

Aspects Care Homes Ltd

Gloucester House

Inspection report

23 Gloucester Street
Spon End
Coventry
CV1 3BZ

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02 June 2021

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18 June 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Gloucester House is a residential care home providing personal care for up to five younger adults who have mental health needs. At the time of our inspection four people lived at the home. Accommodation is provided in an adapted residential property. Bedrooms are of single occupancy with en-suite facilities, with various communal spaces for people's comfort.

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

People, relatives and staff spoke highly of the registered manager. However, limited management service oversight meant shortfalls we identified had not been highlighted. Systems and processes to monitor the quality and safety of the service and drive improvement were not always effective. People and relatives were encouraged to share their views of the service. Recent feedback reported high levels of service satisfaction. The registered manager was committed to addressing shortfalls identified during the inspection visit and driving forward improvements.

People felt safe living at Gloucester House and staff understood their responsibilities to keep people safe. Risks associated with people's care and support were well managed. However, some environmental and infection prevention and control risks were not managed safely in line with the providers policy and procedures and current national guidance. Staff had been recruited safely and people received their medicine as prescribed from trained staff. However, the recording of medicine administrations required further improvement.

People had access to health and social care professionals as needed. Staff received the training and support they needed to fulfil their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff encouraged people to maintain a balanced diet and respected their individual choices. The management and staff team worked closely with external health and social care professionals to ensure people's physical and mental health was promoted and maintained.

People's rights to privacy, dignity and respect were upheld and their independence was promoted. Developing people's life skills was central to their care and support. Staff cared about people and had built positive relationships with them. People were supported to maintain important relationships. Staff felt supported and valued.

People received care and support which was responsive to their individual needs. Staff were matched with people with shared interests and positive relationships had been developed. People and relatives had confidence their complaints would be listened to and were actively involved in making decisions about their care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 03 June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified a breach in relation to the governance of the service.

Please see the action we have told the provider to take at the end of this report.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We used all of this information to plan our inspection.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to

make. We took this into account in making our judgements in this report.

During the inspection

We spoke with three people and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the home manager and support workers. We reviewed a range of records, including two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff development and reviewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Preventing and controlling infection

- We were somewhat assured the provider prevented visitors from catching and spreading infections. However, the provider's visiting protocol was not correctly followed when we arrived at the home. Staff guided the inspector through communal areas before checking their temperature. Staff explained this was because the usual entry route was locked, and the key could not be located.
- We were somewhat assured that the provider was using PPE effectively and safely. However, used PPE had not been disposed of correctly by staff in line with current guidance during our visit. We saw used gloves and aprons were located in a general bin in the kitchen and used face masks in a bin in the office.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

- Risks within the home's environment were not always identified, assessed and well-managed. At the start of the inspection visit we saw doors to communal areas were propped open and items had been left on the staircase, including a mirror, which caused an obstruction. These practices placed people and staff at risk, particularly in the event of a fire. When we alerted the registered manager to this, they took immediate action to remove the risks.
- We saw a window in a first-floor bedroom did not have restrictors fitted. This created a risk of people of falling from height. The home manager had not identified and assessed this risk in line with health and safety requirements. The registered manager made immediate arrangements for a window restrictor to be fitted when we alerted them to this shortfall.
- Risks associated with people's care and support needs were assessed and well managed. Risk management plans provided staff with the information needed to keep people safe from avoidable harm.
- People were supported to take positive risks which enabled them to maintain their independence and have choice and control over their lives.

Using medicines safely

- People received their medicines as prescribed from trained staff whose competencies were regularly checked. One person told us, "The staff make sure I get my meds." A relative whose family member had lived at the home since it opened said, "There has never been any problem with medication."
- However, medicine administration records (MARS) had not always been completed in line with the providers policy and procedure including records for medicines prescribed as and when required (PRN). Medicine audits had not identified these errors.
- Guidance for staff to follow to administer PRN medicines lacked detail to ensure people received those medicines when needed, as prescribed. The registered manager addressed this issue during our visit.
- Medicines were ordered, stored and disposed of in line with the providers procedure and best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Gloucester House and trusted the staff who supported them. One person commented, "I'm as safe as houses."
- Staff received training in safeguarding adults and understood their responsibilities to report any related concerns. Staff were confident the registered manager would take appropriate action to protect people from harm and discrimination.
- Systems and processes were in place to protect people from the risk of harm. The registered manager understood their responsibility to report concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- Staff were recruited safely in line with the providers policy and procedure.
- There were enough staff with the right mix of skills to meet people's assessed needs safely.
- The registered manager changed staffing levels to respond to people's changing needs.

