

Mrs P Brown

Gorway House

Inspection report

40 Gorway Road
Walsall
West Midlands
WS1 3BG

Tel: 01922615515

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gorway House is a residential care home providing personal care for up to 28 people. The service provides support to older people, some who live with dementia. At the time of our inspection there were 21 people using the service. The care home is split across 2 floors, each bedroom has an en-suite, the home is spacious and has plenty of areas people can sit and socialise or have some quiet time.

People's experience of using this service and what we found

People did not always have appropriate assessments in place to assess mental capacity and the potential need for people to have legal restrictions placed upon them to keep them safe. People did not have their consent recorded in their care plan for the care in which they received.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We found there was a lack of management oversight, and no formal audits were undertaken to monitor the daily running of the home. Medication health charts in place were not consistently completed and gaps in recordings were found.

Accident and incident recording was not effective or embedded in the home. Records lacked detail and no management oversight to mitigate the risks happening again.

Fire safety in the home lacked formal risk assessments and clear guidance for people to be evacuated. Personal Emergency Evacuation Plans lacked guidance and no review had taken place.

There was reduced activity provision within the home, which meant people at times were sat with nothing to do.

However, people living in the home told us they were happy and felt safe. People had good relationships with staff, staff took time to speak and interact with people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection .

The last rating for this service was Good, 18 March 2022 .

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns around the services management oversight and compliance.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the registered managers needed to make improvements. Please see the Safe, Effective and Well led sections of this full report.

You can see what action we have asked the registered managers to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gorway House on our website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to Regulation 11(Consent), Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

Please see the action we have told the registered managers to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. Follow up
We will meet with the registered managers following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress The registered managers will also be required to submit an action plan to show progress made.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gorway House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

Gorway House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gorway House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 August 2023 and ended on 17 August 2023. We visited the home on 9 August 2023. A remote review of records was completed from 10 August 2023 until 17 August 2023.

What we did before the inspection

We reviewed information shared with us about the service from local authorities and peoples feedback on our experience and voice forms. Peoples voice and feedback is essential for us to understand the care been provided by the service and any improvements people feel could be made to improve the care provided.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 7 people who were supported by the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 5 members of staff, 1 home manager and 2 registered managers. We also spoke with 2 healthcare professionals who worked closely with the service. We reviewed and sampled a range of documents and records including the care records for 5 people, 4 staff recruitment files and training records. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not always identified and managed in a safe way to protect people from harm. For example, risk assessments lacked detailed information to identify risks to people and the control measures put into place to mitigate them.
- Risks had not been identified or assessed for people who were using bed rails, this placed them at risk of potential harm.
- The fire risk assessment in place had not been completed by a fire trained assessor and lacked essential information, as some potential aspects of fire risks in the building had not been identified. No simulated fire evacuations had been completed. Therefore, we did not feel assured people would be safely evacuated out the building if a fire was to happen. Personal Emergency Evacuation Plans (PEEPs) did not have enough detail for staff to follow to evacuate people safely and they were not always updated to meet people's current mobility needs.
- The registered managers had no system in place to review and monitor people's individual risks and detail in care plans and risk assessments were not always reflective of people's up to date needs. The home manager showed us an action plan and during the inspection had started to complete updates to risk assessments and care plans.
- Care plans and risk assessments were not reviewed in line with the provider's policy. We found some people's information was not reflective of their current care and support needs, placing them at risk of potential harm. Both registered managers positively received our feedback during the inspection.
- Observations of support within the home showed that people's assessed needs for mobility were not always met. Meaning people were at increased risk of falling.

The registered managers had not ensured risks to people were managed effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with told us they felt safe, and the home had appropriate equipment in place to support people's needs.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- Systems and processes were in place to record accident and incidents. However, records we viewed lacked detailed information to demonstrate managerial oversight and if action had been taken to mitigate the risk and any lessons learnt.
- During the inspection we identified 3 reportable safeguarding incidents. The registered managers and

provider had failed to report these incidents to the local authority and CQC as required by law. The home manager in place at the time of this inspection was not in post when the identified safeguarding concerns took place. This new home manager demonstrated a good knowledge of what incidents are reportable under their safeguarding responsibilities.

