

Gorsey Clough Nursing Home Limited

Gorsey Clough Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Gorsey Clough Nursing Home provides nursing care and accommodation for up to fifty people living with dementia. The home is situated outside the village of Tottington, which is approximately three miles from Bury town centre. The home is a large detached property in its own grounds. Accommodation is provided over two floors and can be accessed via a passenger lift. Communal rooms are available on the ground floor. These include a large lounge/dining room and two smaller lounges.

This was an unannounced inspection which took place 22 and 23 November 2016. The inspection was undertaken by two adult social care inspectors.

The service was last inspected on 8th September 2015. During that inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This resulted in us making three requirement actions. Following the inspection in September 2015 the provider wrote to us to tell us what action they intended to take to ensure they met all the relevant regulations. During this inspection we checked if the required improvements had been made. We found that action had been taken to make improvements and the requirement actions had been met.

Staff had received training in and understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked the mental capacity to make certain decisions appropriate arrangements had been made to ensure their rights were protected. People had access to independent advocates (IMCA) to help support them when specific decisions needed to be made about their care and support. We found that where decisions were being made in people's best interest some records of options considered were not always complete. We recommend the service considers current good practice guidance to ensure that they comply with the principles of the MCA.

Staff received a programme of induction, supervision and on-going training to help ensure they were able to deliver safe and effective care. Staff spoken with confirmed they were supported in carrying out their role. Nursing staff felt supported, but did not receive regular clinical supervisions. We recommended the provider reviews arrangements for the clinical supervision of nurses based on good practice guidance.

People's support needs were assessed before they moved into Gorsey Clough Nursing Home. Care records contained information about people's support needs, preferences and routines. Risk assessments were in place for people who used the service and staff. Care records we had been reviewed regularly and had been updated when people's support needs had changed. People, and where appropriate, their relatives had been involved in planning and reviewing the care provided.

The service had a registered manager. They had been absent since March 2016 and would be leaving the service in January 2017. 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. Interim management arrangements had been put in place and the owner was starting to recruit a new registered manager.

Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service. They told us they were certain any concerns they raised would be taken seriously by senior staff in the service.

People we spoke with told us the staff were caring. We found that all the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. We observed staff offering support and encouragement to people. We found staff interaction with people to be calm and respectful.

We found the building to be clean, bright and well decorated with no malodours. The bedrooms we went in were well-furnished and were personalised with people's own photographs and ornaments. The home was undergoing a programme of refurbishment to improve the experience of the people who used the service.

Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed. People had their health needs met and had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored. The food provided within the service was nutritionally balanced and plentiful.

There were activities and social events on offer to reduce people's social isolation.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected.

We saw there was a system for gathering people's views about the service. There was a system in place to record complaints and the service's responses to them.

Accidents and incidents were appropriately recorded. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided.

People we spoke with were positive about the service, the improvements that had been made and the way it was being managed. Staff told us they enjoyed working for the service and felt supported in their work.

The service had notified CQC of serious incidents and events as they are required to do.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the entrance hall and on their website

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.

There was a safe system of recruitment in place to help to ensure people using the service were protected from unsuitable staff. There were sufficient staff on duty to meet people's needs.

Systems were in place to ensure that people received their medicines safely. Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service. Records of options considered during best interest meetings were not always complete.

Most staff received the induction, training, support and supervision they required to be able to deliver effective care. Nursing staff did not receive regular clinical supervisions.

The home was undergoing a programme of refurbishment to improve the dining experience of the people who used the service.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us the staff were nice and caring.

We found that all the staff we spoke with were able to tell us

about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them.

We observed staff offering support and encouragement to people and found staff interaction with people to be calm and respectful

Is the service responsive?

Good ●

The service was responsive.□

People's needs were assessed before they moved into Gorsey Clough Nursing Home.

A system was in place to ensure care records including risk assessments and care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

People knew about the complaints procedure and how to make a complaint. There was a system in place to record complaints and any action taken.

Is the service well-led?

Good ●

The service was well-led.□

People we spoke with were positive about the staff and the service.

There was a good system in place for monitoring and reviewing the quality of the service provided.

Staff were positive about the way the service was being managed and felt supported and enjoyed working for the service.

Gorsey Clough 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.

This was an unannounced comprehensive inspection which took place on 22 and 23 November 2016. The inspection was undertaken by two adult social care inspectors.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service.

As most people living at Gorsey Clough Nursing Home were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with two people who used the service, seven visitors, the clinical lead nurse, two nurses, four care workers, the cook, the administrative assistant, the activity coordinator, the training and development officer and the maintenance person. We also spoke with two of the owners of the home, one of whom is currently managing the home temporarily due to the absence of the registered manager.

We carried out observations in public areas of the service. We looked at five care records, a range of records

relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People we spoke with told us they felt people were safe living at Gorsey Clough Nursing Home. One person told us, "I like it here. My room is very nice." Visitors told us, "It's always clean."

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records we looked at and staff we spoke with confirmed staff had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. We saw that information about the local authority safeguarding team was displayed on a notice board, this included contact telephone numbers. Staff we spoke with told us they were confident they would be listened to and that senior staff or the provider would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We found there was a safe system of recruitment was in place. We looked at three staff personnel files. We noted that all the staff personnel files were well organised and contained an application form with full employment history. The staff files we looked at contained copies of interview notes, at least two written references, copies of identification documents including a photograph and information about terms and conditions of employment.

There was a system for checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC.) All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw the service had policies, procedures and a staff handbook to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who lived at the home. We received mixed views from people we spoke with about the staffing levels within the home.

The clinical lead nurse and staff we spoke with told us that when cover was needed, existing staff usually picked up the shifts. Staff we spoke with said of staffing levels at the home, "It's rubbish with sickness and annual leave", "Sickness can't be helped; all the jobs tend to get done. We are not under pressure." Others told us, "Staff are good they pick up (extra shifts) but they get tired and worn out" and "It's alright, they don't

use a lot of agency so people don't have strangers, they know who you are." Examination of the staff rotas showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff.

Staff we spoke with told us they thought that, with the current planned staffing levels, there were enough staff to provide the support people currently living at the home needed. However all the staff we spoke with were concerned that there may not be enough staff if people's needs changed or more people started to live at the home. The provider told us that they had recently recruited staff to fill some vacancies and that staff recruitment was on going. They said they would continue to review staffing levels based on people's needs. We saw that the service assessed people's support needs regularly but did not have a dependency tool to assess overall staffing level requirements. Staff we spoke with said; "They have taken on new staff and it's been better, but we might not manage if there were more people.", "He [the owner] has been trying to recruit more staff, but they have not always been suitable."

A visitor said, "There are enough staff." another said "My [person who used the service] gets the care she needs when she needs it." Staff we spoke with told us, "You do get time to sit and talk to people"; "I have time to sit with people." During our inspection we saw sufficient staff to meet people's needs. The atmosphere appeared relaxed and staff were responsive to people's needs and were able to offer support when it was needed.

We looked to see if people received their medicines safely. We found that people were receiving their medicines as prescribed. We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We found that protocols were in place to guide staff on administration of 'as required' medicines. We noted staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We saw the service uses an electronic system for ordering and recording of medicines. People's medicines administration records (MAR) are also kept on the electronic system. We looked at eight people's MAR during the inspection. We saw that all records were complete. We were shown that the system changes colour when a person's medicines are due or are late being given. This helped to ensure people received their medicines at the correct time.

Records we looked at showed that the electronic system was used to produce a daily audit. This informed staff if a medicine had not been given or if stocks of medicines were low. A record was kept of medicines returned to the pharmacy. All stocks of medicines we reviewed were accurate.

We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse), were stored securely and only authorised and suitably qualified people had access to them. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly.

We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included moving and handling, nutrition and hydration, scalding, mobility, medicines, choking, continence, pressure areas, falls and fractures. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

On the first day of our inspection we arrived at 7.15 am. We were able to enter the building through an unlocked front door without staff being aware of our presence. This could pose a risk of unsuitable people accessing the building. We were told that staff had mistakenly left the door lock off when they had left the building to dispose of rubbish. The owner has told us they will review their procedures to ensure the external doors are secure. On the second day of our inspection the front door was locked when we arrived.

We looked in several bedrooms and all communal areas and found these to be clean and tidy. We found the building to be bright and well decorated with no malodours. A visitor we spoke with told us, "It is always clean." The bedrooms we went in were spacious, well-furnished and were personalised with people's own photographs and ornaments. We noted that since our last inspection communal areas and most bedrooms had been redecorated and had non slip flooring fitted. New pictures and photographs had been hung in communal areas. We saw that two walk in shower rooms had been refurbished. During our last inspection we were told that a new bathroom was planned. We noted that this work had been started but that the bath had not been installed. The owner told us that there had been a problem with the size of the room and making the area accessible for staff when they were using hoisting equipment to enable people to get into the bath. The owner told us that this work was still on-going and that they were going to seek advice from an occupational therapist on the best solution for the safety of both staff and people who used the service. The owner told us during our last inspection that a new treatment room was planned, which would provide more space for people to receive treatment from nurses and other health care professionals on site. We were told this work was still planned within the following six months.

We looked at the systems in place for laundry and found there was sufficient equipment to ensure people's clothes were kept clean. Linen was cleaned by an outside contractor. The service also used red alginate bags to safely wash soiled clothing and store linen before it was sent to the contractor. Soiled items can be placed in these bags which then dissolve when put in the washing machine. This helps prevent the risk of spread of infection or disease.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported to CQC or the local authority safeguarding team. We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. One record we looked at showed that a faulty front door lock had been reported and an electrician had been called to fix the problem.

We saw the infection control and hygiene policy and procedure; this gave staff guidance on handling contaminated waste, hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. We saw that staff wore appropriate PPE when carrying out personal care tasks, and covered their uniforms when supporting residents at meal times. This helps prevent the spread of infection. Hand washing facilities were available in all areas where personal care was offered and hand sanitizers were available at the entrance to the home.

We saw risk assessments were in place for the general environment. Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan. This

informed managers and staff what to do in the event of an emergency or incident and included failure of the lift, bomb threat, loss of kitchen facilities, water, electricity or fire the laundry, missing resident's, severe weather and flu outbreak.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. These were kept in people's care records and in a file in the main office for use in the event of a fire. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and records showed that staff had received training in fire safety awareness. This means that robust systems were in place to protect the health and safety of residents in the event of an emergency situation.

Is the service effective?

Our findings

At our last inspection we found that the service was not always effective. The provider had not obtained valid consent. People were not protected against the risks of unsafe or inappropriate treatment as staff had not received all the necessary training and support needed to carry out their role. During this inspection we found that improvements had been made and the requirement actions had been met.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 Act requires that as far as possible people make their own decisions. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA.

At the time of our inspection authorisations for DoLS were in place for 23 people who used the service. Applications for DoLS authorisations had been made for a further 15 people. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

Records we looked at showed that, where necessary, people had access to independent advocates (IMCA) to help support them when specific decisions needed to be made about their care and support. This helped to ensure that decisions made on their behalf were done so in their 'best interests'.

People's care records we reviewed contained evidence that the service had identified whether each person could consent to their care. They contained information about each individual's capacity to make decisions. We found that this information was reviewed regularly. We saw that, where appropriate, relatives had been consulted about people's wishes. We saw that care records included advice to staff on how to best support people to make decisions, this included how to offer choices so that the person could understand what was being asked. One staff member told us, "I ask the person; personal choice is a massive thing. You offer alternatives, you look for peoples facial expressions."

A review of people's records showed that where specific decisions needed to be made, for example in relation to medicines or restrictive practice, a mental capacity assessment was completed along with a 'best interest' meeting. Staff and relatives we spoke with told us they had been involved in best interests meetings. We saw that health care professionals were also involved where appropriate. We found that decisions taken were recorded but the views of people involved and all options considered during these best interests meetings were not always recorded. We recommend the service considers current good practice guidance to ensure that they comply with the principles of the MCA.

We looked to see what support staff received to carry out their roles effectively. All the staff we spoke with told us they felt supported in the roles. Records we looked at showed that care staff were receiving regular

supervisions from the training and development officer. One staff member told us, "If I need supervision I get it, I just have to ask." Others said of support, "It's improved. They listen to us more", "If you need support you can always go to one of the nurses."

Since our last inspection the provider had made arrangements for the nursing staff within the home to be provided with clinical supervision by the clinical lead nurse. We found that this had not happened regularly for all nurses. The clinical lead nurse told us this was because they didn't have time as they had taken on additional work whilst the registered manager had been absent. They told us that their own supervision should be provided by another senior nurse. This had not happened this year but they had attended an external workshop that had provided them with clinical supervision and that the provider intended to make this available to other nurses. All the nursing staff we spoke with told us they felt supported by each other and the owners. To ensure nursing staff receive the required supervision, and remain up to date with their nursing practise, we recommend the service reviews arrangements for the clinical supervision of nurses based on good practise guidance.

We looked to see how staff were supported to develop their knowledge and skills. We were told that new staff received an induction to the service that included completing the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included an introduction to the home, information about the individual staff member's role and policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete a work book to demonstrate their knowledge and understanding. Staff we spoke with told us their induction had helped them understand what was expected of them and helped them to carry out their role effectively.

Records we reviewed and staff we spoke with showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. One staff member told us, "They do lots of training." The home's training and development officer organised all staff training for the home and showed us the training matrix. This was used to keep a record of all training staff had attended and also to highlight to the service when staff were due to attend refresher training. Records we looked at and staff we spoke with showed that staff received training that included; manual handling, infection control, health and safety, food hygiene, emergency first aid, dignity and respect, person centred care and record keeping. The training and development officer told us that they were arranging a new training course that would help staff develop skill in how to support people whose behaviour challenged the service.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the cook on duty who told us they were aware of people's likes, dislikes and any allergies people who used the service might have. They were also aware if people needed their food preparing in a specific way such as pureed. We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a 4 star rating from the national food hygiene rating scheme in August 2016.

We saw menus including choices of meals and that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods..People we spoke with told us they enjoyed the food. One person we spoke with told us, "The food has always been very good." During our inspection people were offered drinks throughout the day

Care records we looked at showed that people had access to a range of health care professionals including doctors, dieticians, chiropodists and dentists. We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met. We were told that should a person require admission to hospital a paper copy their care and medicines records were printed and given to the hospital staff. These arrangements should help ensure the person received the care and support they required while they were away from the home.

Is the service caring?

Our findings

People we spoke with told us the staff were caring. They said, "The staff are very, very kind. They are all nice but I like [name of staff member] the best", "I have no complaints about the staff", "They are very caring." Other people said, "We have no complaints about the staff", "The staff are good", "Staff are nice" and "I think its brill here, The staff are nice. Even the cleaners know people's names."

During the inspection we spent time observing the care provided in communal areas of the home. We found staff were responsive when people needed support and spent time chatting with people. There was a good rapport between staff and people who used the service. We saw staff members went around and talked to different people who were sat on their own.

Care records we reviewed gave staff information to help promote peoples independence. They included information on people's life skills and things they liked to do for themselves, such as getting dressed in the morning. One person's records said the person liked to 'put their own make up on', another said the person liked 'to make their own bed.'

We found that all the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. We observed staff having conversations with people about things that were important to them. We observed the lunch time meal on the first day of our inspection and saw staff offering support and encouragement to people who were not eating their meals. We heard staff offer people alternative choices. One person became upset and we saw staff respond in a calm and respectful way.

Care records we looked at also contained "About Me" or "This is me" documents. This included detailed information about the person's routines and preferences, friends and family, social and life history, hobbies and interests. One person records we saw stated, "I like to go to bed at 10pm. I will take myself to bed." These will help guide staff on providing person centred care.

During our inspection we saw lots of visitor coming and going. Visitors we spoke with told us they were made to feel welcome when they visited. One person told us, "We are always made to feel welcome; we are always asked if we want a cup of tea."

We saw that consideration was given to people's religious and spiritual needs and that arrangements were in place for people who wanted to, to practise their religion within the home.

Care records we looked at showed that people had discussed their wishes about how they wanted to be cared for at the end of their lives. We saw that where appropriate relatives had been involved.

We found that paper and electronic care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

Visitors told us, "[person who used the service] is well looked after" and "[person who used the service] is happy here." Another visitor told us, "My [person who used the service] likes to have a duvet day. The staff check to make sure [person] is ok." One visitor told us that their relative had moved from another home and had been more alert and awake since starting to live at Gorsey Clough Nursing Home.

At our last inspection we found that care plans and risk assessments were in place but were not always updated to reflect significant events or changes in need. This meant we could not be sure people were receiving person centred care that met their needs. At this inspection we found significant improvements had been made and the requirement action had been met.

The clinical lead nurse told us that the service was moving to all electronic care records. We saw that all people who used the service had care plans and risk assessment that were held on computer. Some records were still being kept on paper such as "About me". The clinical lead nurse told us these documents would be scanned into the new system so that the information was still available to staff.

The clinical lead nurse told us that before people started to live at Gorsey Clough Nursing Home their needs were assessed. They told us that they had recently updated the pre admission assessment and that it was now more detailed. We saw these were detailed and were completed by the clinical lead nurse or a nurse. This meant the service could ensure people were suitably placed and that staff knew about people's needs before they moved in. We saw these had been used to develop electronic care records that included care plans and risk assessments to guide staff on how best to support people.

We looked at five people's care records. We found they were detailed, person centred and also included information about people's daily living skills, routines and preferences. They also gave information about body temperature, cognition, communication, continence, daily life and social activities, end of life care, capacity, diet, elimination, infection, medication, mental capacity, mental health, mobility, personal care, physical health, mobility, smoking, skin viability and sleep. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences.

Care records we looked at had been reviewed regularly. We saw that changes were made to the care plans and risk assessments when people's support needs changed. We saw that where appropriate people's relatives and health care professional had been involved in reviews.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. Staff we spoke with told us they were made aware of any changes in a person's support needs in the daily logs, the person care records and at the handover which happened at the start of each shift. We saw that handover notes were detailed and included any planned visits from health care professionals, accident or incidents and social activities or outings the person had planned for the day. We saw that detailed daily logs were kept for each person.

We looked to see what activities that were offered to people that lived at Gorsey Clough Nursing Home. We spoke with the activity coordinator who told us as activity interest survey was completed when each person started to live at the home. They told us they also look at personal profiles to see what activities people might like. We found the activity coordinator created a plan which identified what support the person may need to join in the activity and also informed staff what response they could expect, such as changes in facial expression. We found that records of all activities were kept by the activity coordinator.

We saw activities included; exercises, film shows, parties, clothes and cosmetics parties and special events days including St Georges day, tea party for the Queens birthday and bonfire night. We were told that entertainers are booked twice per month. We were told there was a men's group, this was for those who did not want to join in activities but preferred to watch DVD's about their interests such as fishing or steam trains. Records showed that people had also attended community trips and events such as; Radcliffe Rotary club, tea dances at the football club, Blackpool lights and shopping trips. During our inspection we observed a singalong session which people joined in with and enjoyed. We saw a poster inviting visitors to attend a Christmas lunch.

A visitor we spoke with said, "There are enough activities, they have been to Blackpool and to tea dances. They do arts and crafts and music."

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints and any action taken.

One visitor we spoke with told us complaints were not always effectively dealt with. They told us they had met with the provider to discuss their concerns. Another said "I did complain about clothes not being cleaned, but it got sorted straight away." Other visitors told us, "I have no complaints. If there was something I would complain", "I have no complaints at all" and "If I have any complaints or concerns I go straight to the carers. They sort it out straight away."

Is the service well-led?

Our findings

Most people we spoke with were positive about the service and the way it was managed. People told us, "It's brilliant", "My [person who used the service] is over the moon with the home."

The service had a registered manager in place as required under the conditions of their registration with CQC. However the registered manager had been absent from the service since March 2016. The provider told us that during this time the clinical lead nurse had taken responsibility for nursing provision and one of the owners had been managing the day to day running of the home.

Most visitors we spoke with were positive about the way the service was managed. Others said there was, "a lack of accountability and oversight" and that they were "not always sure who to talk to" if they wanted to discuss the care provided.

Staff we spoke with were positive about the temporary management arrangements and told us they felt supported. They said of the clinical lead nurse, "I really like her, she is one of the best nurses I have worked with", "She's very good", "She's really nice, helpful, you can go and talk to her" and "She's amazing." One of the owners, who was temporarily managing the service, told us they were at the home two or three times each week and were contactable by telephone or email at other times. All the staff spoke positively about the owner. They said, "He wants it like a hotel", "He's lovely", "He's very nice", "He's very in tune with people's feelings", "He is here quite often, he speaks to us" and "He would do anything for you."

Most staff were positive about working for the service. One staff member said, "Sometimes we are not appreciated. You are doing your best but it's not enough." Other staff we spoke with told us, "We give a good standard of care", "We work together, it's a team", "It's nice, I enjoy working here", "Everyone is friendly, they work as a team. One staff member said, "It's like your own home. I have got my room booked for when I need it."

We looked at the arrangements in place for quality assurance and governance. We found there was a system of daily, weekly and monthly quality checks and audits in place. We found these checks included care records, safeguarding's, cleaning, infection control, building maintenance, hoisting equipment, health and safety, medicines administration and storage, accidents, incidents and falls. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

We found that when people started to use the service they were given a service user guide. This contained important information about the service and the way it was run. It included information about staff, how peoples support needs would be assessed, how the quality of the service would be monitored, how the service they received would be reviewed, confidentiality, how to make a complaint and details of the services provided. This should help to ensure people knew what to expect from the service.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. There was a comments box and cards in the entrance hall for people to leave anonymous comments if they wished. We found the service had undertaken a questionnaire, this included questions about the quality of care, standard of the building, cleanliness staff attitude, activities and overall quality of the service. Comments we saw included; 'I think the staff are fantastic', 'staff treat everyone nicely', 'staff are like family', 'more communication with relatives', 'I feel confident that our relative is being looked after by caring staff', 'The general lounges can be quite noisy. A quiet space would be welcome', 'Our relative seems happy, always clean and that is very important to us. Staff are helpful and pleasant' and 'We are always treated well by staff who in general are efficient and caring.'

We were told there had been a meeting for relatives in October 2016 for relatives to discuss the service. Records we saw showed that issues discussed included building an access ramp, staff wearing name badges, suggested activities and updating the central courtyard area.

There was a statement of purpose. This told people who used the service, interested organisations and professional's important information about the service. These included the registration information and the legal status of the company.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as accidents, incidents and DoLS authorisations. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the entrance hall and on their website.