Barchester Healthcare Homes Limited

Gorseway Care Community

Inspection report

354 Seafront,
Hayling Island
Hampshire
PO11 0BA
Tel: 02392 466411
Website: www.barchester.com

Date of inspection visit: 24 August 2015
Date of publication: 27/10/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 3, 4 and 5 March 2015. Following previous enforcement action taken at this home, a condition had been placed on the registration of this home to restrict admissions to the home. This restriction was lifted on 9 July 2015 and people had been admitted to the service since this date. Concerns with regard to the safety and welfare of people admitted to the service since this date had been identified. We were made aware by the local authority of poor record keeping and the impact this may have had on the care and treatment people received. As a result of this information we undertook a focused inspection to look into those concerns on 24 August 2015.

This report only covers our findings in relation to our inspection on the 24 August 2015 about those topics raised as concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gorseway Care Community on our website at www.cqc.org.uk

Gorseway Care Community is a registered care home and provides accommodation, support and care, including nursing care, for up to 88 people, some of whom live with dementia. This is provided across two houses, one of which can accommodate up to 28 people and the second can accommodate up to 60 people over two floors. At the time of this inspection the provider was not using the house accommodating up to 28 people but remained registered for 88 people; twenty people lived on the

Summary of findings

elderly frail unit on the lower ground floor of the home and 15 people lived in 'Memory Lane' on the upper floor. Memory Lane provides support to people living with dementia.

The home 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 care plans were not always an accurate reflection of the needs of people. Risks associated with people's care and related health conditions had not always been assessed and plans of care had not always been completed to identify how these risks could be reduced.

Care records were not always easy to read and were not always accurate or complete.

The registered provider had implemented a protocol for review of records for people newly admitted to the service. This had not been effective.

We found three breaches 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?
The service was not always safe.

Risks associated with people's health care conditions had not always been identified. Records were not always clear and consistent. They did not always fully reflect a person's needs.

Requires improvement

Is the service responsive?
The service was not always responsive.

Care plans did not always reflect people's needs and provide guidance to staff about the support people required. Records did not always reflect actions which were taken to support people.

Requires improvement

Is the service well-led?
The service was not always well led.

Systems in place to improve the management of records had not been effective.

Requires improvement

Gorseway Care Community

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Gorseway Care Community on 24 August 2015. Following previous enforcement action taken at this home, a condition had been placed on the registration to restrict admissions to the home. This restriction had been lifted on 9 July 2015 and people had been admitted to the service since this date. Concerns with regard to the safety and welfare of people admitted to the service since this date had been identified. We were made aware by the local authority of poor record keeping and the impact this may have had on the care and treatment people received.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection team consisted of two inspectors who inspected the service against three of the five questions we ask about services: is the service safe, is the service responsive and is the service well led.

Before the inspection we reviewed information we held about the service including previous communications we had received from the provider with regards to admissions to the service after 9 July 2015 and notifications. A notification is information about important events which the service is required to send us by law.

We reviewed the care records for six people who had been admitted to the service since 9 July 2015 and observed the care they received and the interactions they had with staff. We spoke with the regional director and the registered manager; we also spoke with four members of staff including registered nurses and care staff.

Requires improvement

Is the service safe?

Our findings

For people who had been admitted to the service since 9 July 2015, we found risks associated with their health conditions had not always been assessed; plans of care to reduce these risks were not always in place to support staff in meeting these needs.

For one person who had been admitted to the service for a short stay which had since been extended, they lived with a chronic lung condition. Care plans in place reflected how this affected the person, the risks and support they required to manage this condition, including the management of their oxygen therapy. However, another person had a diagnosis of epilepsy. There were no risk assessments or plans of care in place to inform how they should support the person to meet any needs they may have or risks associated with this condition. Whilst staff were aware of this diagnosis, there were no risk assessments and plans of care in place to ensure staff had sufficient information to ensure the safety and welfare of this person.

One person who lived with dementia was administering their own medicines. Risk assessments had not been completed to identify how any risks associated with this activity, such as the storage of medicines in this person's room, could be managed to ensure the safety of welfare of people.

Tools were in place to review risks associated with a range of people's needs. These included: nutritional risks, moving and handling risks, maintenance of people's skin integrity and falls risks. However these tools were not always fully completed and lacked information on how to address the risk. For example, for one person their moving and handling risk assessment identified there were "orthopaedic considerations" to take into account when supporting them. There was no information as to what these considerations were. The outcome of the assessment was for the person to be supported by two people and a hoist. There was no information as to any risks present for the person when using this equipment. Staff were able to tell us how this person should be supported to move in bed as they were bedbound. However risk assessments did not clearly inform plans of care for this person.

The lack of clear and accurate risk assessments in place to ensure the safety and welfare of people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place for people who required the use of bed rails. This included information on how these rails should be used and when bed rail covers should be in place. However, risk assessments identified the clear need for this equipment to be monitored when in use. Whilst staff told us they reviewed the use of these hourly, care records did not always reflect this had been completed in line with the care plans and risk assessments in place.

For people who were at risk of poor fluid or nutritional intake, required support to maintain their skin integrity or required their safety to be monitored, records were not maintained adequately to ensure their safety and welfare.

The lack of clear records in place to support the safety and welfare of people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service responsive?

Our findings

Staff were aware of the needs of people who had lived at the home for a long time. Six people who had been admitted to the home since 9 July 2015 had been assessed for their needs and staff told us they were getting to know these needs. They said care plans were in place to meet people's needs and these were being reviewed regularly since their admission to the home.

An assessment of these six people's needs was made prior to and on admission to the home. However these records did not always accurately reflect people's needs. Health conditions and medicines for administration were not recorded. Information had been sought from the person's GP following their admission; however admission assessments and subsequent care plans did not always incorporate this information to include specific information on health conditions with which people may require additional support. For example, for one person who had a medical diagnosis of dementia, care records stated they did not live with dementia.

The lack of complete, clear and accurate care records to identify people's needs and plan care in accordance with their preferences and needs was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care plans did not always reflect people's needs, choices and preferences. One person told us of their frustrations with their condition and also their feelings of isolation in the home. They told us they frequently asked for support and "company" as they felt very isolated and alone. Staff we spoke with told us they were aware of this need and visited this person frequently to provide support and reassurance. Daily records showed staff had identified this need on more than one occasion; however plans of care in place for this person did not reflect their needs and how staff should support them with these.

A person, who was admitted to the service for respite care, had medical records which showed they lived with a diagnosis of dementia; however, care needs associated with this condition and how it affected this person had not been identified. We spoke with this person who told us of their confusion, particularly with regard to their medicines and monies. They told us they had moved into the home for help with this. Plans of care in place for this person did not reflect their needs and how staff should support them with these. There was a risk this person could receive care which was not in line with their needs or preferences.

Another person, whose health was deteriorating rapidly, required thickened fluids to maintain their safety; an assessment of this need had not been completed. A senior nurse had identified this need as requiring an urgent assessment due to the frailty of the person and staff were aware of this need, however plans of care had not been completed to reflect the needs of this person and maintain their safety and welfare.

The lack of person centred care planning which ensured people's needs were met was a breach of Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Requires improvement

Is the service well-led?

Our findings

At our last inspection in March 2015, we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not always up to date and a reflection of people's needs. At this inspection we found further areas of breach in this Regulation.

On 9 July 2015 a condition this registered provider had on their registration to restrict admissions to this home was removed. The provider put in place a "Proposed Admission Protocol" to ensure the needs of people were fully assessed on admission to the home. Whilst this protocol was being followed it had not been effective. We found care records in place at the home were not an accurate reflection of people's needs and risks had not been fully assessed. Records were not always completed in a way which ensured the safety and welfare of people. Whilst systems had been put in place to address the poor recording of people's care, these had not been effective.

Care records for people who had recently been admitted to the home were not always accurate and lacked clear information on the care and treatment provided for people. For example, for one person a care plan for tissue viability stated they required a good fluid and food intake and staff should refer to a nutrition and hydration care plan. This care plan was blank. Recording charts in place to identify frequency of interventions with people for activities such as support with moving and handling, nutrition and safety checks were not consistently completed and lacked detail. Daily care records lacked consistency and were not always clear and legible. For example, for one person whom staff were recording their fluid intake, the daily fluid chart, daily food intake chart and their daily records all provided different information as to their intake.

Records were not always legible, dated and timed accurately to show when interventions with people took place. The lack of clear and accurate records in place meant people were at risk of not receiving the care they required in a timely and effective way.

The lack of complete, clear and accurate records to identify and record the meeting of people's care and treatment needs was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and nursing or personal care in the further education sector Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Care was not always designed in order to meet people's identified needs.** Regulation 9 (1)(2)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Risks associated with people's care had not been assessed and appropriate steps taken to reduce these risks.** Regulation 12(1)(2)(a)(b)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Care records for people were not always accurate and up to date.** Regulation 17 (1)(2)(c)

The enforcement action we took:
A warning notice was served on the registered manager and registered provider for this service requiring them to be compliant with this regulation by 30 October 2015.