- We found people at high risk of falls had no analysis or learning for the future to adapt the care they received to meet their needs. This meant that any prevention of falls for people had not been considered to lower the risk to incidents happening again.
- At the time of this inspection staff were completing training. Not all staff had completed safeguarding training. When we spoke with some staff they told us how to identify potential abuse and the action they would take to report abuse and keep people safe.

Using medicines safely

- Topical medicines (Creams) were not always safely managed in the home. For example, prescribed creams were not stored safely and left around the home. This did not follow NICE guidance of storing medication in a care home. As the home had people living with dementia this also heightened the risk of potential harm and impact to people.
- Medication audits were not embedded in the home, meaning any errors or mistakes may not be identified and acted on swiftly. This had the potential to cause possible harm to people. At this inspection we found no harm had occurred due to this.
- Protocols for as required (PRN) medication did not hold essential information and lacked detail. This had the risk that staff administering medication were not aware of the side effects of medication or the outcome this was looking to achieve for a person.
- People did receive their medication at the correct times as prescribed on the medication administration record (MAR). People were informed what the medication was and staff gained consent where appropriate from people before administering medicines.

Staffing and recruitment

- Staff were recruited safely. The registered managers sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the time of inspection, there were enough staff to meet people's needs. A staffing dependency assessment tool was used to identify the number of staff needed to safely people's needs.
- Skills and knowledge of staff were assessed during the recruitment process to ensure people employed by the service had the correct skills to meet the needs of people.

Preventing and controlling infection

- We were assured that effective systems were in place to manage the risk of infections at the service.
- We were assured that staff were using PPE effectively and safely.

Visiting in care homes

- The home had visiting arrangements in place. At the time of inspection visiting was not restricted, however we saw a continuous plan in place that adapted to keep people safe and restricted the amount of visitors to the home. Where required and appropriate, additional visiting guidelines were applied to ensure people were kept safe and infection control within the home was managed.
- We saw clear plans in place to adapt visiting to the home at times of a pandemic or any serious virus's that may become present.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not working within the MCA guidance set in place by law.
- No assessment of people's mental capacity were present in people's care records.
- DoLS had not been considered or applied for where people were at risk of been deprived of their liberty. We identified where people used bed rails there was no record of any best interest's decision or assessment in place to justify this restriction.
- The registered managers demonstrated a lack of knowledge around mental capacity and the assessment processes that are required to take place. The registered managers took our feedback positively during the inspection and had started to arrange for people to have mental capacity assessments.
- No consent for care had been gained from people to agree the care they were receiving met their wishes and preferences.

The registered managers had not gained consent from people or requested mental capacity assessments for people when they could not consent to their own care. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before moving into the home.

- Each person had a care plan in place, however this did not always represent up to date information. Details to provide a comprehensive and holistic overview of each person's needs were not always available in people's care records. For example, when a person's mental capacity had changed this was not represented in their care plan.
- Records did not show where people had been involved in the planning or review of their care. People were aware they had a care plan in place, but some people were unsure if they had been involved in the writing of it.

Staff support: induction, training, skills and experience

- There were gaps in the staffs' training. Staff were working towards completing essential training, however this was not fully embedded into the service. For example, not all staff had completed the following training courses; health and safety, infection control and safeguarding of adults. The new home manager had recognised training gaps and showed us how they are implementing and sourcing training to strengthen the knowledge and skills of staff. This was also recorded on the service improvement plan.
- Staff told us they completed a short induction into the home that included shadowing other staff, getting to know people and training. Induction varied for staff and no formal structure to induction was in place. This meaning there was a concern around the consistency of care provided in the home.
- Staff had completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us that the training they had completed at the service was useful and informative. 1 staff member told us, "We are given time to complete our training, which is useful in taking everything in".

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

- The home had not been adapted to meet the needs of people with dementia. For example, the use of signage to orientate people around the home was not present.
- The home was clean and tidy and offered a homely environment for people to live in. We did raise at this inspection the home could be more personalised to people. People did not have much personal content within their rooms. The registered manager told us they had asked people to bring in their personal items, however people did not wish to always do this.

