Care Quality Commission

Tamhealth Limited

Gosmore Nursing and Care Centre

Inspection report

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Date of inspection visit: 20 August 2015
Date of publication: 27/01/2016

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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We undertook an unannounced inspection of Gosmore Nursing and Care Centre on 20 August 2015 in response to concerns that had been raised with us about staffing levels, the quality of care plans and some aspects of care delivery at the service. We also checked whether improvements had been made following our last inspection in February 2015. The home provides accommodation, support and nursing care for up to 63 older people. At the time of our inspection there were 40 people living in the home, some of whom were living with dementia.

Summary of findings

The manager who had been newly appointed in February 2015 had completed the process to become the registered manager at the home. 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 the last inspection in February 2015 we found the service was not meeting the required standards in relation to the management of medicines and the control and prevention of infection. The provider sent us an action plan to show that they would make the necessary improvements to meet the required standards and stated that they would do this by 29 May 2015. At this inspection we found that the required improvements had been made.

Although there were appropriate numbers of suitably skilled and qualified staff on duty to meet people's needs on the day of this inspection there had been occasions when the required staffing levels had not been met. The way in which staff were deployed and the layout of the building also had a negative impact on staff's ability to meet people's needs.

Staff received on-going training and support and were aware of their responsibilities when providing care and support to people at the service. The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), and most assessments had been appropriately completed.

Each person had a support plan in place detailing their needs and preferences. Risks to people were assessed and minimised. However, some people's plans contained insufficient information and guidance to staff in relation to their specific medical conditions. People were not always supported to eat their meals. However they were supported to access healthcare services as required.

People's views were sought but not always used effectively to make improvements to the quality of the service.

Audits were used effectively to monitor the quality of the service.

During this inspection we found the service was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Although there were enough staff on duty on the day of our inspection this was not always the case and the way in which staff were deployed meant that people's needs were not always met.

Medicines were managed safely.

The provider had taken appropriate steps to prevent and control the spread of infection.

Staff had been trained in safeguarding and were aware of the processes that were to be followed if they had any concerns about people's safety.

Is the service effective?

Requires improvement

The service was not always effective.

People were not always supported to eat their meals.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs), and assessments were completed but it was not always clear as to what aspects of care were covered by the assessments made.

Staff received training that was effective and supported them to meet people's needs.

Is the service caring?

Good

The service was caring.

People who used the service had positive relationships with staff who treated them with respect.

People's privacy and dignity were protected.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care Plans lacked detail in relation to the support people required to manage specific medical conditions

Some people were not offered activities that met their needs

Staff provided personalised care based on people's individual needs and preferences.

People knew how to make a complaint and felt comfortable to do so if the need should arise.

Summary of findings

Is the service well-led?

The service was not always well-led

A registered manager was in post

The manager had insight into the improvements required at the service but had not taken action to address some high risk issues in the service such as a lack of care plans for specific health needs

People's views and feedback were sought but not always used to inform the development of the service.

Staff felt comfortable discussing any concerns with their manager.

The manager promoted a person centred culture throughout the home.

Requires improvement

Gosmore Nursing and Care Centre

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 in response to concerns raised and 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 20 August 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor with expertise in nursing care for older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for an elderly person and a care home environment.

Before the inspection, we reviewed information we held about the service. This included information we had received from the local authority and the provider since the last inspection, including action plans and notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 20 people who used the service. We also spoke with the manager of the home, a senior manager, two nurses, six care staff, an activities coordinator, a chef and a member of the cleaning staff. We reviewed the care and treatment records of 12 people that used the service, five staffing and training records, and records relating to how the provider assessed and monitored the quality of the service provided.

After the inspection we attended a meeting with the provider and other professionals involved with the service to discuss the plans for making improvements to the building and the maintenance of the environment.

Requires improvement

Is the service safe?

Our findings

At our last inspection in February 2015 we found that medicines were not managed safely and that appropriate steps had not been taken to control and prevent the spread of infection.

At this inspection we found that the manager had put robust systems in place to monitor how medicines were managed and the service now met the standards required. People were assessed to establish if they were able to manage their own medicines and where this was not possible, or where they did not wish to, then the staff administered them. The system enabled a full audit of how medicines were managed. Medicines were stored in line with current good practice and frequent stock checks were made of medicine held at the home. Nurse's training was kept up to date to ensure they were competent to administer medicines to the people who required them. We heard a nurse sensitively checking if people required pain relief several times during the day. This demonstrated that medicines that were prescribed on an 'as required' basis (PRN) were given to people at the time they required it, not just during a medicines round.

We also found that the service had made considerable improvements to the general cleanliness of the building and that some redecoration had taken place. The home was clean and tidy. A member of cleaning staff said, "We have worked hard to make it clean." We saw that staff used appropriate personal protective equipment, such as gloves and aprons when assisting people with personal care, and that they washed their hands both before and after providing support. The kitchen, which had previously been awarded one star for food hygiene, had recently been re-inspected by the environment health officer, and awarded a full five stars, which demonstrated a very significant improvement in hygiene standards.

Before this inspection we received information that insufficient staff were on duty to meet the needs of the people living at the home. Although, when asked, most people said there were sufficient staff on duty to keep them safe, many people told us that staff were very busy. Some people told us this caused them to feel reluctant to ask for assistance because they did not want to give staff more to do. One person told us, "The staff are very busy, they don't have much time but they do what they can." A relative told us, "Sometimes [person] has to wait a very long time for someone to come and help [person] get to the toilet." One person who was in pain said, "I ring the call bell and nothing happens. If they were to answer when they were called that would help." We sat with one person while they waited for staff to respond to their call bell. When staff arrived, they turned off the call bell and said they would return in a minute. When they did not return, the person used the call bell again, and was told by a second and then a third member of staff that they would return soon. After more than fifteen minutes of waiting the person received the care they required but only when we intervened and informed a senior member of staff that the person required assistance.

Staff views were mixed about whether enough staff were on duty to meet people's needs safely. A nurse told us that, although the home had been short staffed in the recent past, each unit manager now took responsibility for managing the rota for their unit, and were therefore able to identify shortfalls more easily. However, a care worker told us they were concerned about staff being overstretched and felt it resulted in people not having their needs met. They gave an example that some people were not supported to get up until lunchtime. We observed this to be the case on the day of the inspection and some people told us they had been left to wait. Another staff member told us, "It depends if the nurse on duty helps with the care or just concentrates on medication as to whether we can do everything we should."

The management team used a dependency tool to calculate the numbers of staff required to meet the needs of the people who were currently using the service. The manager told us that staffing levels over the last two months had been in line with recommended numbers in all but a couple of shifts. Our review of rotas confirmed this. The manager said that it had been difficult to staff the home adequately during the holiday season and they had relied on staff picking up additional shifts to meet their required numbers. They showed us that they had recently put a system in place to support unit managers to identify a lack of staffing in a timely manner to ensure that staffing levels could be effectively managed in the future.

On the day of the inspection all staff on the rota were on duty as planned. In addition to care staff, there were activities, domestic, and kitchen staff. This enabled the nurses and care staff to focus purely on delivering care to people. However, we observed that staff were not visible in

Requires improvement

Is the service safe?

communal areas of the home and when asked, unit managers were not always able to identify where their staff members could be found, or in fact, whether they were on duty or taking a break. We also noted that the layout of the building may have contributed to their inability to respond to people's needs in a timely manner. From the feedback from people, their relatives and our observations we concluded that staff were not deployed effectively to meet people's needs consistently.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw that robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. We looked at five staff files and found that appropriate checks had been undertaken before staff began work at the home. These included written references, and satisfactory Disclosure and Barring Service clearance (DBS). Evidence of their identity had been obtained and checked, and there was a clear record of the employees previous work experience and skills.

People told us they felt safe. One person said, "They keep me safe and are very kind." Another person said, "If I were to fall there is always someone here." Some people had pendant call bells around their neck. The manager told us that twenty had been purchased as a trial to improve the contact people had with staff. One person told us, "It means I can get help wherever I am."

We saw that the provider had up to date policies designed to protect people from abuse which included safeguarding and whistleblowing. Staff were able to talk about the various forms of abuse and how they would recognise the signs of possible harm. They were confident that if they reported suspected abuse it would be dealt with appropriately by the management. A care worker said, "I would report anything to my manager or the deputy. Abuse cannot be allowed." They were also able to demonstrate their awareness of the whistleblowing policy. One member of staff told us, "If I saw a colleague doing something wrong I would not hesitate to report them. We have to make sure people are safe living here."

Each person had individual assessments in place which identified any areas of risk, such as a risk of falling or developing pressure areas, and how these would be minimised. We saw that people were involved in making decisions about risks and about how they would like to be supported to stay safe and maintain their independence as much as possible. Each person had a personal emergency evacuation plan within their care records which explained how they should be assisted to evacuate the premises safely in the event of an emergency. We saw that there were processes in place to manage risk in connection with the operation of the home. These covered all areas of the home management, such as fire risk assessment, water temperatures, prevention of legionnaire's disease and electrical appliance testing.

Records of incidents were kept and the computerised system enabled the management team to identify any trends so that action could be taken to reduce them.

Requires improvement

Is the service effective?

Our findings

Most people said that staff were capable. One person said, "The staff know how to help me, they hoist me with no problems and they are trained to help me move." Another person said, "The staff are very good, wonderful." However, some people told us that it was difficult to communicate effectively with some staff who did not speak English well. During the day we observed two occasions when staff were unable to meet people's needs because they did not understand what they were being asked to do. On both occasions the staff member sought assistance from another member of staff. However, this could result in people's needs not being met.

New staff had been provided with induction training and had a period of shadowing of experienced staff before taking up their duties. The length of induction depended on the individual staff member's experience and was longer for those staff new to care work. Staff we spoke with were happy with the training they received and were able to tell us how they applied their learning to people's day to day care. We observed that staff knew people well and had the skills to meet their needs. Staff confirmed they were well supported and received regular supervision. A senior member of staff responsible for supervising staff said, "I prioritise supervision. It is important time." The manager was in the process of completing staff annual appraisals.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberties Safeguards (DoLS) and gave us examples of how they would be used in the home. The manager told us that they were still in the process of making DoLS applications for some people where this had been assessed as required. At the time of the inspection applications that had been made had not yet been processed by the local authority. Where appropriate, an assessment of a person's mental capacity had been completed to determine whether they could make decisions about specific aspects of their care. When it had been assessed that they did not have the mental capacity to make or understand the impact of the decision, it had been made in the person's best interests and documented appropriately. However, in some care plans that we looked at, although mental capacity assessments had been completed, it was not clear which decisions the assessment referred to. It was therefore unclear whether or not it was appropriate that representatives or relatives had signed the person's care plans on their behalf.

People told us that their consent was sought before any care or support was provided and we observed this during the inspection. For example, we heard a member of staff saying, "Can I help you move?" and another saying, "Would you like me to help you with cutting your meal?" On both occasions the staff member waited for the person to respond before acting according to their answer. Where possible, people or their representatives had signed the care plans to indicate that they consented to the planned care.

People told us they enjoyed the food and that an adequate choice of meals was offered to them. One person said. "If you don't fancy anything that's on the menu then you can have something else." Another person said, "The food is very good here." We spoke with the new chef who said they developed a menu in line with suggestions from people and was always happy to provide different meals if people were not happy with the food on offer. The chef was knowledgeable about food allergies and special dietary requirements and told us, "I'm here for the people who live here. That's my job."

We observed a lunchtime meal and saw that, although the food was of a good quality, and offered in sufficient quantity, people were seated and waiting for their meal for more than half an hour in some instances. This resulted in people becoming restless and one person said, "Where is my food? I'm fed up with waiting." When people's meals arrived, although some people were supported well, others did not receive the support they required to eat. For example, we observed that one person was struggling to eat, using their fingers and a knife to place food in their mouth. When asked, staff told us that the person did not want help, but they had not been asked. Another person, who had only eaten a couple of mouthfuls was not offered anything different by staff when they said they did not like their meal.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor whether people were at risk of not eating or drinking enough. Records showed that where people were deemed to be a risk, the provider monitored how much they ate and drank on a daily basis, and their weight was checked regularly. However, we noted that

Requires improvement

Is the service effective?

some fluid charts were not consistently completed to record the total amount of fluid the person had taken and there was no indication of the amount the person required to maintain hydration. We saw that where necessary, appropriate referrals had been made to the dietetics service and treatment plans were in place so that people received the care necessary for them to maintain good health and wellbeing.

People told us that they were supported to access healthcare services and one person told us "You can just ask to see the GP." Another person said, "I had an appointment at the hospital and they came with me and supported me. It worked fine." On the day of the inspection we saw that an optician was visiting the service. Care records showed that the provider had involved a wide range of health care professionals to ensure that people's needs were met. Staff told us that they had a good relationship with health care professionals who visit the home. One member of staff said, "I can call the GP for advice. We also get support from the tissue viability nurse and dietitians from time to time."

Good

Is the service caring?

Our findings

People spoke highly of most of the staff that supported them. One person said, “The carers here are good. They are very caring.” Another person said, “The staff are so kind.” However, some people told us that their support varied and that some staff were better than others. A member of staff said, “I love the residents and I want to do my best for them.” We found there was a relaxed atmosphere in the home and people were clearly at ease in the company of staff.

Throughout the inspection we saw positive interaction between the staff and the people using the service. We saw that staff were attentive to people and chatted with them about day to day matters, engaging with people while caring for them. We observed that the staff listened to people and gave them time to communicate their wishes. People told us that the staff understood their needs well and provided the support they required. The staff we spoke with were knowledgeable about the people they supported and what was important to them. We saw that staff offered choices to people about their care, and people confirmed that they made choices about what they ate, how they dressed and what time they rose in the morning and went to bed at night.

We observed staff treated people with dignity and respect and were discreet in relation to people’s personal care needs. People were appropriately dressed in suitable, cleanly laundered clothing. We asked the staff about promoting people’s privacy and dignity. They spoke about offering choices when dressing, knocking on doors before entering, closing doors before providing personal care, and respecting people’s confidentiality by not discussing them in front of others.

People told us their friends and family could visit whenever they wanted and that this enabled them to maintain relationships that were important to them. People and their relatives told us they were given information about the home when they came to live there and we saw several folders containing guidance that had been made available to people in the reception area.

People told us that they were able to personalise their bedrooms. In order to support people to maintain their individuality and diversity, we saw that they had personal items and photographs of friends and family members on display in their bedrooms. These familiar items made the environment feel homely and comfortable for people

Requires improvement

Is the service responsive?

Our findings

Before this inspection we received information about the service that care plans did not give staff adequate guidance on how to care for people. Some aspects of the care plans we looked at were detailed and gave clear guidance to staff about both the support people required and their preferences for how that support was to be provided. However, we found that people's needs in relation to the treatment of specific conditions, or the use of specialised equipment, were not always fully explained. For example, one person had a catheter in place but there was no care plan with regard to this and the insertion date was only noted on the preadmission paperwork. Another person had an unusual type of dressing with a pump applied to a wound, but there was no care plan in place to advise staff on how to care for this. We looked at care records for five people who lived with diabetes and found that none of them had a care plan in place to advise staff about the care they required or what signs staff should look for to assess whether the person's diabetes was properly controlled. Two other people, who had serious medical conditions, also had no care plans in place outlining how they should be managed. People were therefore not protected from the risk of inappropriate care because person centred plans that took account of their individual needs were not in place.

Although some people said the service met their individual needs, others felt that their needs were not always responded to appropriately. One person said, "I have a scooter, but look, it's not charging. I ask them to keep it on charge and they don't, they keep unplugging it then, when I want to use it, I can't." Another person told us, "I have a fantastic electric wheelchair, but I can't get into it because their hoists are too low. It needs a ceiling hoist." The person did not know whether staff had investigated how they might be able to use the wheelchair as no one had come back to them to discuss it further. This resulted in the person's independence being reduced because the service had not responded to their mobility needs.

On the day of the inspection there was a Church Service at the home as well as a film showing and nail painting on offer for those who wished to participate. Staff told us that outings had been arranged during the summer such as strawberry picking, Whipsnade zoo and a lavender farm. However, although there was a regular programme of activities planned during the week, some people told us that there was not enough to do that was to their liking .Other people told us they did not always get the opportunity to participate in activities when they wished to. One person said, "Bingo boring Bingo. What 's the point of going downstairs?" Another person said, "I like to go downstairs for a chat but there's nothing going on. I only go downstairs if someone will take me. I like going but usually they are so busy they can't take me." One person was distressed to have missed events that they wished to attend and told us, "I missed the Church Service because no one came to get me. I missed some music the other day too. They are so busy they didn't have time for me."

We saw that some people spent most of the day in their room and that others spent time in communal areas but with nothing to stimulate them. In the afternoon we observed that people sat in the conservatory in silence with no input from staff. Later, staff put some music on without checking if this was what people wanted, and although it was August, the music they provided was Christmas themed. Some people were at risk of being socially isolated because they were not adequately supported to participate in meaningful activities or to pursue their interests and hobbies.

These issues are a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Most people and their relatives said they had been involved in the planning and regular reviews of their care. One person said, "Yes I have a care plan. I can see it if I want to." There was evidence that pre admission assessments had been carried out to ensure that people's needs could be met by the service before coming to live there or before returning after a hospital admission. We saw evidence of regular communication with people's relatives where this was appropriate. The staff told us that, where possible, they regularly discussed and reviewed care plans with people who used the service and we saw evidence of care reviews in the records we looked at.

People told us that they were comfortable with raising complaints and concerns and had been given the information to enable them to do so. One person said, "I have not had to make a complaint but I would just ask to speak to the manager." Another person said, "I have no need to complain. Everyone is so kind." We saw that the

Requires improvement

Is the service responsive?

manager had a system to record and monitor responses to complaints and that complaints had been responded to in an appropriate and timely manner in line with the provider's complaints policy.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post who was present on the day of our inspection. People who used the service, their relatives and staff were all familiar with who the manager was and told us that she was approachable and acted on issues that they brought to her attention. We saw that they were visible within the service and took time to talk with people. One person said, "I know the manager. She comes round and has a word." Another person said, "The manager seems very nice. She comes to see us regularly." Staff confirmed that they were aware of the whistleblowing policy and all of them said they would feel confident to report poor practice and believed that the manager would take appropriate action.

The manager had a good understanding of their responsibilities and showed clear insight into the improvements that were required at the service. However, we found that they had not prioritised some aspects of care that were essential to meeting people's individual needs well. For example, although the manager told us they were in the process of reviewing care plan, this had not been identified as an area requiring immediate review to ensure people's well-being.

We found the manager had a 'hands on' approach to their role and this was confirmed by staff who told us that they led by example when making improvements to the service, such as getting involved in cleaning the home to set the standard they expected of others. Some staff commented that the manager was less involved in day to day matters than they had been during her first few months in post. We discussed this with the manager who confirmed that, as standards improved, they were stepping back to encourage unit managers to take more responsibility, freeing up their time to manage the overall running of the home.

Most staff told us they felt supported by the manager and that the service had made improvements since they had been in post. Staff confirmed they received regular supervision and an annual performance review. However, some staff told us that staff meetings were not as frequent as they would like. The manager told us that they were reviewing the most effective way to hold meetings and would reintroduce them shortly. The senior team met every day to discuss the events of the day and any changes to people's care needs. This was to ensure that important information relating to the people's care was shared effectively. However, we noted that these discussions had failed to identify essential information about people's care needs that was missing from their care plans.

The manager was supported well by the regional manager and the provider. From discussions with the regional manager during the inspection, and the provider's representatives afterwards, we were confident that the provider was committed to investing time and financial support to make the necessary improvements to the quality of the service. At our last inspection we found that significant improvements to the building and décor were needed. The provider demonstrated their commitment to this by drawing up an immediate action plan and funding a considerable programme of short term improvements which was already underway. They also showed a commitment to more extensive work in the longer term and were in discussion with the owner of the property about how this might be achieved.

There was an effective quality assurance system in place. Quality audits completed by the management team covered a range of topics, including infection control and medicines management. We saw that action plans had been developed where required improvements had been identified and the actions were signed off when they had been completed. The manager was in the process of reviewing the care planning processes at the home.

People told us that they had opportunities to express their views about the service and that the staff team acted on what they said. One person said, "They have meetings, I feel able to express myself." Records showed that the service held regular residents meetings and meetings for friends and relatives, the next of which was planned to take place in the following month. The provider conducted an annual satisfaction survey to seek the views of people and their representatives. Although people and family members were offered opportunities to express their views, the feedback we received from some people about activities and how their preference were taken into account indicated that the service did not always use their views to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The care provided was not always appropriate and did not always meet people's needs or preferences. Regulation 9 (1) (a) (b)and (c)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff were not deployed appropriately to meet people's needs effectively. Regulation 18 (1)**