

Mr & Mrs H Emambocus

# Gladstone House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Gladstone House is a care home providing accommodation for people who require personal care and nursing care to up to 12 people, some of whom may be living with mental health issues and or a learning disability. At the time of our inspection there were 8 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The provider didn't always give people care and support in a clean and well-maintained environment. We made a recommendation regarding infection prevention control measures in place and to review the service refurbishment plan.

Medicines were not always managed safely. The guidance for medicines taken 'when required' and documentation for these medicines were not always clear. The medicines policy in place stated homely remedies could be offered, and people told us these types of medicines were not available.

Staffs competencies to administer medicines was checked. Staff told us people were supported with administering their medicines in a way that promoted their independence. However, more development was needed in this area to build up people's skills.

Care plans were improved for people to support their mental health, emotional well-being, personal care and dietary needs. Care plan monitoring records were improved to include tracking people's progress.

The provider supported people to have the maximum possible choice, control and independence and they had control over their own lives. People were encouraged to plan ahead, set aspirations and work toward personal goals.

Fire drills were taking place regularly, issues with the fire doors being unsafe at our last inspection had been fully addressed.

### Right care

The provider acted to protect people from poor care. The provider reported any concerns to the appropriate places. Staff had training on how to recognise and report abuse.

The provider had enough appropriately skilled staff to meet people's needs and keep them safe. Staff were recruited appropriately with the correct safety and suitability checks.

People were supported by person-centred practices; care plans were improved and included personalised plans with achievable goals and outcomes. People were encouraged to take positive risks. Risk assessments were in place.

#### Right culture

People were supported to lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The quality assurance processes in place were improved and were more effective. People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 12 December 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made. However, the provider was still in breach of regulation.

This service has been in Special Measures since 12 December 2022. During this inspection the provider demonstrated improvements have been made. The provider is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected.

We carried out an unannounced comprehensive inspection of this service on 26 July and 1 August 2023. A breach of legal requirements were found. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 the provider needs to make further improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from inadequate to requires Improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gladstone House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a continued breach in relation to medicine management at this inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Gladstone 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

This inspection was undertaken by two inspectors on the first day of inspection 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. The second day of inspection was undertaken by a medicines inspector.

#### Service and service type

Gladstone 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. Beechwood Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who used the service and 2 relatives about their experience of the care provided. We spoke with 2 members of staff, the registered manager and deputy manager.

We conducted a tour of the service and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, staff files and audits used to monitor 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 Inadequate. 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.

### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12(1).

- Medicines were not always managed safely. The home had a medicine procedure that did not reflect current practice. People had asked for homely remedies such as pain relief and these were not available. Although the providers policy stated they were.
- The level of support was not clearly documented for people who self-administered some of their medicines.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing for some people. The reason for taking a 'when required' medicine or the outcome was not always recorded to review effectiveness. Where medicines were discontinued, guidance was not updated in medicine records or care plans.
- Handwritten medicines administration records (MAR's) for one person had an incorrect strength listed and did not clearly detail the dates of administration. The provider confirmed that this was resolved following the inspection.
- An audit system was in place, but this had not picked up the issues we found.

This evidence demonstrates a continued breach of Regulation 12 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely Staff were trained to administer medicines and had their competency checked to do so.

### Preventing and controlling infection

At our last inspection the provider had failed to operate effective infection, prevention and control to reduce the risk of spreading infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 12



- The provider was not always promoting safety through the layout and hygiene practices of the premises. There was bathing equipment that had not been cleaned effectively and some areas were still in need of redecoration. The provider confirmed that this was resolved following the inspection. We recommend the provider reviews their refurbishment plans and prioritises areas in need.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was able to meet shielding and social distancing rules when required.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach regarding the use of PPE.

#### Visiting in care homes

- Visits to Gladstone House were in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to assess, monitor and mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 12

- Risks to people were assessed and recorded appropriately.
- Risk assessments were in place for people to enable them to take risks as part of their everyday life.
- Where risks had been identified when reviewing people or following an incident. Risk assessments were created to reduce the risk of reoccurrence.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment of suitable staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 19

- Safe recruitment processes were implemented and followed for staff employed by the provider.
- Appropriate safety checks were completed before staff started working at the home.
- Staff files were improved, and recruitment information was completed and contained a full employment history.
- Effective inductions were carried out with new starters.

Systems and processes to safeguard people from the risk of abuse.

At our last inspection the provider had failed to report safeguarding concerns. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 13

- Systems were in place to safeguard people from the risk of abuse.
- Staff followed the procedures in place and concerns were raised as safeguarding alerts with the local authority effectively.

# 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 was rated inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with effective and sufficient training to enable them to carry out their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 18 ☐

- Staff had been provided with training to meet people's needs.
- Staff were trained in the latest recommended training for supporting people with a learning disability as well as training for other long-term conditions.
- The induction for staff was improved and all new starters had received this.
- Staff received supervisions with the registered manager.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care.

At our last inspection the provider had failed to maintain complete and contemporaneous records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 17.

- Pre-admission assessments had taken place to ensure the service could meet people's needs.
- Other healthcare professionals worked with the people who used the service. Records of visits by professionals and any review meetings were improved and regularly recorded. One person told us, "The doctors and dentists are nearby and the GP has visited the home."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

At our last inspection the provider had failed to meet people's nutritional, and hydration needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of Regulation 14.

- People did receive effective support to maintain a balanced diet and personalised menus were available

for people.

- People who required support to maintain a balanced diet had improved, detailed care plans in place to guide staff to support them.
- People where required support were consistently weighed to monitor their health.

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

At our last inspection we recommended that the provider refer to current guidance regarding person centred support in relation to the environment.

The provider had made improvements in this area.

- The environment within the home was improved in some areas and others still needed work.
- People could relax and enjoy communal areas and there were recent improvements to change a ground floor lounge to a sensory room.
- People were able to personalise their bedrooms. The outdoor area was very small and limited at the back of the service. More seating was provided in the front garden and people were making use of this space.

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 principles of the MCA were followed. Training was provided for staff and if people lacked capacity DoLS applications could be submitted where required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question inadequate. The rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity, respecting and promoting people's privacy, dignity and independence.

At our last inspection the provider failed to communicate effectively with people and respect their preferences. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 10.

- Peoples dignity and confidentiality was respected. Improvements to the environment to protect people's confidentiality were in place.
- Peoples religious needs were recorded in care plans for staff to observe and support people to follow where needed.
- People were supported to have the equipment they needed to promote their independence and dignity.
- People were supported to improve their independence and were encouraged by staff to build their skills to enable this. One relative told us, "The staff are great with [Name]. They're happy and they help in the kitchen, go into town and are independent. [Name] loves helping out and the staff make sure they keep using these skills."

Supporting people to express their views and be involved in making decisions about their care

- People could express their views and were supported to do so.
- People were encouraged to make their own decisions as to how they spent their time. For example, we observed people coming and going and making choices of when to get up or to go out. One relative told us, "All in all it has been the best place so far. [Name] loves cleaning and gardening and they do this. [Name] has certain people there, friends really, who they get on with."
- People were supported to be actively involved in their care planning. One person told us, "I know about my care plan and get involved if it changes."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

At our last inspection the provider failed to provide person-centred care to reflect people's preferences and meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 9.

- People's care and support was person-centred.
- People's care plans were improved to enable them to plan ahead, make progress and achieve outcomes.
- Care plans were personalised to cover all aspects of life including communication and support for overcoming anxiety.
- Care plans reflected people's individual needs, such as personal care requirements and preferences for staff to follow.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans provided some information with regards to people's communication needs. Some information had been provided in other formats such as hospital passports were in an easy read format. Care plans didn't identify any needs for accessible information.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- People and relatives told us if they had any concerns, they would raise this with the registered manager individually or at their regular key worker meetings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could access the community independently and did so regularly to visit the local amenities.
- Relatives and friends were able to visit the service when they wished.

- People who used the service socialised together and the rapport between people who used the service at the time of our inspection was positive.

#### End of life care and support

- People had end of life care plans in place that included peoples wishes.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership 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; Continuous learning and improving care.

At our last inspection the provider failed to operate effective systems and process to assess, monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The quality assurance processes in place were improved but failed to identify some issues with medicines records we found.
- The provider had effective oversight of the service. Provider audits were improved to cover more details and address issues identified at our last inspection.
- The provider ensured regulatory requirements were being met and people were provided with the expected level of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At our last inspection the provider failed to seek and act on feedback to continuously improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 17.

- People and their relatives were encouraged to share their views about the service. One person told us, "I go to the residents meetings but thought that if anything needed changing 'things just happened anyway' and I can tell staff my likes and dislikes and I've been asked for input into the colour of the new carpet."
- People had made suggestions and requests, and these were acted upon for example, providing a sensory room/relaxation space and planning for holidays.
- People were able to access the community and maintain contact with their friends and relatives via visiting and telephone.



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

- People were supported in person-centred ways to help them to plan for improved outcomes.
- The culture of the service was improved. People were encouraged to plan ahead for the future and set meaningful goals to aspire to.

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 provider took on board the learning from our last inspection and put plans into action to make the improvements that were needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely. Policies in place regarding administration of medicines were not always followed and records for 'as and when' required medicines were not always clear.