

Gorselands Court Limited

Gorselands Court Limited

Inspection report

Aigburth Vale
Liverpool
Merseyside
L17 0DG

Tel: 01517261771

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We visited Gorselands Court Limited on the 4 August 2016. The type of service provided is extra care housing provided within a private retirement complex. People are provided with a range of hours of support per day or per week in line with their assessed needs. The share holders are people who reside within the complex and they select a Board of Directors. At the time of our visit, the service was providing four people with domiciliary care services. There were 12 care/ housekeeping staff with five housekeeping managers employed to provide this service.

The service had a registered manager. 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.

At this inspection we found breaches relating to the recruitment procedures and training and induction programme for staff. These arrangements were not robust enough to ensure that staff were safely recruited and then trained. . You can see what action we told the provider to take at the back of the full version of the report.

There was a safeguarding policy in place and care/housekeeping staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager or office manager immediately. The management team were not fully aware of the procedure to follow if an incident occurred.

Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened. Incidents and accidents were recorded and learned from.

The opinions of people who spoke with us were that the service was really good. People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated. People confirmed that calls were never missed and that an on-call system was always available. All of the people we spoke with had no complaints about the service.

The staff employed by Gorselands Court Limited knew the people they were supporting and the care they needed. People who used the domiciliary service and staff told us that Gorselands Court Limited was well led and staff told us that they felt well supported in their roles. We saw that the registered manager had a visible presence and it was obvious that they knew the people who they supported really well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff recruitment records were not always in place to show staff were recruited safely. Disciplinary and other employment policies were in place.

Medication was documented appropriately.

Safeguarding policies and procedures were in place. Care staff had received training about safeguarding vulnerable people. Management required updating on the provider policy and procedure to ensure they were aware of who to notify if a safeguarding incident occurred.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff had undertaken relevant and appropriate training.

Staff were not appropriately inducted as there was no induction procedure in place.

Staff were provided with infrequent supervision of their work performance, there was no annual appraisal procedure in place.

Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in their plan of care

and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care plan review documentation was always updated.

Is the service well-led?

The service was not always well-led.

The registered manager was clearly visible and staff said communication was open and encouraged.

The service had a manager who was registered with the Care Quality Commission.

The quality of the service was not being monitored appropriately.

Requires Improvement 

Gorselands Court Limited

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 4 August 2016. We gave 14 hours' notice to make sure that the manager would be available. The inspection was carried out by one adult social care inspector. Before the inspection, the provider completed 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 plan to make.

We visited the service on 4 August 2016 and looked at records, which included the four people's care records, four staff files and other records relating to the management of the service. We spoke with the registered manager, a housekeeping manager and two care/housekeepers. The visit also included home visits to two people who used the domiciliary care service.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at the safeguarding information, complaints and any other information received from members of the public.

Is the service safe?

Our findings

People who used the service said they felt very safe when supported by the staff. One person who used the service told us "The staff are extremely good; they know what they're doing. I do feel safe when they help me". Another person said "Staff who visit me are always well mannered and know what they're doing, I do feel safe with all of them". We received no reports of missed visits and was told by the people that there was excellent continuity of staff for people's visits.

We looked at four staff files and saw records to show that recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and written references. We found that the registered manager who did all of the recruitment needed to ensure that all references were validated. The employment history on two of the four staff files looked at had not been completed appropriately and there were unexplained gaps in staff's employment history. Copies of original documents did not show any record that the original document had been seen by whom and the date. All of the staff files did not contain a photograph of the person. This meant that the office manager had not ensured staff recruitment was completed fully. We were told that there had been no audits of staff files completed. We asked the registered manager to take action to rectify these matters.

This is a breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Fit and proper persons employed).

The registered manager and one of the housekeeping managers were not fully aware of how to report any safeguarding incidents that may occur at the service. Both were asked about the procedure and were not aware of notifying the CQC. The information was contained in the providers policy that had been reviewed in April 2016. There had been no safeguarding incidents at the service in the last two years. The registered manager was aware that if an incident did occur they had to report it to the relevant Local Authority. All care/housekeeping staff spoken with were aware of what action to take if they thought any safeguarding incidents had occurred. All told us they would report immediately to the managers.

Gorselands Court Limited provided domiciliary care in an extra care housing service within a private retirement complex. People are provided with a range of hours of support per day or per week in line with their assessed needs. The share holders are people who reside within the complex and they select a Board of Directors. The registered manager told us that all care and support was provided in house and was private for the four people currently being supported. We discussed with the registered manager the staffing levels and that feedback from people using the service was very good, describing continuity and reliability. We were told that there was a team of staff that were available for the service required by the people living at Gorselands Court.

We looked at the care plan and risk assessment records for the four people. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk in the original care assessment records. The registered manager told us that they should be reviewed annually or sooner if

there was any change in the person's needs. There were reviews completed every three months and records included staff signatures and dates and the person's signature with the date the care plan review was on and agreed to.

The original risk assessments had been completed with regard to moving and handling, the environment, handling medicines and people's physical health. We discussed how the service monitored equipment that was used in people's homes, this included when equipment was due to be serviced. The registered manager told us that no people were currently being supported by hoist transfers and that if they were staff would be trained appropriately with regular checks taking place.

We saw that personal protective equipment such as gloves and aprons were provided to staff. The provider ensured all staff were provided with uniforms and protective clothing. One person who used the service said "Staff always have their aprons and gloves with them".

We looked at how the service supported people with their medication. Two people were supported with administration of their medication. Medication Administration Record sheets (MARs) were available within the two care files; these were provided by the provider and we saw these had been completed by care staff. People who required support with medication were encouraged to use blister packs. We were told by everyone we spoke to that there were no problems with their medications. We discussed the MAR records with the registered manager as staff were administering the medication and not prompting as they were taking the medication out of blister packs that the pharmacy had provided. We were told that the two people were able to take the medication out of the blister pack and that he would discuss with all staff. We discussed the National Institute of Clinical Excellence (NICE) good practice guidelines for domiciliary care, person centred care for staff providing support for people with their medication.

Staff had received training in medication administration, staff we spent time with told us any issues with medication was always reported to the managers who dealt with the issue immediately and would liaise with the relevant health professional. The registered manager told us that they are introducing a new MAR sheet that would have a lot more information in place including the use of topical creams that staff were currently recording in the visit records.

Is the service effective?

Our findings

People we spoke with felt that the staff calling on them were fully trained and had the necessary skills. One person said "The staff are all very good, well trained I no complaints". Another person told us "Staff who visit here are very good and kind. I am happy with the care and the staff are very good at they do everything I need and go above and beyond for me".

The service employed 12 care/housekeeping staff and five housekeeping managers. Two of the three staff we spoke with had completed a 'National Vocational Qualification' (NVQ) in care and 15 of the 17 staff had a qualification in care. The registered manager told us that they had qualifications in care.

Care staff had been provided with one annual supervision meeting a year. The registered manager told us that he was not aware that there should be more frequent meetings for staff. We looked at four staff files which all had supervision records in place, for example one member of staff had a meeting in December 2011 and December 2015. Another new staff member had received one supervision in December 2015 however no other meeting had taken place in the eight months they had worked at Gorselands Court. Staff told us they did have supervision with the manager and said there was an open door policy and the manager was supportive and dealt with their issues. Staff told us that they had not had an annual appraisal; we spent time talking to the registered manager and they confirmed that appraisals had not taken place.

There was one new member of staff who had been employed at the service in December 2015. We noted that new staff had not received an induction when they first started working at the service. The only training provided was dementia in care and health and safety. We discussed the lack of induction training and the issues relating to the safety of the member of staff and the people they were supporting. The registered manager discussed the cost implication of arranging training for one individual as training was procured externally. We discussed the Care Certificate with the registered manager; the Care Certificate is a set of standards that social care and health workers should use in their daily working life. It is the new minimum standards that is recommended should be covered as part of induction training of new care workers.

The training was provided in house and by an external training company. Subjects that had been covered included dementia, food hygiene, infection control, first aid, moving and handling, safeguarding and fire training. The registered manager discussed the training and plan that was being used. One person told us "Staff are well trained and do a good job".

These are a breach of Regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing) The provider did not have an induction training programme in place for new staff. There was no supervision on a regular basis and none of the staff were receiving an annual appraisal.

The two people who spoke with us had food prepared for them by staff and they said they were very happy with what the staff provided for them.

The care plans we looked at showed care delivery had been agreed to by the person receiving the service.

The service was currently providing care to people who were able to consent and agree to the care being provided to them.

Is the service caring?

Our findings

People told us that staff were always kind and respectful when supporting them. One person who used the service said "They're all very nice, really caring and I like them all, they are really lovely, excellent in fact". Another person told us "Really super staff, they do what is needed and what I ask them to do. Brilliant and very respectful. They help me to shower and are always courteous and ensure my dignity is intact at all times".

People who used the service were visited by the housekeeping managers and asked about the service provision. They told us that the housekeeping managers worked as part of the team in providing care and support and asked them at all visits if the service was providing what they required. People we spoke with were very happy about the care and support provided by the service. We were told that staff were very respectful and caring and carried out their role in a professional manner. One person said "Staff provide the fantastic care, very respectful to me".

The people we spoke with said they were well informed and were also involved in the care being delivered. The care plans we looked at had all been signed and agreed and all of the care plan review records looked at had been signed by people and staff who had completed the review. People told us that the care was what they required from the service.

The two people who spoke with us were happy with the continuity of care/housekeeping staff. They said "The same care staff visit, they're all good". And another said "Brilliant continuity I have three lovely staff".

We looked at the information supplied by the service at the homes of two people. Both had a copy of the 'Service User Guide' that gave all relevant information about the service, how to contact and who to discuss any questions or issues with.

We observed that confidential information was kept in the main office that was locked when there were no staff at the office. Files were locked in filing cabinets and all computer access was protected by a password code.