Supporting people to live healthier lives, access healthcare services and support

- Meaningful activities were not always facilitated at the service. We raised this at the time of inspection and the manager told us they are looking at implementing new activities to the home.
- People had full access to services such as hairdressers, physiotherapy and speech and language therapy (SALT) assessments. The home was very open and welcoming to professional's coming in to provide advice and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice over the meals they wished to eat.
- Menus were in place where people could choose from meal options, which encouraged a healthy, well-balanced diet. One person told us, "If we don't want what is there we can always ask for something we wish to eat".
- The home had a dining room where people enjoyed socialising and eating their meals. One person told us, "It's really nice to have meals with others". We observed 1 person changing their mind to the meal they had chosen. Staff were respectful, and an alternative was provided.
- People told us the meals in the home were nice and no concerns of meals were raised.

Staff working with other agencies to provide consistent, effective, timely care

- The home had a weekly ward walk around with the GP this took place on the day of our inspection visit. This was effective and the home manager and care staff were able to share any concerns around people's health.
- Regular input from health care professionals was in place and people received a good oversight of their health from professional's.
- The home manager told us the local authority were working with the home to implement improvements, the manager told us they found this useful and supportive.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems and processes for monitoring the quality and safety of the care provided were not always robust and had not enabled the registered managers to identify the shortfalls we found during this inspection to drive improvements.
- Systems and processes had not enabled the registered managers to identify some care records were not sufficiently detailed or reflective of people's current needs. For example, audits were not in place to review care plans. We identified some care plans did not contain up to date information of people's care needs. This placed people at unnecessary risk of harm.
- Medication audits were not embedded within the home, this increased the risk of a delay in identifying any errors or concerns around medicines for people.
- At this inspection we identified a concern around the provider's registration that had not been reported to us as required by the registered managers. The registered managers were responsive to our feedback at inspection and started to address this registration issue. They also shared with us plans to review the management structure at the service.
- At this inspection the home did not have the service user band of dementia. A service user band is regulated activity in which the provider is registered to provide. We raised this at the time of inspection and the manager took action to register the service user band with CQC.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People were not always supported to be fully involved in the holistic assessment and planning of their care. For example, people's personal characteristics, including; religion, sexuality or sexual preferences were not always captured in peoples care plans. This placed people at risk of not receiving person centred care that met their individual needs.
- Surveys had not been completed to capture feedback from people, relatives or health professionals. This was raised at this inspection and the manager told us they had just sent surveys out but not yet gathered the results of the feedback.
- People were able to speak to management and staff if they had any concerns within the home or wanted

any aspect of their care changing. One person told us, "We can always ask for things or give our ideas, we feel they are listened to".

Continuous learning and improving care

- The registered managers and home manager had an up-to-date service improvement plan; however, this did not capture all the improvements we identified as part of this inspection.
- Continuous learning was not present from accident and incidents that happened in the home, nothing was seen to be in place to mitigate any accidents or incidents from happening again.

Working in partnership with others

- The registered managers were working with the local authority to improve the quality of care and documentation in the service to ensure compliance and to meet regulations.
- The Local authority did provide feedback as part of this inspection. They had identified concerns around the quality of detail within care plans and risk assessments. The local authority had received concerning information from people's voice around the care provided and management of the service.
- The manager had a good relationship with the nurses who came in and this worked effectively in ensuring people had the correct healthcare professional input.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home was welcoming and friendly. Staff and management were open and transparent and took feedback in a positive way to improve the service.
- Staff spoke very positive about management. One staff member told us, "The registered managers are very approachable and will always listen". Another staff member told us, "Management are always present and will always communicate with us over any changes".
- Feedback from people was positive. One person told us, "It's a lovely home here, everyone is so friendly and helpful". Another person told us, "[Person] and [Person] (registered managers) are always around, they will always spend time with me, and we talk regularly".
- Staff we spoke with, and management showed commitment to their roles and commitment to wanting to improve the service and provide a high quality standard of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home manager had a clear understanding of duty of candour and how to implement this if required.
- Records showed the registered managers had received a complaint and responded in a timely manner, following the procedure and process as stated in the provider's policy. The outcome and resolution to the person who had complained was also recorded and used to change the person's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Records did not show people had consented to their care and the requirements of the Mental Capacity Act were not always followed when people could not consent to their care.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from harm due to the lack of robust risk management processes within the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided