P F Moss

Gwendoline House

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

Summary of findings

Overall summary

This inspection took place on 28 April 2016 and was unannounced. There were no concerns at the last inspection of July 2013. Gwendoline House provides accommodation for up to 18 older people. At the time of our visit there were 16 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager was currently completing a level five qualification in management and preparing them to take over the full management of Gwendoline House in the future.

People were 'very happy' living at the home and we received positive comments about their views and experiences throughout our visit. Healthwatch wrote in their recent enter and view report, "We found a warm, friendly home with a very strong family atmosphere. There was much to commend. All comments from residents were positive and staff were friendly and very professional in their manner. Residents appeared relaxed and happy. There appeared to be a lot of mutual respect between staff and residents".

There were no visitors present during our visit. However we read some recent written compliments the home had received from family members. Comments included, "Gwendoline House has been part of our lives, we have always enjoyed our visits and you make us feel so welcome", "Your carers are so kind and caring to the residents, everyone always seem so happy" and "Thank you very much for your loving care you all do a wonderful job".

Staff wanted to keep people safe and protect them from avoidable harm. The registered manager listened to people and staff to ensure there were enough staff to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service to help ensure that staffing levels and skill mix was effective.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. The provider, registered manager and deputy supported staff at all times.

The registered manager and deputy understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. Staff had a good awareness of people's needs and treated them in a warm and respectful manner. The registered manager and staff were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. People experienced a lifestyle which met their individual expectations, capacity and preferences.

Peoples, relatives and staff feedback was a vital part of the quality assurance system either through annual surveys, 'residents' meetings and care reviews. They were listened to and action was taken to make improvements to their quality of life. The registered manager monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident should they need to support people who were unable to make certain choices themselves, in line with the Mental Capacity Act 2005.

People were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's

health and wellbeing was promoted and protected.

Is the service caring?

Good

The service was caring.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

Is the service responsive?

Good

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to join in activities.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service was well led.

People benefitted from staff who felt supported and were motivated to learn and develop, embracing the culture of the home to "be the best" they could.

Feedback was encouraged and improvements made to the service when needed.

Audit systems were in place for checking the service to ensure good standards were maintained.

Gwendoline House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in July 2013. At that time we found there were no breaches in regulations. This inspection took place on 28 April 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

We also read a recent report sent to us from Healthwatch South Gloucestershire (HwSG). They had conducted an enter and view (E&V) visit as part of an ongoing programme of work being implemented to understand the quality of people's care experience within local care homes. We have referred to some of their findings in our report.

During our visit we met and spent time with all 16 people living in the home. We spent time with the provider, registered manager, deputy and four staff on duty. We looked at people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

People and staff were protected by the homes policy for entering the home. The front door opened into a small lobby. The inner door was securely locked and visitors had to ring a bell to gain entry. All visitors were required to sign a book and state the reason for their visit and who they had come to see. Health and social care professionals were asked to show an official form of identification before entering the premises.

Staff protected people from avoidable harm without compromising their freedom and choice. They had a good level of understanding when identifying potential risks, managing actual risks, and keeping these under review. People were supported to take risks balanced on their safety and their health care needs. People's capacity had been taken into account when such choices had been made and their right to take informed risks had been respected.

Risk assessments were in place for maintaining skin integrity, safe moving and handling, monitoring nutritional needs and continence. All assessments provided staff with the level of risk and gave staff clear instructions of any care or intervention that may be required. Examples of intervention the service had taken included a referral for specialist advice from a dietician and supplying specialised equipment such as pressure relieving aids.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identified any trends to help ensure further reoccurrences were prevented. If a person had fallen they reviewed the environment to see if risks could be eliminated for example moving furniture, looking at flooring, and reviewing footwear or walking aids. The staff monitored for signs of infection as a possible cause.

Staffing levels were constantly reviewed to ensure they were effective and helped ensure people were safe. Levels were determined by the amount of support people required. Everyone we spoke with confirmed there were sufficient numbers of staff on duty 24 hours a day. People were able to request support by using a call bell system in their rooms and staff were always available in communal areas of the home. During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support.

The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to

illness or in the longer term due to end of life care, the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments. In addition to this senior care staff hours were deployed each week to assist with office management. The registered manager ensured there was a suitable skill mix and experience during each shift. Everyone covered vacant shifts rather than use agency staff.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. The deputy had recently completed training around effective recruitment and was in the process of reviewing recruitment to make it more meaningful with 'resident involvement'. One staff member told us recruitment was not a tick box exercise and this had helped promote a 'lovely crowd of girls' who worked as a team. Recruitment considered the personality, approach and demeanour of potential new staff. They met people as part of the interview process and staff asked for their views after the interviews were completed.

Policies, procedures, records and practices demonstrated medicines were managed safely. A new system had been introduced in recent months and feedback had been positive from staff who felt the processes were safer. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.

Good

Is the service effective?

Our findings

The registered manager supported staff with training in order that they kept up to date with best practice and extended their skills and knowledge. Staff always provided feedback for courses they attended to help ensure it was meaningful and useful. Staff preferred interactive methods of learning, group discussions, practical demonstrations and role play. Staff were asked to describe what they had learnt and how would they consolidate their learning in their care practices. We looked at some of the written comments received from recent courses. The training had increased staff confidence. Examples given included, helping them to identify triggers that may cause a person distress; further enhancing of a person centred approach to care and increased their knowledge on the principles and importance of maintaining a balanced diet. One staff member told us, "The training is brilliant; it means we are not stagnating and it keeps us on our toes".

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications including a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, continence care, person centred approaches to care, infection control, equality and diversity and prevention of pressure sores.

The service had a small, steadfast group of staff. They felt supported on a daily basis by the provider, registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences. The registered manager conducted practical observation sessions to help staff develop their practical skills, for example, medicine rounds.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month. This was particularly useful for those staff who had been absent during holiday leave or sickness absence.

All staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it was in their best interests to do so. Staff understood its principles and how to implement this should someone not have capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

There were no restrictive practices and daily routines were flexible and centred around personal choices and

preferences. People were moving freely around their home, socialising together and with staff and visitors. They chose to spend time in the lounge, conservatory, the dining room, their own rooms and gardens. People also went out independently or with staff and family members.

People received a healthy nutritious diet and staff supported people when they needed to gain or lose weight. In addition to morning coffee and afternoon tea and cakes, beverages and snacks were available to people throughout the day. Mealtimes were flexible wherever possible and people were supported if they wished to receive meals in their rooms. The dining room was popular with people and they enjoyed the social atmosphere of dining together. Tables were attractively laid with tablecloths, napkins, condiments and flowers. People were enjoying their lunch on the day of our visit and many were enjoying a second helping.

There were no set menus and people were asked on a daily basis what they would prefer to eat that day. The provider bought fresh produce everyday dependent on meal requests, in addition to this they would add personal items that people requested to the daily shopping list. Meal choices reflected seasonal trends and meals that people had chosen were traditional favourites including cooked breakfasts, roast dinners and fish and chips. People were asked following each mealtime if they had enjoyed the food.

If people were at risk of weight loss a screening tool provided guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and their weight.

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Good

Is the service caring?

Our findings

Throughout this inspection it was evident that people were cared for with compassion and kindness. We were introduced to people throughout our visit and we spent time observing them in their home. We saw warm and friendly interactions between people and staff. All staff at every level wanted people to be happy, feel important and live a life that was meaningful and fulfilling. The annual survey results for 2016 also echoed a positive response from everyone who lived there. Comments included, "Everything is satisfactory, just carry on as you are!", "I always feel confident that my wishes will be adhered to" and "I am very happy, satisfied and content. Staff are lovely and helpful".

Family and friends had completed surveys this year and expressed their gratitude to staff and the services provided. Comments included, "I see a sincere caring attitude towards residents and a positive spirit from all staff", "Thank you for an all-round positive setting for my relative. It's a welcome environment for both residents and visitors" and "I always know my relative is receiving the best quality of care and attention".

Staff morale was cheerful and buoyant, they were motivated and enjoyed their roles and responsibilities. They were committed to the people they supported. Comments included, "I am proud to say I work here", "I want to make residents happy and make their lives as pleasant as possible" and "Resident's live an independent life wherever possible and are treated with dignity and respect".

One person was celebrating their 70th birthday on the day of our visit. Staff gave a card and present, there were balloons and a birthday cake with candles and everyone sang happy birthday. A popular favourite entertainer had been booked, people were singing and dancing with staff, there was a happy, fun atmosphere.

Staff had got to know people over time and had developed personal profiles 'about me' based on the 'This is me' profiles originally promoted by the Alzheimer's society. The information gathered lent itself to a person centred approach for any person who wanted to receive individualised care and was widely used in the care sector. People had taken time to provide details about preferred daily routines and what level of assistance they required. We saw information about personal preferences, likes and dislikes, what helped them relax, kept them happy and things that were important to them. Important things included, being reassured and having a cuddle, having company, being with family, privacy at certain times of the day and looking smartly dressed. One staff member told us there was always opportunity to sit with people throughout the day, having a cup of tea, sharing news and a time to get to know people well.

The registered manager and staff were committed to ensuring people's night-time experiences were as enjoyed as much as during the day. Preferred night time routines were always considered and records reflected that people had thought about what would make them feel content and safe. This covered aspects such as providing drinks, preferred bedding, how many pillows, nightwear and closing bedroom doors. People were asked whether they preferred a light on and how many times they wanted to be checked by staff during the night. The provider lived on the premises and often enjoyed a night cap with people before they retired to their rooms; people enjoyed this routine as it enhanced the ethos of all being 'one happy

family'.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving into the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, and foot spas, helping people to fasten their jewellery and weekly hairdressing. One relative recently wrote in a survey, "Thank you for the care you give, especially the little things like painting her fingernails".

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. Comments included, "The staff are great and they look after me well" and "This is a lovely place and staff get to know you, they always have time for me".

The registered manager completed a thorough assessment for those people who were considering moving into the service. In addition to the person, every effort was made to ensure significant others were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and prospective person to make a decision as to whether the service was suitable and their needs could be met.

The homes approach to care was person centred and holistic and included the support people required for their physical, emotional and social well-being. The care plans were informative and interesting. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. Short term care plans were written for those people with acute conditions for example chest and urinary infections.

The staff spoke with us about how they had been supporting a person who was recently bereaved and had lost several loved ones in a short space of time. The staff had supported this person through the bereavement process. Much of this support had been approached through one to one interaction and respecting times for space and to be alone. Staff had also identified that the person felt lost and missed feeling 'useful'. They found 'little jobs' for them to do. They had enjoyed having a 'focus and contributing to help in some way'.

The plans gave staff guidance on each person's chosen 'typical day'. Written examples included, "I like to potter in my room early in the morning with a cup of tea", "I like to watch a late night movie on television", "I prefer to wake at 5.30am and take my time to wash and dress in the morning" and "I like to have some time in the conservatory before I have my breakfast".

People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in. Activities were always included on the agenda at the 'residents' meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. Particular favourites for people included arts and crafts, board and card games, reminiscence, bingo and quizzes. Therapy days included seeing the hairdresser, nail care and hand and foot massage. People also had personal ways they liked to relax for example, knitting, crochet, reading and receiving daily newspapers.

Some people were able to go out independently, families and friends also went out with their loved ones and staff supported as escorts where required. People enjoyed small trips to local shops, cafes and parks and the home had a mini bus for trips further afield.

The service had a complaints and comments policy in place and this was shared with people and families on admission. There had been no complaints this year. Everyone was reminded of the complaints procedure at meetings. The daily presence of either the provider, registered manager or the deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home that they knew people well and people were comfortable and relaxed in their company. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Good

Is the service well-led?

Our findings

The registered manager and deputy demonstrated effective leadership skills within their roles. Their knowledge and enthusiasm of the service, the people in their care and all staff members was evident. They were proud of the service and wanted it to be a positive experience and place for everyone who used the service. The home had a longstanding positive reputation within the local community. The deputy had good links with other care home managers and met regularly with them exchanging ideas around good practice, this was a positive move in preparing for the mangers role. The deputy had been in post for two years and their induction had been a gradual, thorough process.

The service monitored and assessed the quality of services provided by giving people, their relative's, staff and visiting health and social care professional's surveys to complete every year. These had just started to be returned. Written feedback from the surveys was positive about the home, the services provided and all staff. Comments included, "The home is caring, friendly and at the same time efficient and well organised", "Nothing is ever too much trouble for staff and managers and I have come to think of them all as my extended family" and "The managers are always approachable and offer support". One health care professional who visited the home regularly said, "It's an excellent care home and difficult to see where it could improve".

The registered manager and deputy led by example and were readily available to offer support, guidance and hands on help should carers need assistance during their shifts. They told us this promoted continuity of care and kept them up to date with people's needs.

Staff felt valued by the provider and registered manager. Staff said they 'worked as a team, had the same goals and felt like part of one big family'. The provider spent time at the home every day. They knew people individually and we saw them interact with people in a familiar, relaxed approach. They supported and joined people in social occasions and outings. The provider recognised they had an equal responsibility to ensure people and staff were happy and felt supported.

The registered manager promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. Other methods of communication included meetings for people, their relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. Staff felt their meetings were valuable and they could influence positive change. One staff member said, "We like to share our views, we feel comfortable to speak together and share ideas".

The registered manager and deputy were knowledgeable about the people in their care, the policies and procedures of the service and they were confident to share with us their views, aims and objectives. They shared new initiatives and 'plans for the future' in the PIR and we spoke with them about this during our visit. Plans included, improved record keeping, collation and analysis of information and to enhance the existing personalised approach of the service.

Systems were in place to monitor and evaluate services provided in the home. The registered manager and deputy reviewed concerns, incidents, accidents and notifications. This was in order to analyse and identify trends and risks to prevent re-occurrences and improve quality. Additional monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.