertaken by the provider which asked people questions about many aspects of the service such as 'Do carers listen and act on what you say,' and 'Do you feel able to contribute to care review meetings.' The responses to these questions were positive.

# Is the service responsive?

## Our findings

People using the service and their families felt that the service was responsive if they had any queries or concerns. Relatives told us that they were consulted with, kept informed of any changes to their relative's wellbeing and could have discussions with the manager or staff at any time. They reported feeling involved in their relative's care. On a survey undertaken by the provider in 2014 people had made comments such as, "If I have any concerns about my [Relative's] condition there is always someone there to put my mind at rest," "The staff are always available either on the phone or at the home" And, "We are contacted about any issue that arises." This showed us that communication between people using the service, their relatives and the staff team was good, and that the service was responsive to people's needs.

Each person who lived at the service had a care plan in place which was personal to them. We found that care plans were clear, easy to understand and provided good information to enable staff to care for people in ways that supported their individual needs and preferences.

People were consulted with through regular surveys being undertaken, and through resident and relatives forums. We saw from minutes that a range of issues were discussed. For example, the June 2014 meeting had discussed the survey results, clarified issues arising and identified actions being taken by the service in response to the survey such as recruiting more permanent staff so that agency staff were not needed.

A complaints procedure was available and on display for people so that they would know how to raise any concerns. We saw from the seven complaints recorded so far for 2014 that the provider recorded people's concerns and

investigated and responded appropriately. The concerns recorded showed us that people felt able to raise any issues and that the service was open in their approach to looking into matters.

Some people we spoke with were happy with the level of occupation and activity available to them. Others felt that more activities could take place, but valued the one to one time that they had with staff. The provider arranged a number of planned activities through the week that people could attend if they wished. Special events such as barbeques were organised for people to enjoy. Trips out to places had been taken place and regular events such as attendance to social clubs and religious services were available for people to attend.

We saw that the provider had plenty of equipment available to cater for people's hobbies and interests and for people with differing needs to provide meaningful occupation.

During our inspection an exercise class took place; other people did some painting and one to one activities also took place. The provider had a computer with a large scale keyboard to assist people. We were told that technology had just been installed to assist people in keeping in touch with their families over the internet. This showed us that the provider sought to give everyone with some level stimulation and occupation and was responsive to individual needs. We saw that a regular newsletter was produced to try and keep everyone up to date with events.

Staff consulted with individual people about their choices and were responsive and sensitive to people's needs. For example, one person wanted to attend the hairdresser at a later time and this was arranged. At lunchtime we saw that staff encouraged people to be independent in eating but monitored the situation and stepped in to assist when needed.

# Is the service well-led?

## Our findings

The provider had a registered manager in post who was supported by a deputy manager and other senior staff. We saw that people using the service and staff were comfortable and relaxed with the manager and deputy manager. Both demonstrated an excellent knowledge of all aspects of the service, the people using the service and the staff team.

We received many positive comments about the service and how it was managed and led. One person told us, “The manager is very visible and approachable and I can speak to the manager at any time.” A care worker told us, “The management of the home is fantastic.” A visiting professional said that the service was well run and well managed. We saw that the manager and deputy manager were fully accessible to people. They spent time out and about in the home, seeing what was going on, talking to people and supporting staff. Weekly senior management meetings were held to aid communication throughout the service. This demonstrated to us that the management team had good communication skills and provided good leadership in the service.

Staff worked as a team and demonstrated a good attitude to their role. One member of staff had been inspired by their recent end of life care training and was, “Passionate about providing excellent end of life care for my key clients.”

Through discussion it was clear that the manager had the desire to keep moving the home forward. For example, management had been working on making staff feel valued and increasing staff retention and wanted to continue with this work. During our inspection we noted that staff morale was good and staff were very positive about their role. This showed us that management strategies put in place were effective in achieving their aims.

The management team also wanted to continue to develop services for people living with dementia and, for example,

rummage boxes containing items of interest for people to interact with and other sources of stimulation were being prepared and ready to put into use. This showed us that the service sought to keep their practice up to date and improve the experience of people using the service.

The provider had auditing and monitoring procedures in place. Although the provider was regularly present in the service we saw from records that they also undertook a formal monthly monitoring visit. This looked at all aspects of the environment, monitored accident and incident records and also checked other records such as staff meeting minutes, complaints, staffing and financial records. Visits included talking to residents, staff and visitors to gain their views. Where improvements had been identified these were carried out. This demonstrated that the quality of the service was monitored by the provider.

Monthly audits were undertaken in areas such as health and safety, medication and hoists and slings. Periodic audits were undertaken for infection control. Records of these audits and checks showed us that the service was well monitored and any shortfalls identified and rectified in a timely manner.

The provider also sought to continually improve the service. For example, the service had recently been completely refurbished. As part of this process the provider had sought advice from a dementia specialist to ensure that the environment was conducive to their needs.

People were involved in the running of the service and their care regularly reviewed and records updated. The service operated a ‘resident of the day’ system whereby all aspects of the individual’s environment, care records and level of satisfaction with the service were checked and discussed with them on a monthly basis. Any comments were acted on and improvements were made where needed.

We found that the service was well led and sought to ensure that people experienced a good quality and safe service.