

Gorselands in the Forest Limited

# Gorselands Nursing Home

## Inspection report

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28 September 2016

30 September 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 23, 28 and 30 September 2016 and was unannounced. One inspector visited the service on all three days of the inspection. On the first day they were accompanied by a specialist nurse advisor.

Gorselands Nursing Home provides accommodation, nursing care and support for up to 39 people. At the time of the inspection the service had 39 people living there.

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.

The caring ethos of the service was outstanding. People were extremely happy with the care and support they received. One person said, "I couldn't think of anything that could improve" and another person told us, "I am very happy here. The staff are extremely helpful and kind. The food is absolutely delicious. I have nothing to complain about. I'm very very comfortable and so fortunate to be here".

Staff told they were well supported and had the right knowledge and skills to provide caring and effective care or support and described how they provided individualised care and support. For example, one member of staff said, "We provide very good care by forming a personal relationship with people. Its very person centred here. For instance, if somebody comes in with a very set routine as we have just had, we alter the daily allocations to incorporate her own routine".

The service had safe systems in place that ensured people were protected from harm and received care that met their needs.

People were supported and provided with an extensive choice of healthy food and drink ensuring their nutritional needs were met. Menus took into account people's dietary needs and people told us they really enjoyed the food and could ask for different choices if they did not like what was on the menu.

There were lots of individual and group activities. People told us there was enough going on and they didn't get bored.

People told us that staff responded promptly to their requests for assistance and that staff supported them to see healthcare professionals quickly when they needed to.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. There was a clear system in place for people to raise concerns and complaints.

There was an effective approach from the manager that supported staff to provide very person centred, effective and responsive care. There were comprehensive quality assurance mechanisms in place that meant people and staff were able to express their views and these were acted upon to drive continuous improvements.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff understood about safeguarding and knew what to do if they were concerned or worried about someone.

People's medicines were managed safely.

There were robust recruitment procedures in place that made sure staff were suitable to work with vulnerable adults.

### Is the service effective?

Good ●

The service was effective.

Staff told us they had the right skills and knowledge to care for and support people. People confirmed this and we observed throughout the inspection that people were helped or supported safely and effectively.

People nutritional needs were met in an individualised way. Everybody told us they liked the meals.

People were supported to see health care professionals quickly when they were unwell.

### Is the service caring?

Outstanding ☆

The service offered outstanding care.

Staff were supported by the manager to provide unhurried, individualised care and support.

There was an extremely caring ethos that was reflected in what people told us about the care and support they received.

People were supported to maintain their independence as far as possible.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. People's care plans and records were kept up to date.

Staff were attentive and responded quickly and appropriately to people's individual needs.

There was an extensive, varied daily schedule of activities for people which they enjoyed and promoted their independence.

There was a clear complaints procedure. People knew how to raise a concern and felt confident that these would be addressed promptly.

### **Is the service well-led?**

The service was well led.

The manager demonstrated clear values to ensure people were put at the heart of the service.

Staff spoke of an open, supportive, positive culture that encouraged their views and input.

Staff felt very well supported in all areas and felt involved listened to and appreciated.

The manager had a comprehensive range of audits in place to monitor and continuously drive improvement of the quality of the service provided.

**Good** ●

# Gorselands Nursing Home

## **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.

Gorselands Nursing Home provides accommodation, nursing care and support for up to 39 people. At the time of the inspection the service had 39 people living there.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commissions the service for their views on the care and service given by the home.

This inspection took place on the 23, 28 and 30 September 2016 and was unannounced. One inspector visited the service on all three days of the inspection supported by a specialist nurse advisor on the first day of the inspection.

As part of the inspection we spoke with 12 people who lived at Gorselands Nursing Home, two visitors and a healthcare professional. We also talked with the manager and 13 members of the staff team.

We observed how people were supported and looked in depth at five people's care, treatment and support records and sampled aspects of a further six people's plans, in addition to checking five people's medication administration records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, activity schedules, premises maintenance records, compliments and complaint records, completed quality assurance forms and meeting minutes.

# Is the service safe?

## Our findings

People felt safe living at the home. When we asked one person if they felt safely cared for they replied, "Absolutely".

Staff understood how to keep people safe. They were aware of safeguarding adults' procedures and understood the need to report anything they were concerned or worried about. Most staff had been trained in safeguarding adults. The training was offered in a variety of formats including on-line and face to face to ensure staff could learn in the way that best suited them. The manager had good links with the local authority safeguarding team and told us about one safeguarding concern that had been raised. This had been notified to CQC and had been investigated appropriately.