Learning lessons when things go wrong

- The providers system for recording and analysing accidents and incidents reduced reoccurrence. The registered manager told us any learning gained was shared with staff at team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People made decisions about how to spend their time and how they wanted their care and support to be provided. One person told us, "I decide every day and tell the staff."
- The registered manager understood the requirements of, and their responsibilities under the Act.
- Staff had received MCA training and demonstrated a good understanding of the need to seek people's consent and respect people's decisions to decline care where they had the capacity to do so.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed, regularly reviewed and updated as and when people's needs changed.
- The registered manager explained people and the professionals involved in their care contributed to assessments to ensure planned care focused on achieving good outcomes for people.
- The provider's policies and procedures were updated to ensure people's care and support was provided in line in legislative and best practice guidance.

Staff support: induction, training, skills and experience

- People and relatives had confidence in the approach, skills and knowledge of staff. A relative told us, "Staff are thorough and diligent in their work...nothing is too much trouble."
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard. Staff spoke favourably about the content and level of training provided to

them. One new staff member described how the quality and depth of their induction had made them feel "excited" to start work.

- The management team supported staff through regular individual and team meetings. One staff member told us, "Meetings are good. You can share your opinions and thoughts. The managers listen."

Supporting people to eat and drink enough to maintain a balanced diet

- Mealtimes were flexible, and people had access to food and drinks of their choice.
- Staff understood people's dietary needs and the level and types of support they needed at mealtimes or to prepare their own meals.
- Care records documented people's specific health conditions such as, high cholesterol. Guidance for staff to follow to help people manage their conditions was in place and we saw staff followed the guidance during our visit.

Adapting service, design, decoration to meet people's needs

- People had personalised their bedrooms in line with their preference's.
- Communal areas were homely. One person told us, "I just love this room (lounge) the colours are nice. I love looking at that picture. I look at it a lot and feel good."
- The provider had an ongoing programme of redecoration, including an annual refresh of communal areas to ensure the home continued provide a nice environment for people to live.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health and social care professionals.
- The registered manager had developed and maintained strong links with health and social care professionals involved in people's care. They told us this was key to supporting people's physical and mental well-being.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The atmosphere in Gloucester House was warm, relaxed and friendly during our visit. One person told us, "Its family here. This place is good for me." The registered manger said, "I want them [people] to feel at home, part of a family unit, nurtured and loved. To have a sense of belonging."
- People had developed positive relationships with staff. Staff knew people well and demonstrated a genuine interest in people through their conversations. One relative described staff as 'exceptional', adding, "They always go above and beyond."
- People's lifestyle choices, religious and cultural preferences and needs were reflected in their planned care.
- Staff felt valued and cared for. One staff member said, "I love my job. Our managers are always there for us and the residents (people) to make sure they get the best and we are supported." They added, "I would be 100% happy for my relative to live here."
- An 'employee of the month' staff recognition scheme was in place. The staff member received a certificate and box of chocolates as a thank you for their commitment and hard work. This demonstrated the registered manager cared about their staff. The registered manager commented, "Happy staff team means happy service users."

Supporting people to express their views and be involved in making decisions about their care

- People were at the heart of the service. They were fully involved in deciding how their care and support was provided.
- Staff understood the importance of respecting people's views, wishes and choices. One staff member said, "Their (people's) voice is what matters. We plan our day around what they want to do and when they want to do it."
- People had a named staff member (keyworker). Keyworkers were matched with people based on a shared interest. The registered manager told us, "This supports the development of relationships and builds trust." Keyworkers had additional responsibilities such as making sure families, health and social care professionals were informed of any changes and health appointments were attended.