All of the staff spoken with were really enthusiastic about the service provided, one said "We work hard but I really enjoy my job it's a good place to work we all help each other". Another said "Great place to work everyone cares here and I think and we do work really hard and provide great care to people".

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way care was provided, told us they could not fault the approach of the staff, and felt listened to. They told us that they would certainly be able to express concerns about the service if they had any and would speak to the registered manager. All of the people spoken with were sure they would know how to complain if it became necessary and all had not, so far, made any complaints. One person told us "Nothing to complain about the staff are lovely. I would speak to the manager if I did". Another person said "I have no complaints at all it's a fabulous service".

We saw that information was kept in two different locations. These were the lockable cabinet in the main office and on a password protected database. We saw that the information was always reviewed and information updated to reflect changes that had taken place. In one of the four care files we looked at, a person's care had been increased and the visits were now taking place three times a week and the records reflected the change in service provision.

Gorselands Court Limited had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked people in the service if they had the complaints procedure and had they used it. People told us that they had the complaints procedure and would use if required. None of the people contacted had complained. We saw from the records that there had been no complaints in the last two years.

All the people we spoke with reported that they had full choice in their care and the way it was provided and they all considered they were in control of the care and support they received. People told us that staff always consulted them about how their support was to be provided.

The registered manager informed us that a service was not provided until they had been to meet and assess the person in their home surroundings. Whenever possible a family member was also present. People we spent time with in the service told us the manager had visited them on occasion.

We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded the agreement for the service to be provided. The forms were signed by the person requiring the service. Following this, the manager or housekeeping managers gave information about the person to staff on their first visit to ensure the appropriate and agreed care was going to be provided. This was confirmed the staff we spoke with.

Care plans included examples of specialist advice that had been sought. For example, a person had also been provided with health care professional support when arriving back to the service after a short stay in hospital. Staff told us that they inform the managers of any changes to the person's health. Records showed this communication took place regularly to ensure the comfort of the person.

Care/housekeeping staff completed a visit log after each visit and we saw that entries were detailed and

described the care that had been given and how the person was feeling.

We asked how staff liaised with any community services on behalf of the people receiving care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the managers of any actions taken and record in the daily record actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other agencies.

Is the service well-led?

Our findings

All the staff who spoke with us said the service was well led. One staff member told us "The registered manager is very approachable, they always have time. If you have a problem he or the housekeeping managers will sort it out, nothing is too much for them" and another staff member said "I feel supported; the managers are always available and always act when I raise an issue they are supportive". People who used the service told us "The manager is good and acts on what I need and will always visit me if there is any issue" Another commented "The manager is good I would recommend this service to people and have done so. I am very happy living here and receiving the support I get".

We requested information on how the service was monitored. The registered manager did not have any up to date audits, for example, of the service user files and staff files. The registered manager told us that the housekeeping managers did monitor service provision and asked people who used the service to express their views of the service. They would act on issues and comments made. However, there were no reports in place to record the service findings.

We were told by the registered manager that the services manager visited Gorselands Court on a regular basis and completed audits. We were sent information by the service manager that was included in the supervision records of the registered manager. We received three records dated 20 October 2015, 1 March 2016 and the 21 June 2016. Information in the record showed that care files had been looked at and other areas including health and safety. The records did not show how the service was being continuously monitored and how actions were being met.

We were provided with one of the service questionnaires that was completed in April 2016 by a person using the service as it was in their file we looked at. We discussed the procedure with the manager who told us that any issues would be dealt with immediately. We were not provided with a record of an action plan that had been implemented by the manager that showed how the service was being monitored.

The registered manager was supported by five housekeeping managers. The team took responsibility for staff rotas and planning the service. The team also spent time working directly with people who used the service.

A member of staff spoken with said "It is a great place to work, the staff work hard and I am proud to work here. I enjoy coming to work for these people. We go above and beyond for them" and "The managers are so supportive we work hard to meet people's care needs, it's a great place to work".

All the staff we spoke with told us that the registered manager and other managers were very supportive and had an open door policy which meant they could speak to them at any time they required support. Staff told us that any issues were dealt with immediately.

We were able to see how the service worked alongside other professionals such as district nurses and G.P.'s

to ensure care services were personalised. An example of this that we saw was the manager had increased care to a person who had been in hospital and required more support for due to their illness.

The services policies and procedures had been reviewed in April 2016 by the provider. These included health and safety, safeguarding and complaints. In discussion with the registered manager and one of the housekeeping managers it was discussed that they were required to familiarise themselves with the safeguarding policy and procedure and how to report a notifiable incident to the CQC.

People's care files were stored securely to protect their confidential information.

All of the staff we spoke with were asked if they thought their service provided good care, all said they did.

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
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Fit and proper persons employed).</p> <p>The required information was not available in the recruitment files of staff employed to work at the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing)</p> <p>The provider did not have an induction training programme in place.</p> <p>The provider was not providing supervision on a regular basis and no staff were receiving an annual appraisal.</p>