

Cieves Limited

# Gorselands Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

About the service:

Gorselands Care Home is a care home which was providing personal care to 17 older people at the time of the inspection.

People's experience of using this service:

People's safety was compromised because some risks were not well managed and some had not been assessed. Procedures relating to choking, pressure care and the management of risk, especially those posed by the environment, required improvement to ensure people were always safe.

Although staff received training relating to consent their understanding of the Mental Capacity Act 2005 needed to be improved. Records demonstrated that the provider had not always assessed people's capacity to consent to their care and treatment in line with legislation and some records needed review.

Systems designed to monitor the quality and safety of the service were not robust and did not always identify risks. There were repeated breaches of regulation and the provider had not made the progress we expected since the last inspection. This was of particular concern because the same regulations, relating to good governance and safety, had been breached at previous inspections in 2018, 2017 and 2016.

Medicines were well managed and there were enough staff to meet people's needs. Staff understood their responsibility to keep people safe from the risk of abuse and knew how to raise concerns. The service was clean and infection control procedures were understood by staff.

Staff were skilled and received a variety of training. The registered manager and provider had focussed on improving this significantly since the last inspection. Regular supervision, spot checking and appraisal of staff was in place. People who used the service were very happy with the quality of the food. Better monitoring of some people's drinking and eating was needed to ensure that people were not placed at any increased risk. People's health needs were well monitored in most cases and the provider made prompt referrals to healthcare professionals. Management of people's diabetes required improvement. Healthcare professional's advice needed to be captured accurately in records so that staff were always clear about people's current needs.

The environment had much improved since the last inspection and the service was warm and comfortable. Further improvements were needed to enhance the environment, and these were scheduled.

Staff were patient, kind and caring and relationships between staff and the people they were supporting and caring for, were good. People were very happy with the care they received and praised staff. Staff managed people's distress, associated with their healthcare conditions, well.

The registered manager kept care records under review, but care plans did not always reflect people's needs

when there had been a change. There were limited activities to occupy people's time, especially for those people who were cared for in bed.

However, we did identify significant improvements in many areas, notably the management of medicines, training, staffing and refurbishment of the environment. The provider and registered manager demonstrated to us a willingness to continue to improve. They were open and honest with us and assured us they would act robustly on our feedback.

There is more information in the full report below.

Rating at last inspection: Inadequate with the key questions of Safe and Well-Led being individually rated Inadequate and the other three rated as Requires Improvement (report published 29 September 2018.)

Why we inspected: This was a scheduled inspection based on the previous rating. At our last inspection we rated this service Inadequate overall with breaches of regulation relating to safe care and treatment, staffing and good governance. We placed the service into special measures and asked them to provide us with an action plan documenting how they would make the required improvements. Conditions imposed on the service at the inspection prior to this, carried out on 21 June 2017, remained in force and the provider was required to send us monthly updates regarding the management of medicines and the management and monitoring of accidents, incidents and risk. At this inspection we found people's experience had improved but there were still some significant areas of concern which needed to be fully addressed.

Follow up: The rating for this service is Inadequate and the service remains in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that, although some improvements have been made, people remained at risk from unsafe practice and a lack of oversight in some areas.

The conditions on the provider's registration, regarding the requirement to send monthly updates to CQC, will remain. This is because the service has failed to make all of the required improvements outlined at the last inspection. We will request an action plan from the provider documenting how they intend to ensure the required improvements are made within a specific timeframe. We will continue to monitor this service closely and inspect it again in line with our regulatory inspection schedule.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe.

Details are in our Safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our Responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not always well-led.

Details are in our Well-Led findings below.

# Gorselands Residential Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Two inspectors carried out the inspection visit on 26 March 2019 and one inspector carried out the second visit on 27 March 2019.

#### Service and service type:

Gorselands Care Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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:

We used the information the provider sent us in the Provider Information Return (PIR). This is something providers send to us to give some key information about the service, what the service does well and improvements they plan to make. Since our last inspection the registered manager has been sending a monthly update relating to certain aspects of the service including the management of falls. We reviewed this documentation as part of our planning. We also reviewed notifications which relate to significant events

the service is required to tell us about.

We gained feedback from the local authority quality monitoring team and spoke with two healthcare professionals. This information helped us to target our inspection activity and highlight where to focus our attention.

During the inspection we spoke with seven people who used the service, one relative, the director of the business, three senior members of the care staff, two care staff and a cook. We also carried out a SOFI observation. This is a structured observation that helps us understand the experiences of people who are not able to communicate with us easily.

We reviewed eight care plans, seven medication administration records and looked at two staff files which documented recruitment procedures and ongoing support for staff. We also reviewed rotas, staff training records and other documents relating to the safety and quality of the service.

# Is the service safe?

## Our findings

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

Inadequate: This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- There were inconsistencies regarding the management of the risk of avoidable harm. The registered manager had assessed people's risks relating to a variety of issues. This included those related to fire safety, falls, eating, drinking, possible entrapment in bedrails and the prevention of pressure ulcers.
- Care plans documented these risks and provided some guidance for staff to help reduce people's risks. However, guidance was not always followed and care plans were not always clear. One care plan had identified that a person, who was at risk of falls, had been provided with bedrails. The registered manager had reviewed the risk assessment and the record acknowledged that the bedrails posed a risk but it was considered to be a secondary risk to that of the person falling. The bedrails were not covered and had gaps, which might have been big enough to injure the person or possibly trap their head. No effective action had taken place to find a safer option and the risk had been known for several months. We have been informed since the inspection that the person now has a suitable profiling bed which will keep them safe.
- The same person was placed at risk of choking because their needs had recently changed and they now needed thickened fluids. We observed that they had access to both thickened and un-thickened fluids in their bedroom.
- Risks presented by the environment had not been fully assessed. We observed the kitchen door was open with no staff present several times during both inspection visits. People who used the service, and who were living with dementia, could have accessed the kitchen where a boiling water tap, gas burners for the cooker, knives and chemicals all posed a significant risk. There was no effective procedure in place to ensure people were protected from avoidable harm. The kitchen door had two handles which needed to be operated at the same time. This would have provided some protection for people but we found that the door was always propped fully open. Staff appeared unaware of any risk.
- There was inconsistent practice regarding the management of the risk of pressure ulcers. Assessments were good and equipment, such as pressure relieving cushions and mattresses, was in place. However, we found that once a person was up and dressed, repositioning sometimes stopped. A healthcare professional described this issue as, "A huge concern." We observed one person at high risk, and who already had a pressure sore, sitting in the lounge in the same chair for more than the assessed two hours without a change of position. Records for the 22 and 23 March documented no changes of position during the daytime hours. The provider accepted that this issue needed to be addressed to ensure the person's skin did not deteriorate further.
- There were comprehensive and regular safety checks of all systems and equipment. However, we noted that sometimes, where these checks had identified a problem, the provider did not take prompt action to rectify the fault and people faced a continued exposure to potential risk. For example, a fire door was reported multiple times as failing to close. On investigation with the provider and maintenance person, we discovered that the door was too far away from the alarm sounder to cause the door to close immediately, although it did close within 30 seconds. The provider acknowledged that an additional alarm sounder might

be required.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had an effective system to ensure that people who might be at risk in the community, were not able to leave the service without staff being aware. This had been an issue at our last inspection and the provider had addressed this concern well.

#### Preventing and controlling infection

- Staff received training in infection control and we observed good infection control practice. The service was clean and staff regularly carried out scheduled cleaning tasks and were knowledgeable about how to prevent and control infection.

#### Using medicines safely

- Medicines, including controlled drugs, were well managed and staff were knowledgeable about the medicines they were administering. Staff were aware of the particular requirements of time sensitive medicines and records clearly outlined how medicines should be given to people.
- Staff received training to administer medicines and their practice was observed. Medicines were accurately recorded on the medicines administration record and stocktaking was accurate.

#### Staffing and recruitment

- Staff and relatives told us they felt there were enough staff to meet people's needs. People and relatives told us staff attended to them quickly when they pressed their call bell and we observed staff responding promptly to people's needs. One person told us, "If I press the buzzer they're there before I have taken my finger off!" Staffing levels had been set following a review of people's needs using a dependency tool and rotas confirmed that the service operates in accordance with these.
- The registered manager carried out checks which aimed to ensure staff were safe to work with the people who used the service. However, we noted that one person's references were both from the same job, which was not related to care. Two other previous care related employments had not been approached for a reference. This did not show due diligence and the recruitment process needed to be more robust.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from different kinds of abuse. Staff were able to tell us how to spot the signs and symptoms which might indicate that someone was being abused. They also knew how to report abuse if they suspected it and received training.
- The registered manager understood their responsibilities with regard to reporting safeguarding concerns and had made appropriate referrals to the local authority safeguarding team.
- The provider carried out investigations into safeguarding matters, when asked to do this by the local authority safeguarding team. We saw that the provider had taken action following a recent safeguarding investigation.

#### Learning lessons when things go wrong

- During our inspection we identified issues which had the potential to place people at immediate risk. The provider took appropriate action on each occasion and told us they would discuss the issues with staff to see if any systems required further review.
- Following our last inspection, the registered manager had been sending us a monthly action plan. This showed us how they had been monitoring the service with regard to specific risks. Risks identified at that



inspection, and since, had been analysed and we saw that actions, such as maintaining a more secure front door, had been put in place.

## 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

The effectiveness of people's care, treatment and support was inconsistent. There was a breach of regulation.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people were at risk of not eating or drinking enough staff monitored this. Each person had access to a drink. However, we noted that fluid charts did not always include a target amount for a person to drink each day. This meant there was a risk that people might not receive the fluids they needed to maintain their health and wellbeing.
- We observed a lunchtime service and found the experience to be a task driven at times. There was limited ambience and no chatter other than functional communications. However, we saw that people ate well and appeared to enjoy the food provided.
- People who used the service praised the food and many people's weight was increasing. One person told us, "It's good, home cooked food". People had a choice of meals and the cooks went around to each person in the morning to discuss with them what they would like to eat. Kitchen staff demonstrated an understanding of the particular needs of people who lived with diabetes and those who needed a soft diet because they were at risk of choking. However, one person felt that some staff did not have a good understanding of their diabetes as they repeatedly had to ask for portions of dessert to be smaller. We noted that this person had gained 13 kg in the last year. Their care plan did not demonstrate how staff helped them to manage this additional risk to their health.
- Other aspects of the care and support for people with diabetes required improvement. Records were unclear and did not contain sufficient guidance for staff. For example, one person's care plan dated 18 February 2019 stated that staff should test their blood sugar levels twice a day. Another part of their care plan documented that the diabetic nurse had discharged the person from their care on 14 March 2019 but the care plan had not been updated. A senior staff member told us, "We just take it (blood glucose level) now and again." The last recorded level for this person was dated 11 March 2019 which was fifteen days before our inspection visit. A second person's diabetes risk assessment stated that they should have a blood sugar level taken twice a day before food but a senior member of staff told us it should be once a day. There was no record of what a safe range of blood glucose levels would be for this person or clear guidance as to what to do if readings were particularly high or low. One senior staff member was able to tell us of the safe range for this person and recent tests showed the person was always within this range. However, we were not clear as to how all staff would be able to find out the safe range for this person.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's other healthcare needs were managed well and people had regular access to healthcare professionals such as opticians, chiropodists, dentists, GPs and consultants. People's healthcare appointments were well monitored and followed up. A visiting healthcare professional gave mixed feedback saying that the service worked very well with them and always remained with them during appointments. However, they also felt that the service was not always proactive, especially with regard to taking appropriate action to prevent people acquiring pressure ulcers. They were also not sure if their advice and guidance was recorded accurately. This confirmed some of our own observations of the records.
- Two other healthcare professionals came to carry out a test on one person as their last visit had been unsuccessful. They worked together with staff to try and calm the person enough to let them carry out their task and this time it was successful.
- The service had worked with the local authority quality assurance team since the last inspection. Feedback from this team was that the provider had not always been willing to work with them but that this had improved in recent weeks and progress had been made.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found that the service had made appropriate applications to the local authority where it felt a person's liberty needed to be deprived in order to keep them safe. They were awaiting decisions on these referrals.
- We found a mixed picture regarding the management of people's consent. We saw that people had routinely signed their care plans to show that they consented to care or to having their photographs taken. Where bedrails had been supplied we saw that people had consented to this and signed to confirm this. Sometimes, however, it was not clear if the person's capacity to give informed consent had been assessed.
- All care plans contained a document called Decision Making Guidance which was a standard document which judged a person's capacity to give consent. One person's document stated 'The home makes decisions in [person's] best interests' and stated that staff should complete a full assessment for specific decisions. However, we found that this did not happen in practice.
- One person's record stated that they were 'Able to make decisions' noting that they had good communication skills, 'Able to make decisions with support' noting that their family or staff could help them with some decisions and also 'Unable to make decisions' such as day to day decisions about daily routines and care. This was inconsistent. We noted that this person, whose care plan recorded that they were living with dementia, had refused to have a sensor mat in their room. This decision had been made by them and they had signed the record. It was not clear whether this person had the ability to understand the implication of refusing this equipment because their capacity to understand this decision had not been assessed. They had also signed to consent to their care and treatment and to confirm that they consented to having photographs taken and the front door locked.
- Another person's care plan showed that their relative had consented to their care even though the relative only had lasting Power of Attorney (LPA) for finance and not for care and welfare. The care plan stated that the person had no capacity to consent to their own care but there was no accompanying assessment of this.
- Although some staff had received MCA training, many were yet to undertake this. Staff demonstrated a

poor understanding of the principles of the MCA and records required reviewing to ensure all decisions relating to people's care were appropriately assessed and taken in their best interests.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider carried out a comprehensive assessment of people's needs before they came to live at the service. People's needs were assessed in line with current legislation and a dependency tool established whether the service could meet people's individual needs.

Staff support: induction, training, skills and experience

- Training had improved since our last inspection and staff were very positive about this aspect of their work. We found staff to have the necessary skills and experience to meet people's needs. Some staff were overdue for their refresher training, according to the provider's own schedule. However, we also noted that the risk of this was partly mitigated. For example, where a staff member had not undertaken their medication training refresher, they were no longer authorised to administer medicines.

- New staff worked through a structured induction and worked towards the Care Certificate (a nationally recognised induction standard.) Staff also took part in shadow shifts until they felt ready to work unsupervised. Staff received regular supervision and an annual appraisal.

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

- Investment had been made in the general environment since our last inspection where we had concerns about the hot water, the condition of the bathrooms and the safety of the front door. We found bathrooms had been refurbished and signage improved throughout. Further work was needed and was planned by the provider. Wheelchairs and hoists were still stored in corridors which was not ideal but had been placed behind a line of tape on the carpet. Although corridors were very wide, storing equipment in this way could impede people's exit from the building in case of fire.

- The communal spaces were well used and we observed people moving about the service independently, including using the lift to access their bedrooms on the upper floors. Bedrooms were personalised and comfortable.

- People used adapted cutlery to help them continue to eat independently.

# 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

People were not always well-supported, cared for or treated with dignity and respect as their individual needs were not always met. The lack of prompt and effective action to identify and address concerns highlighted during previous inspections did not support the dignity and independence of the people living in the home.

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

- Staff were kind and showed compassion towards people. Relationships were good and many staff had been working at the service a long time so friendships had developed between them and the people they were supporting and caring for. We saw staff taking time to chat to people and offering care and support at people's own pace. A person who used the service told us, "I can't fault the care. It's excellent." A hairdresser, who has been coming to the service for many years told us, "They really go the extra mile here. We did a perm for one of the ladies in bed. I'd never done that before but [senior carer] helped me and we worked as a team."
- We observed staff having a laugh and a joke with people and putting music on and having a song and a dance. People who used the service told us this happened all the time. One said, "We always get a song when [staff member] is on!"
- Records included equality and diversity information such as people's sexuality and any cultural sensibilities which were part of a person's identity and important for staff to know.

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

- People had the opportunity to express their views. The registered manager reviewed people's care and gave them, or their legally appointed representative, the chance to contribute to this process. Care plans included specific details about how people wished to receive their care. Care plans we viewed had all been reviewed recently but sometimes new information about people's care needs and preferences was not well captured and risked people receiving inconsistent or unsafe care.
- Resident and relatives' meetings were held every six months with the most recent being held in March 2019. These meetings gave people another forum in which to raise any issues and give feedback on aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff ensuring people were appropriately dressed and supporting them discretely to ensure their personal care needs were met. One person told us, "Staff are gentle and kind when assisting with my personal needs and they encourage me to keep independent." Several people echoed this comment and felt their independence had increased. A relative said, "My [family member's] privacy and dignity is always maintained. [They] are always dressed and well presented."
- Staff showed an appreciation of people's rights and we saw that people were able to meet privately with

their family member if they wanted to.

- We observed staff distracting a person who was becoming upset by giving them a particular task to carry out alongside the staff member. This refocussed the person's attention and gave them a purpose for the next few minutes by which time their mood had improved.

## Is the service responsive?

### Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans and risk assessments were reviewed each month by the registered manager. However, we found some updates and changes to people's needs were not clearly reflected in these records which meant there was a risk of the person not having their needs met. For example, the information about two people's blood glucose testing was confusing and diabetic care plans, were not detailed.
- People were involved in discussing and reviewing their care needs and plans had been signed by the person, or their legal representative, to confirm this. Plans contained some person-centred information, but this could be more detailed to include exactly how people liked to receive their care and what is important to them. People's needs with regard to their religion, cultural sensitivities and sexuality had been recorded.
- The provider carried out satisfaction surveys with the people who used the service, or those representing them. People felt the provider listened to their feedback and acted on it.
- The provider had a programme of activities on the noticeboard but people found it difficult to read. Nobody was able to tell us what activities were planned for the day of our inspection.
- Although people were very positive about the activities that were provided, we observed long periods of time when people were not occupied in any meaningful way. We observed only three people taking part in any activity on the first day of our inspection. Although the provider told us that sensory equipment was available for people to use staff did not bring these out. People who were cared for in bed received very little meaningful stimulation outside of mealtimes. The provider told us they were looking to appoint an additional activities coordinator to ensure people had more to do.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and complaints were managed in line with the provider's own policy and procedure. We viewed one formal complaint and one informal, which had been brought up at a relatives meeting. Both were responded to appropriately and promptly. The complaints procedure was available in large print format and printed on paper designed to be suitable for people with a visual impairment. People told us they knew how to make a complaint.

End of life care and support

- Staff received training to help them support people approaching the end of their lives. We saw that staff worked in partnership with other healthcare professionals to support people and their families at this difficult time.
- Records included advanced care plans which documented the care and support people wanted leading up to their death and their wishes following their death.

## 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.

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had a quality assurance system in place. The registered manager carried out competency checks, observations of staff practice and a variety of weekly, monthly and annual audits were undertaken. However, these systems had not highlighted all the concerns we identified during our inspection. The provider also carried out a monitoring role and showed us an updated monitoring tool. They reviewed this tool during our inspection to reflect the concerns we found and ensure that these would be regularly checked in the future.
- We found that care plans did not always reflect important information when people's needs changed. Records were not clear which could be confusing for staff. Although individual staff knew people's needs well, information would not easily guide newer staff. This posed a risk of people failing to receive consistent care.
- We also identified that the registered manager and the provider did not have effective oversight of risk. Although routine health and safety checks were carried out, action was not taken promptly to address the concerns. We also found some unsafe custom and practice with regard to the open access to the kitchen and failure to investigate known potential risks such as fire doors not closing promptly. This meant that the provider and staff did not have a good understanding of potential risk and had not taken all possible action to minimise these risks. This was an issue at previous inspections and effective systems should have been in place to ensure people's safety.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our last inspection the provider had implemented some new strategies designed to improve the service. For example, new staff were able to undertake a 'taster day' before committing to take up a post at the service. This was designed to help select staff who were clear about the expectations of the role and to ensure good staff retention. We noted that staff retention was good and the consistent staffing was commented on positively by people who used the service.
- The registered manager was clear about their regulatory requirements and reported matters appropriately to CQC. In addition, following the last inspection, they had sent in the required monthly updates on time and we found these were of a good quality.
- Staff told us they understood what was expected of them and were positive about the registered manager and the provider. One staff member commented, "The management team are supportive and we have a good relationship with each other." The provider had good systems in place to manage the performance of



staff who were not working to the required standard.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had worked with the provider since our last inspection to try to address the concerns raised. Both the provider and the registered manager demonstrated that they were committed to improving the service. The provider was often at Gorselands and took an active part in the day to day running of the service.
- The provider was honest about the challenges they had faced in driving improvement and accepted our feedback about the ongoing concerns. They demonstrated this by acting on some of our findings as soon as we highlighted them. We found some significant areas of improvement at the service, and some issues that required further work.

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

- Residents' and relatives' meetings were held every six months and gave people the chance to provide feedback and gain information on issues affecting the service. Minutes of these meetings showed that the provider went around the room actively asking for feedback and giving people the chance to raise concerns. The provider also sent out quality of life surveys, with the most recent being carried out in September 2018. 12 responses were received and all were broadly very positive and people declared themselves to be very satisfied.
- Minutes of staff meetings demonstrated that they were a two-way process with staff contributions highlighted. They took place regularly and staff were positive about them and found them useful.

Continuous learning and improving care

- Since the last inspection we saw that staff received a more enhanced training programme and a wide variety of training was offered. Training was delivered on the day of our inspection and staff told us they had benefitted from additional training.
- Although improvements to the care provided were clear in some areas, further work was needed in some areas. Improvements are required related to the monitoring and management of risk and the understanding and implementation of the MCA. The provider told us they are committed to doing this.

Working in partnership with others

- The provider used the resources at their disposal, including CQC and the local authority quality assurance team, as well as local forums for peer support. The provider told us that they had recognised that there are a lot of resources available to help them and would be continuing to access these.
- Relationships with a variety of health and social care professionals were good and staff worked well with them. Inaccurate records needed to be reviewed to ensure they accurately documented the guidance and advice given by other professionals and ensure safe and consistent care.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to ensure that people's consent to care and treatment had been sought in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure all risks to health and safety were assessed and mitigated. Regulation 12 (1) (2) (a) and (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure that systems to assess, monitor and mitigate risk were operated effectively. Regulation 17 (1) (2) (b).