Staff followed risk assessments and involved the person to ensure they understood what was happening. For example, two care workers were supporting a person to move using a hoist. They explained to the person what was happening, saying, "Your arms are in the sling, and that's why it feels a bit funny. This is going to take a very short time; are you OK"? The person said they were fine and the group happily chatted whilst the individual was transferred into a chair.

When people had accidents, incidents or near misses the manager had a system in place which showed they were recorded and monitored to look for developing trends.

The home environment was regularly checked and maintained to make sure people were kept safe. There was a maintenance worker who told us they had the right knowledge, equipment and enough time to maintain the environment. They had a system of regular checks including fire safety, water temperatures and a comprehensive regular audit of health and safety with the home including checking windows and radiators. Equipment was checked each month and serviced in accordance with the manufacturers' guidelines to make sure it operated safely. The home was visibly clean and fresh smelling. We spoke to one member of staff with cleaning responsibilities and they confirmed they had received the right training, had enough equipment and time to ensure the home was kept clean.

People and staff told us that sufficient numbers of suitable staff were on duty to make sure people's needs could be safely and responsively met. The manager showed us the staff rota which confirmed what we had been told. The manager kept people's needs under review so that they could accurately calculate the numbers of staff they required to safely support people.

The service followed safe recruitment practices. We looked at three recruitment files and these included application forms, records of interview and appropriate references. Records also showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

People's medicines were managed so that they received them safely. We observed a medication round. Medicines were stored securely and administered using an electronic system recently introduced into the

home. The staff member wore a red tabard to indicate to others that they should not be disturbed and used hand gel after supporting each person with their medicine. The system identified what medicines were required at specific times by each individual and medications administration records were accurately maintained. Medicines that needed to be stored at a specific temperature were, and staff were aware of the protocol should the fridge not work. Regular checks of the fridge temperature were in place. There was a system in place to ensure that medicines requiring disposal were stored securely. The manager was developing a new system of checking staff competency to administer medicines at the time of the inspection.



## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "Everything is very good"; "It's very good, they look after us well" and, "I can't fault them".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. There was a system in place that alerted the training manager when staff needed training or refreshers to make sure their knowledge was up to date. The training manager showed us a range of training staff completed such as food hygiene, infection control and health and safety. Staff told us they valued the training they had received and were also supported to increase their knowledge in different ways. For example, two care workers completed training on manual handling that enabled them to teach other members of the staff team. This had helped them to build their confidence and skills and meant they were able to support colleagues in a responsive way. Qualified staff were supported to access a wide range of clinical training to ensure their skills and knowledge remained up to date. The service had good links with a local college and was working with them to enable staff to undertake the care certificate. The manager told us they were proud of the high percentage of staff who had obtained qualifications such as the care diploma or NVQ's in the care of older people. Staff told us they felt confident to carry out their role. One said, "I have done so much training here. I always feel we can ask and the [manager] will listen".

People were supported by staff who had supervision (one to one meetings) and regular appraisals with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any developmental needs or concerns they had. One staff member told us, "It's really supportive, their very flexible" and another staff member said, "We can talk about anything and the nurses are really good".

Most people had capacity to consent to their care and support. They told us that staff always sought their permission before they helped or supported them, and confirmed they made their own decisions and their choices were respected by staff. Written records showed people had consented to aspects of their care such as the use of photography, and people's care plans showed they had discussed consent with staff and knew they could withdraw their consent at any time.

We discussed other requirements of the Mental Capacity Act 2005 with the manager. Staff had begun to complete mental capacity assessments and best interests decisions for people who lacked capacity to consent to specific decisions. The manager acknowledged further work was required to make sure staff were supported to work in accordance with the act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had made appropriate applications where they felt people may be deprived of their liberty. The manager was developing a system to monitor applications, authorisations and any conditions attached to the DoLS.

People's nutritional needs were fully met. One person told us the food was, "Surprisingly good" and that the chef was responsive to their dietary preferences. Another person commented, "It's home cooked food" and a third person said the food was, "Very good, very flexible really". The chef told us they were not restricted by budgetary constraints. They told us about different ways they made sure people's meals were nice. For example, they had visited a local farm to purchase ice-cream and a local butcher had provided locally sourced meats for a recent barbeque. They told us about how they checked what people liked and their preferences and how they sought feedback. They said, "You go out of your way to please them". People made daily choices with a range of alternatives on offer should they not want the advertised meal. People were supported to remain hydrated. There were cold water dispensers on each floor of the building. In communal areas iced jugs of water with choices of squashes were laid out with glasses for people to help themselves.

People told us that staff responded quickly and appropriately when they were unwell. One person said, "They dealt very well with my medical problems". People's records showed they were supported to access healthcare professionals such as their GP, podiatrist, physiotherapist and optician.

We spoke with a visiting healthcare professional. They had no concerns about the medical care people received and told us staff were, "Very obliging and it's very personalised". They said staff sought their help or advice appropriately and followed their guidance. They commented that staff had the right knowledge and skills to effectively support people.

## Is the service caring?

### Our findings

The provider told us in the PIR that staff that 'care for residents know and understand their history, likes, dislikes, needs, hopes and goals'. People confirmed this and told us they were extremely happy with the care they received. They also said they were supported in a polite, friendly and dignified way. We received a range of comments including, "I am very satisfied with the way I am treated", "They are always very kind and helpful", "They are always so friendly and caring", "The carers are very good indeed", "I am very, very happy here" and, "They work ever so hard".

People's relatives were valued and welcomed so that they felt comfortable at the home and they told us they were confident that their family member was well cared for. Relatives told us they could visit any time and we saw there was a relatives and visitors kitchen to make tea and coffee. We spoke with two relatives and they told us their family member seemed very happy. One commented, "Nothing seems like it's too much trouble".

The manager commented on the staff team to us. They said the staff, 'all go over and above and contribute enormously to the homely, family feel of Gorselands'. For example, the chef told us about how they tried to ensure the meal experience was the best it could be for people. They had researched appropriate ingredients so they could make cakes for one person who was diabetic, and were making plans to surprise another person with an unusual meal that they had learned was a favourite. They commented they wanted, "The residents to have the best".

The service had a strong, visible person centred culture, with staff demonstrating an in-depth knowledge of people's needs. Staff used mood analysis to check people's emotional well-being over a specific time period. They showed us an example of one person who had been highly anxious about aspects of their care and support on their admission to the home. They explained the strategies they had adopted across the staff team to reassure the person and help them to feel less anxious. These included staff being aware of triggers that made the person feel anxious, gently explaining to the person what they were going to do so they were prepared and ensuring the right gender of carer to reduce the person's fears. They showed us the person's recent analysis which showed they were happier and less anxious about receiving support from staff.

The manager led by example, modelling person centred care and guiding staff where needed. The manager provided us with some written information about their service. They commented in this, 'Our vision for Gorselands is to provide a homely non clinical environment for the elderly in which they can live their lives as independently as possible with the focus on assisting them to reach their maximum potential'. We saw examples of how the organisations visions impacted upon people's daily lives. One person had visual impairment and was staying at the home for respite care. Their care plan clearly identified their needs and what staff needed to do to make sure they were safe alongside helping them to regain confidence. We observed staff making sure the person was safe as they moved around the home and the support they offered reflected the guidance in this person's care plan.. The person told us that the support staff had given them had enabled them to regain their confidence and independence when walking.

People were supported to be involved in caring for the home's pets. The home had two house cats and a dog 'Jarvis' who had previously been trained as a guide dog. People told us they liked having house animals. Information about the extensive commands Jarvis responded to was communally displayed so that everybody could be involved with him. One person told us they loved one of the cats. Staff had provided them with a cat bowl which was kept filled. This meant the person was able to spend lots of time with the cat.

People were supported to maintain their interests. The manager told us about a bird box in the garden. A person had expressed an interest in seeing the birds fledge and grow. The manager had arranged for a webcam to be housed in the bird box and had set up a link to a television in a communal room. This meant that people with an interest in wildlife were able to see the chicks hatch and grow each year.

The manager made sure people were at the heart of the service. Some people who lived independently in their own homes spent some of their days at the home. We asked the manager what time people arrived and went home. They said people could arrive, "any time really, I don't mind. Sometimes they're here for breakfast... and they can stay until after supper". We asked about transport due to the home's rural situation. The manager told us people arrived by taxi or family members but that they would assist with the home's minibus when required to make sure people could access the service.

Staff were caring and attentive to people and spent time with people listening to them, checking their comfort and acting on what they wanted to happen. For example, one person was being supported in the morning of the first day of the inspection. A staff member asked them where they would like to sit. They checked the person was comfortable and that they could see the television. They also checked what channel the person wanted to watch. We asked another person about their comfort and they told us, "I am so comfortable thank you".

The provider told us in the PIR that 'people are encouraged to be as independent as they want to be and are treated with dignity and respect at all time. People are given time to make decisions and communicate. Our observations throughout the inspection showed staff knew people well, encouraging them to make their own decisions and acting upon these to ensure people's independence was promoted. For example one person told us, "They like to keep me as independent as I can; their aim is to get you doing whatever you can". There was a homely, family atmosphere with laughter and social conversation between staff and people. A member of staff confirmed this telling us, "It's very much a family here. We all want and aim for people to enjoy their life here".

Staff offered people's choices, and treated them with respect. We arrived before breakfast on the first day of the inspection. Staff were unhurried in their approach with people and had attention to detail when they were supporting them to make choices. For example, one person was choosing their breakfast. The staff member sat with them and listened intently and patiently whilst the person considered their options. They decided they wanted a bacon sandwich and a cup of tea. The member of staff checked what sort of bread they wanted. After a few minutes the care worker returned with the sandwich cut into quarters with the crusts taken off. The person's breakfast was on a tray with a tray cloth, a napkin, a small pot of ketchup and a china cup and saucer with their cup of tea. Another person was making their breakfast choices. A care worker asked them, "What would you like for breakfast today" and the person decided on toast. They chose their type of bread and shortly afterwards the care worker returned with a tray laid out with a cloth, napkin, toast with butter, jam and marmalade in little pots, and tea. When we asked staff about the philosophy of the home they described a caring attitude that was encouraged by the home manager. One staff member said, "They put patient care before paperwork, the patient comes first".

People's bedrooms were homely and personalised with their own possessions and photographs. One person commented on their bedroom saying, "It's perfect, I can have what I want". Some people preferred to spend time in their bedroom. The manager recognised their preference and had employed a social carer to ensure people did not become isolated. This had positively impacted on people's experience and opportunity to engage with others and one person explained to us how much they, "Enjoyed the company".

People told us they could get up and go to bed at whatever time they chose and were free to spend their time wherever they wanted to. One person told us their family and other visitors were welcome anytime and another person explained to us how they enjoyed going out. There was information available for people on local bus and taxi options and the home also had a mini bus. This supported people to retain their community links and relationships. One person told us how they were supported to maintain relationships with friends. They met up with friends regularly and was supported to keep in contact in other ways such as using the residents phone to call friends.

People's independence was actively promoted through positive care planning. For example, one person wanted to increase their enjoyment of food. Their care plan said, '[the person] wishes to increase her enjoyment and appetite for food. To achieve this [the person] needs to be sensitively supported and encouraged during mealtimes. [They] can eat independently but may need food chopped up and sauce added'. People's care records reflected the person centred approach of staff. For example, records contained peoples' preferred method of bathing and who they wanted involved in their care, such as a hairdresser. We also saw a list of what particular newspapers people had requested that made sure they could keep up to date with the news.

The service made sure that facilities and support were available for people, those who were important to them and staff before, during and after death. The provider told us in the PIR that 'Residents are supported at the end of their life to have a private, comfortable dignified and pain free death. The manager told us about how they supported people when they were extremely poorly such as ensuring they had fresh flowers, photo's facing them and music should they wish it. One person had passed away and staff made sure their spouse continued to be supported by welcoming their visits to the home. Staff had received training in end of life care and told us, "They get really good care" and, "Everybody is there for them".

## Is the service responsive?

### Our findings

People told us staff responded to their requests for help quickly and also commented on the type of support they received positively.

People's needs had been assessed before they moved into the home to ensure staff were confident about meeting their needs and understood the person's wishes. The manager told us, 'I am passionate about making the daunting prospect of entering a nursing home as smooth as possible with the minimum amount of sadness and anxiety experienced'.

Records showed staff used the assessment information to develop detailed care plans and support records that identified people's strengths and abilities and the support they needed to maintain their independence. The care plans showed people and their relatives had been included and involved in the process wherever possible.

Where required risk assessments were in place to assess the risk of skin integrity issues, malnutrition and mobility to ensure people's health was maintained. Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. Where people required mobility aids these were available for them and placed within easy reach at all times.