Respecting and promoting people's privacy, dignity and independence

- People's rights were promoted and upheld. Staff knocked on people's bedroom doors and waited to be invited in before entering which showed people's right to privacy was respected. We also overheard one staff member discreetly reminded a person to change their soiled clothing which maintained their dignity.
- Staff understood the positive impact promoting people's independence had on their mental health. One

staff member told us, "[Name] goes out shopping on his own or for a walk and comes back happy." They added, "We help them develop and maintain their life skills every day. It's really important."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and supported was tailored to their individual needs. People made daily choices about how they spent their time and staff were available to provide the support required. For example, during our inspection visit one person was supported by a staff member to attend an appointment and another person chose to go shopping.
- Care plans had been reviewed in partnership with people and contained the information staff needed to provide personalised care.
- Staff had the time needed to read care plans. One staff member told us, "The care plans are very up to date and give you all the information you need."

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of their responsibility to support people's communication needs.
- People and relatives knew how to raise any complaints or concerns. One person said, "I would tell [staff member] if I had a problem or I would tell [registered manager]."
- The provider's complaints procedure was accessible and there was a system for recording and responding to any complaints or concerns raised. No complaints had been received.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain important relationships. One relative explained how staff had arranged zoom calls, during the Covid-19 pandemic, because maintaining contact was important to their family member and had contributed to them experiencing positive mental health.
- People followed their interests and hobbies and were involved in planning these activities weekly. One person enjoyed gardening and going to the cinema. Another person told us they had really enjoyed a recent day trip to a local market followed by having an ice cream at a park. A staff member said, "Seeing them [people] eating ice cream and having fun was so good. It really makes me feel happy."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management oversight of the service required improvement. Limited oversight meant the issues we found had not already been identified. For example, night-time cleaning schedules had not been completed and we saw the fridge needed to be cleaned but the task was not included on the homes cleaning schedule.
- The lack of managerial oversight had also resulted in the failure to identify staff did not consistently follow the provider's fire safety policy and procedure or national infection prevention and control guidance when they disposed of their used PPE.
- The provider's systems to monitor the quality and safety of the service were not effective. Environmental checks had not identified a restrictor was missing from a first-floor bedroom window and medicine audits had not highlighted the shortfalls we found.
- The provider could not evidence all safety checks of equipment had been completed as required by the regulations. For example, the gas safety certificate was not available during our inspection. The home manager told us this was because they had taken the documents to assist them to set up files at another of the provider's locations.
- The provider had not completed and returned the Provider Information Return within the timescale specified in line with a regulatory requirement.

We found no evidence that people had been harmed however, service oversight and governance systems were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection visit the registered manager was open and transparent with the inspector. They acknowledged our inspection findings and started to take immediate action to drive forward improvement. Following our inspection, the registered manager submitted their completed PIR.

- The management team consisted of the registered manager and a home manager who divided their time between Gloucester House and some of the provider's other locations. Whilst the managers were available via the telephone to support staff, they spent limited time at Gloucester House. The registered manager acknowledged this had contributed to the shortfalls identified during this inspection. They told us, "From tomorrow I will be based here until the home manager is trained up and I have ensured everything is in place."
- Staff spoke highly of the management team and described how individual and team meeting were used to

assess their performance, learning and development needs and opportunities to progress. The registered manager told us, "We do career progression really well. I always explore opportunities for internal promotion before going to external recruitment." Staff confirmed this happened.

- The registered manager kept their knowledge of legislation and best practice up to date through attendance at seminars and meetings within other professionals and managers within the provider group.

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

- People were central to the planning and delivery of their care and support and were appropriate relevant others were involved.
- The registered manager and staff empowered people to make choices and decisions about their lives to achieve their goals.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager understood their responsibility to be open and honest when things went wrong in line with their responsibilities under the duty of candour.
- People and relatives were encouraged to provide feedback as part of the care planning and review process and through formal surveys. Latest feedback showed high levels of satisfaction with the service and the way in which it was provided. A relative told us, "The most important thing is [Name] is happy, settled and likes it there." Another commented, "I would recommend this service without hesitation. [Registered manager] is great, very approachable."
- The provider's policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.
- The management and staff team worked closely with multiple professionals to ensure people received consistent care and support based on their needs, wishes and aspirations.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured they had effective systems in place to identify, assess and reduce environmental risks.</p> <p>The provider had not ensured all records relating to the management of the regulated activity were stored in accordance with current legislation.</p> <p>The provider has not completed and returned their PIR by the deadline set as required by the regulations.</p>