One person was staying for respite care at the time of the inspection and we saw their records reflected their needs. This meant staff had the right information to enable them to understand what assistance the individual needed. This person told us, "I have enjoyed my stay, I am so lucky because it's not far from my home".

Other people had complex care needs which were managed well. One person's care plan provided staff with clear guidance about their PEG feed (This is a way of passing food and fluids directly into the stomach). The guidance included the importance of continued oral hygiene.

Staff told us communication was effective and that they had a good team working ethos. Staff told us they valued the daily handovers and one commented, "We are good at communicating". The new electronic care planning system enabled messages to be sent to the whole staff team which ensured staff were kept up to date with any changes in the way people wanted or needed to be supported.

People were able to choose what activities they took part in and suggest other activities they would enjoy. The home employed two activity workers and had supported them to undertake training in this area. Observations showed people were engaging in a range of activities throughout the inspection and appeared happy and involved. People confirmed there was enough going on at the home and we received a range of positive comments including, "Everyday something happens; there is a singer coming in today", "The lady today was very good" and, "There is a lot of entertainment, exercise and quizzes". The manager had also allocated one member of staff as a 'social carer' for specific parts of the day. This meant there was time dedicated for people who might prefer individual activities such as chatting or reading the newspaper

together. Activities were also displayed so people could see what was happening and choose whether they wanted to join in. The wide ranging activities included exercise classes, music and singing related sessions, quizzes, flower arranging, reminiscence and church services.

People's concerns and complaints were encouraged, investigated and responded to in good time. Information about making a complaint was displayed in communal areas and this included a suggestion box should people wish to remain anonymous. People told us they were happy to raise any concerns they had had, and confident these would be dealt with. One person told us about a concern they had previously raised and said it was, "Sorted out immediately". There was a complaints policy and the manager told us about one complaint they had received in 2016. We could see it had been investigated and resolved promptly.

## Is the service well-led?

### Our findings

People told us the service was well managed and that they received a good quality of care. One person said, "It's not perfect but it's pretty good" and another person commented on the manager saying they were, "Very good, you can go to [them] at any time". A third individual said the manager was, "Very good. [They] are lovely and very kind, I can always talk to [them]".

We reviewed a sample of completed quality assurance questionnaires returned by relatives during May 2016. These showed people and their families were satisfied with the service they received. There was a range of positive comments including, 'Wonderful' and, 'So pleased with Mum's care'.

The manager actively sought people's views and acted upon them. They told us about the 'natter mornings' they had with people. These involved chatting over coffee about events such as Christmas or the summer fete and were held at least twice a year. We looked at records held of a natter morning in July 2016. We saw that activities that had been suggested had been acted upon including having some visiting ponies, holding a BBQ and going on a boat trip. The manager told us, 'I benefit so much from their input and experience. Some residents come up with ideas that would not have entered my head or those of my staff'.

Staff told us the manager was extremely approachable and that they listened to and acted on suggestions, ideas or concerns. We received a range of comments from staff including, "If you ever have any concerns you go to matron. She is absolutely great; everybody feels the same about her. We have staff meetings where we voice concerns. Matron deals with them in a great way, so nobody feels too frightened to speak out. She listens". Another staff member told us, "[the manager] is like a mother really; you can go to [them] with any problems", and a third staff member said, "Its brilliant, the door is always open".

Staff also commented positively about the attitude and ethos of the provider. They told us the provider's main concern was in making sure that people had the best quality of life. All the staff said that budgetary constraints were not an issue and that any equipment they needed was quickly provided.

The manager kept up to date with good practice and sought to continuously improve the service. For example, they had introduced the electronic care recording system to enable staff to spend more time with people whilst maintaining effective records. They said it was important to them to, "Keep up to date, but keep homely". The care workers carried small tablets to input data after they had supported someone. Records were clear and well maintained. The system enabled the manager to analyse and assess people's health and well-being because it produced reports on aspects of people's care or support needs. For example, we looked at the weight records of one person who was assessed as nutritionally at risk. These showed the person had been weighed regularly. In addition the system had produced a graph to enable staff to easily see whether the person needed further support such as a referral to their GP.

There was a comprehensive programme of audits in place to monitor and improve the quality of the care provided. These included audits of the environment, health and safety, medicines, care planning, infection control and response times to call bells. We saw that action was taken immediately when required following



an audit.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as serious injuries and deaths and had made appropriate notifications as required.